



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 138**

**Year: 2019**

Alternative Care Inspection and Monitoring Service  
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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Solis MMC Ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>24<sup>th</sup> and 25<sup>th</sup> July 2019</b>
<b>Registration Status:</b>	<b>Registered from 20<sup>th</sup> July 2018 to 20<sup>th</sup> July 2021</b>
<b>Inspection Team:</b>	<b>Lorna Wogan</b>
<b>Date Report Issued:</b>	<b>27<sup>th</sup> January 2020</b>

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## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on 20<sup>th</sup> July 2018. At the time of this inspection the centre was in their first registration and in year two of the cycle. This was the second inspection undertaken since commencement of operations in August 2018. The initial inspection was undertaken in November 2018. The centre was registered without attached conditions from 20<sup>th</sup> July 2018 to 20<sup>th</sup> July 2021.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. The centre provided short to medium term care placements. The centre aimed to provide an individualised programme of care to assist each young person to develop resilience through the medium of positive and caring relationships. The centre provided young people with the opportunity to develop relationships with caring adults who model appropriate ways of dealing with emotions and life challenges. The approach to working with young people was also informed by attachment and resilience theories and an understanding of the impact of trauma on child development.

The inspector examined standard 2 'management and staffing', standard 4 'children's rights, standard 6 'care of young people' and standard 7 'safeguarding and child protection' of the National Standards For Children's Residential Centres, 2001. This inspection was announced and took place on the 24<sup>th</sup> and 25<sup>th</sup> July 2019. There were three young people in placement at the time of the inspection.

## 1.2 Methodology

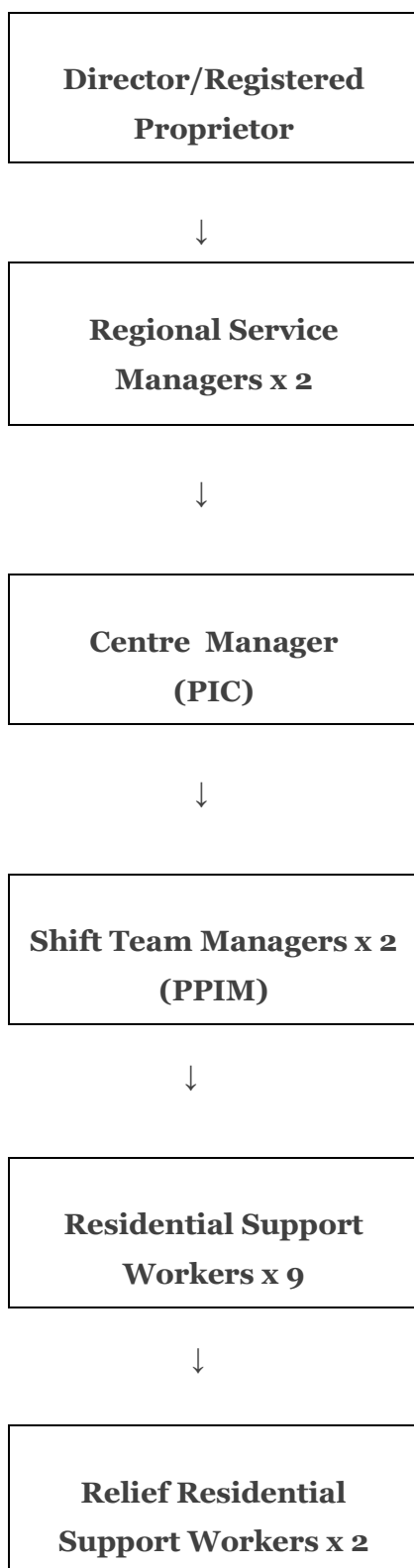
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the regional manager as the centre manager was on planned extended leave at the time of the inspection
- ◆ An examination of the questionnaires completed by:
  - a) The regional manager
  - b) Two of the shift coordinators
  - c) Nine of the care staff
  - d) Two of the social workers with responsibility for young people residing in the centre
- ◆ An examination of the centre's files and recording process.
  - three care files
  - four personnel files
  - seven staff supervision records
  - handover records
  - significant event logbook
  - child protection concerns
  - consequences records
  - governance records
  - visitors book
  - daily logs
  - complaints register
  - team meetings records
  - house meeting records
  - minutes of management meetings
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
  - a) The regional manager
  - b) The shift coordinator
  - c) Four care staff
  - d) One social worker
  - e) One young person
- ◆ Observations of care practice routines and the staff/young people's interactions.

Statements contained under each heading in this report are derived from collated evidence.

The inspector would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

## 1.3 Organisational Structure





## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, regional service manager, registered proprietor/director and the relevant social work departments on the 30<sup>th</sup> September 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 14<sup>th</sup> October 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 138 without attached conditions from the from the 20<sup>th</sup> July 2018 to the 20<sup>th</sup> July 2021 pursuant to Part VIII, 1991 Child Care Act.

## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

#### **3.2.1 Practices that met the required standard in full**

##### **Management**

The service had dedicated departments with responsibility for a range of functions such as quality assurance, training, human resource management, recruitment and personnel. The service also employed external consultants who provided additional guidance to the individual staff teams in relation to the model of care.

There was an established management structure in place within the organisation that provided for oversight and governance of the centre. There was no change in centre management or its management structure since the last inspection in November 2018.

There were robust systems in place for the external oversight of the centre's operations and these systems were evidenced in the centre's governance folder that was reviewed by the inspector. Monthly governance reports were completed by the centre manager and maintained on file. The centre's governance folder also held a record of all management meetings including senior operational management meetings, regional management meetings and shift team managers meetings. The review of these meeting minutes showed that meetings were well structured and topics discussed related to staffing, organisation policies and procedures, child protection, complaints, health and safety and training. Internal management meetings were found to be held regularly and were guided by a template. Items on the agenda included roles and responsibilities, team morale, complaints, staff support and inductions. The records showed good attendance at all these meetings by the centre manager.

The regional manager visited the centre once a fortnight on average and completed a written report on these visits. Action plans were developed by the centre manager to address any deficits identified in these reports. These reports provided the inspector

with evidence that the service was being overseen by external management in a structured manner with key learning and development identified. The regional managers attended staff meetings periodically and also met with staff and young people on visits to the centre.

Since the last inspection the services quality assurance officer had completed two detailed quality audits against The National Standards for Children's Residential Centres, 2018 (HIQA). Quality audit action plans were completed in response to these audits and evidenced on the records. The action plans reviewed by the inspector found that actions were completed in a timely way by designated staff members and the centre manager.

The registered proprietor and the regional managers received updates twice daily from the centre via email that included notification of significant events, child protection concerns or complaints that may have occurred. There was evidence that since the last inspection the registered proprietor visited the centre on occasions to review the premises and meet with the young people and staff. The registered proprietor also chaired senior management meetings and had attended a team meeting on a recent visit to the centre.

The centre manager was responsible for the day-to-day running of the centre however they were on planned extended leave at the time of the inspection. The inspector found evidence that the centre manager had robust systems in place to ensure best care practices were implemented and maintained. There was evidence of strong leadership in the centre. The inspector found that clear arrangements had been put in place to ensure there was a management presence at the centre seven days a week for the duration of the manager's leave. One of the regional service managers was also providing additional support to the centre over the period of the managers leave by providing supervision to the shift team managers and almost daily visits to the centre.

The inspector found there were mechanisms in place for the manger to ensure the centre was operating in line with its stated purpose and function. These were supervision of the staff, meeting with the shift team managers, attending daily handovers, chairing of team meetings, reviewing all centre records and reports and a daily presence at the centre to monitor and support staff and to ensure that the young people's needs were met in line with centres policy on care planning. Staff confirmed this in completed questionnaires and interviews with the inspector. The inspector

also found that daily logs and other administrative records were signed and verified by the managers.

The inspector examined the policies and procedures relevant to this inspection and found that practices were in line with written policies. The written purpose and function of the centre and written policies were subject to review in March 2019 and staff had participated in policy and procedure supervision practice in addition to their regular supervision.

The inspector found that staff had confidence in their manager and in the wider management team and found them to be accessible, supportive and diligent in their approach.

### **Register**

The centre maintained a register of all admissions and discharges from the centre that was up-to-date and completed in compliance with the requirements of the regulations. There were no admissions or discharges since the last inspection.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

### **Notification of Significant Events**

The inspector found that the centre staff notified all significant events in a prompt manner and to the relevant parties in TUSLA the Child and Family Agency and other identified external people. There were internal systems in place to track, monitor and review significant events. There were eighteen significant event records on the register from January to June 2019. There was evidence of good oversight of these incidents by the centre manager and the regional manager and an internal audit of significant events from January to April 2019 was undertaken.

### **Staffing**

The centre had a staff complement of one manager, two shift team managers, nine residential support workers and two relief residential support workers. There were six male and five female staff on the core staff team. Three staff had a social care qualification and the remaining staff had related qualifications. The centre manager was present in the centre Monday to Friday and was available to the staff team on an on-call basis outside of these hours. There was a shift team manager on duty every day from 10am to 10pm and this person had responsibility for leading the shift. Both shift team managers had relevant years of work experience to guide and support the

newer staff in their roles. They also had additional tasks and responsibilities to assist in the overall running of the centre. There was three staff members on duty at all times with two waking staff throughout the night. The inspector found that there was a balance of experienced to inexperienced staff on the team to carry out their duties.

The inspector found there was a stable consistent team in place. This was evidenced through a review of a sample of staff rosters since the last inspection. The team that were presented at registration remained in place with only one staff member leaving and they transferred internally following a promotion. Two additional residential support workers were employed to provide waking staff cover throughout the night. There was a written job description for the residential night support workers. The night staff also undertook daytime shifts to assist them in building relationships with the young people. Two additional staff members were recruited since the last inspection to provide consistent relief cover. The inspector found there were adequate staff numbers to meet the needs of the young people in placement.

The personnel files of the four newly recruited staff were reviewed by the inspector and appropriate recruitment procedures were in place that included Garda vetting, three references, verification of references and qualification, CVs and contacts of employment. The four newly recruited staff members had a range of level eight qualifications from social studies, youth and community to teaching. The information on the staff files was accessible and the files were well maintained.

There was a structured two week induction process in place and the inspector found that the newly recruited staff participated in a structured induction process. This was confirmed in interview by one of the newly recruited staff members. Records of induction were available on the supervision files for the staff. The staff interviewed informed the inspector that the induction process was informative and beneficial in assisting them in their role.

The inspector found that staff members interviewed were child-centred and there was a strong focus on building relationships with the young people. There was evidence that staff had a good awareness of how to communicate with and respond effectively to the young people in placement. This aspect of their work was guided and supported by the centre's external consultant and the centre managers. The team members outlined to the inspector their commitment to providing a high standard of care for the young people.

In May 2019 the service provided staff with the opportunity to participate in a confidential survey to assess the organisations and centre's performance. Feedback from this survey assisted the external and internal managers in the on-going development of the centre. The external managers informed the inspector that feedback from the staff survey was very positive overall.

### **Supervision and support**

The centre had a written policy on supervision and the policy outlined that staff would receive monthly supervision. There was an expectation that staff prepared well for supervision. Staff interviewed told the inspector they valued their supervision and confirmed they received regular formal supervision. Supervision records were secured in the centre manager's office. There was evidence that the supervision records were subject to oversight by the quality assurance officer and the regional manager. Where scheduled supervision was deferred it was noted on the supervision records and rescheduled.

The regional manager supervised the centre manager who in turn supervised the two shift team managers and the care staff. The inspector examined six staff supervision folders and the centre manager's supervision folder. The supervision folders were well maintained and contained job descriptions, inductions records, confidentiality agreements, performance reviews and records of the supervision process itself. The supervision records examined by the inspector were of a good quality and evidenced that supervision was structured and undertaken in line with centre policy. There was evidence of review and planning of individual work arising from placement plans along with performance feedback, reflective practice and identification of training needs. Clear goals and tasks were identified on the supervision records. Supervision records were signed by the supervisor and the supervisee. The shift team managers also completed monthly policy and procedure supervision with new staff during their probationary period and a record of this process was stored in the supervision folders. There was evidence on the supervision files that the required probationary performance reviews at six months were undertaken with staff. A group supervision process had recently commenced to include the internal managers and the two assigned key workers. The purpose of this process was to review, monitor and evaluate outcomes in relation to key work, individual work and the overall placement plan. Records of the group supervision process were maintained on the relevant supervision files.

Handover meetings were undertaken when staff members were coming on duty. The centre manager attended the handover meeting and received a written handover

twice a day and daily planners assisted staff to keep track of tasks identified. The handover records were structured to ensure all areas of work and all tasks were completed or handed over to staff coming on duty.

A team meeting took place on a fortnightly basis and was compulsory for all staff to attend. Staff feedback indicated that staff found the team meetings to be an effective forum for planning and communication. Team meetings were chaired by the centre manager and staff attendance was good. The minutes of these meetings showed good discussion about issues including care practices, child protection concerns, complaints, teamwork, health and safety, review of significant events, and other operational matters. Decisions taken at team meetings were evidenced in the minutes of these meetings. All staff signed the minutes of the meetings to evidence that they had read them.

Staff interviewed by the inspector identified a number of support mechanisms currently in place such as team support, regular supervision, reflective practice, debriefing meetings, end of shift analysis, reviews of significant events and team meetings. Staff had access to an external supervisor if they required this support mechanism.

The service had a staff handbook that outlined a range of employment policies and procedures. The centre managers within the organisation attended 'disciplinary training' to ensure they were competent to address and implement the organisation's disciplinary procedure. The regional manager and centre manager confirmed that the service was well advised to ensure that all statutory provisions relating to employment law were adhered to.

### **Administrative files**

The inspector examined a range of administrative files and records including daily logbooks, centre logbooks and registers', visitor's book, minutes of staff meetings and young people's house meetings. All records viewed by the inspector were well organised and information was readily available and easy to track. There was evidence on the records that reports were written in a professional and sensitive manner. The managers had systems in place to monitor the quality of the administration records and there was evidence that appropriate action was taken to remedy identified deficiencies.

Good attention was paid to ensuring records were maintained in a confidential manner and in compliance with the requirements of the Freedom of Information Act.

The managers interviewed were aware of their responsibility to maintain relevant records relating to the young people in perpetuity.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Training and development**

The inspector found there was an effective ongoing staff development and training programme for the care and education of staff. The service had a schedule of training set out for the year. The centre manager maintained a record of all training undertaken by staff in 2019 that was reviewed by the inspector. Staff had received training in first aid, fire safety and a recognised method of physical intervention and de-escalation with the required refresher training in 2019. All staff had completed the three e-learning modules in Children First: National Guidance for the Protection and Welfare of Children, 2017. Training certificates were evident on file for mandatory training for permanent staff members however the inspector found that relief staff had not completed core mandatory training. The centre manager and regional managers must ensure that relief staff are facilitated to complete mandatory training. Training in crisis management intervention and Children First must be completed as a matter of priority. Staff also received induction training on the updated child safeguarding and child protection policy and this was evidenced in the induction records and the induction pack.

The manager had completed training in undertaking performance appraisals and employee health and safety awareness earlier in the year. Seven staff members participated in training in report writing skills and a number of staff members had the opportunity to participate in training programmes such as manual handling, safe administration of medication, positive behaviour, self harm, cognitive behaviour therapy and suicide awareness.

The regional manager confirmed further training plans for internal managers to undertake supervision training and strengthening the centres resilience based approach. Following staff interviews the inspector found that staff required additional training on attachment disorders and attachment based responses in order to fully realise their attachment based approach as outlined in the centre's written statement of purpose and function. The regional manager stated they planned further training to support this aspect of their care approach.

### **3.2.3 Practices that did not meet the required standard**

None identified.



### **3.2.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 7, Staffing (Numbers, Experience and Qualifications) -Part III, Article 16, Notification of Significant Events.*

#### **Required Action**

- The centre manager and regional managers must ensure that relief staff are facilitated to complete mandatory training. Training in crisis management intervention and Children First must be completed as a matter of priority.
- The regional managers must ensure staff members are provided with additional training on attachment disorders and attachment based responses in order to fully realise their attachment based approach as outlined in the centre's written statement of purpose and function.

### **3.4 Children's Rights**

#### **Standard**

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

#### **3.4.1 Practices that met the required standard in full**

##### **Consultation**

There was an evident focus on promoting and supporting the young people to exercise their rights. Inspectors found that the centre manager and staff valued consultation and young people's views were sought during house meetings.

In addition to this forum there was an established procedure in place for young people to provide individual feedback about their care. There were records of eleven house meetings undertaken to date with young people on file in 2019 and there was a schedule of dates for meetings set out to the year end. The staff interviewed informed the inspector the resident group were oftentimes resistant to engaging cooperatively in house meetings, however combinations of young people or individual forums to

seek the young people's views on group living were undertaken and evidenced on file. When young people refused to engage in house meetings this was noted on the records. There was evidence of staff seeking feedback from the young people with creative initiatives to promote more positive cooperative relationships within the resident group such as pampering nights, games nights and summer BBQ to name a few. There was evidence that the young people had responded quite positively to the themed nights and the inspector commends the staff efforts in this regard.

Staff evidenced in their practice how they listened to the young person's view and responded to their requests where possible and appropriate to do so. Staff employed a consultative approach to working with the young people to facilitate a learning process for them. Consultation took place in relation to clothes they required, dinner menus, activities and weekly plans. The centre manager was also accessible to the young people to listen to their views and opinions.

There was evidence the staff encouraged and supported the young people to participate in their reviews either in person or through completion of consultation forms. There was evidence that the centre manager and key workers were strong advocates for the young people in placement. The inspector found that allocated social workers also supported and encouraged participation and consultation in care plan reviews.

The young person interviewed by the inspector confirmed that staff provided them with opportunities to have their views heard and they identified a number of staff they could talk to if they were upset or had a concern. Written information on children's rights was evidenced in each of the care files and individual work records showed that staff explained these rights to the young people. This was confirmed by one of the young people in an interview with the inspector.

The regional manager interviewed by the inspector was confident the team provided a range of opportunities for the young people to contribute to how routines were planned in the centre.

### **Complaints**

The centre had a written complaints procedure in place. The centre's complaint policy also referred to the TUSLA Child and Family Agency complaint policy 'Tell Us' that young people could access where they had a complaint about TUSLA services.

The centre manager maintained a complaint register at the centre that recorded details in relation to complaints and the outcome of an investigation into the complaint. The inspector reviewed the centre's complaint register and found there were three complaints recorded since the last inspection in November 2018. The inspector found that all three complaints were fully investigated with supporting documentation accessible on the care files. The register indicated that all three complaints were resolved and closed. The relevant social workers were notified of the complaints and where necessary involved in the investigation process. The inspector noted that the complaint register did not allow for staff to record whether the complainant was satisfied with the outcome of the complaint. The inspector recommends the centre manager evidence the complainant's response to the outcome of the investigation on the register and if they were satisfied or not with the outcome.

The young person interviewed was aware of how to initiate a complaint and confirmed they had used this process in the past and confirmed to the inspector they were satisfied with the outcome of the investigation into their complaint.

Staff members interviewed by the inspectors were aware of the purpose of a complaints procedure and the importance of having a robust complaint procedure to safeguard young people in care.

#### **Access to information**

The centre had a written policy on young people's access to information and an information booklet available to young people on admission to inform them of their rights to access information. The inspector found that this standard was well met and staff paid good attention to promoting and supporting the young people to access their records. The young people in placement had access to placement plans, monthly reports, daily logs and risk assessments. Access to records was offered to the young people on a monthly basis and where this did not happen it was identified in the regional manager's oversight reports. The inspector found evidence that young people had viewed and signed off on their placement plans and on other centre documents they had read. There was written information about the service made available to parents and families during the admission process.

#### **3.4.2 Practices that met the required standard in some respect only**

None identified.

#### **3.4.3 Practices that did not meet the required standard**

None identified.

### **3.4.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.*

### **3.6 Care of Young People**

#### **Standard**

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

#### **3.6.1 Practices that met the required standard in full**

##### **Individual care in group living**

The inspector found the staff team were committed to providing a good standard of care for the young people. Staff interviewed were cognisant of the individual level of need of each young person and these needs were identified in the placement plans and in the individual work completed by staff and key workers.

The inspector found that young people had lots of opportunities to exercise choice in their lives. They were provided with opportunities to develop and maintain interests, talents and hobbies and engaged in a range of leisure and recreational activities of their choice for example music lessons, swimming, gym, horse riding. The young people participated in regular outings with staff for example music concerts, walks, drives and trips to the cinema. The centre celebrated festive occasions and birthdays in a special way with gifts and activities similar to their peers. There was storage space to maintain important memorabilia in a secure and safe manner.

Overall the social workers interviewed commented positively on the care provided to the young people.

There was ample evidence of an individual approach to caring for the young people resident in the centre. This was apparent in the daily plans, weekly plans and placement plans for each of the young people. Young people were supported and encouraged to engage in activities and clubs outside of the centre. The young people had participated in football, gym sessions, guitar lessons, swimming, scenic walks,

recreational and educational trips with staff. Festive occasions, young people's birthdays and staff birthdays were marked and celebrated at the centre. Each of the young people had the opportunity to go on a holiday break away with their key worker. Staff had recently purchased memory boxes for each of the young people and they were starting a process of gathering their special items for the boxes. Issues of personal hygiene for young people were dealt with sensitively and with dignity and this issue was addressed in placement plans.

The centre had developed up-to-date placement plans for each of the young people. The inspector found that key work undertaken was based on the assessed needs identified in the placement plans. The plan was set out for the six months ahead and as tasks were completed this was reflected on the placement plan. The care approach was individualised and planning for the young people was very child centred. Staff interviews evidenced the efforts and input by members of the team to encourage and build positive and trusting relationships with the young people.

Each of the young people had two named key workers who set aside time to undertake individual key work. A record of all key work and individual work was maintained on the care files. Individual work reports evidenced that staff provided the young people with a range of skills, competencies and knowledge necessary for adulthood and citizenship. The inspector found evidence of management oversight of key work and individual work. Interviews with staff evidenced they knew the young people well and were attuned to their emotional needs and responded to these needs on an individualised basis.

The inspector met with one of the young people residing in the centre at the time of this inspection and offered email correspondence to another resident who did not wish to be interviewed by the inspector or complete an inspection questionnaire. The young person interviewed spoke highly of some of the staff team and their relationships with particular individuals. They confirmed they received individual time with their key workers and they were able to identify ways in which they had benefitted from the placement and felt well supported by staff.

The centre sought formal written feedback from the social workers in November 2018 and May 2019 in relation to the care of the young people and the response from placing social workers was very positive.

### **Provision of food and cooking facilities**

The kitchen in the centre was clean, spacious and was maintained to a good standard.

The young people were provided with a varied and nutritious diet and had access to healthy snacks in between mealtimes. A house meeting in January 2019 provided information to the young people to promote healthy eating and healthy lifestyles.

There were regular routines where staff prepared lunch and dinners for the young people however staff reported that two of the young people in placement only occasionally participated in mealtimes with staff and other resident, oftentimes due to their own busy schedules and routines. Staff made good efforts to encourage the young people to share mealtimes together and they should continue to promote this expectation. The inspector joined the staff and one young person for lunches and a main meal and these were sociable relaxed events where staff and the young person engaged in good humoured interactions.

The young people were involved in food shopping, menu planning and meal preparation. For two of the young people these tasks were set out in the placement plans in preparation for leaving care.

### **Race, culture, religion, gender and disability**

The service had a written policy on recognising diversity and anti-discrimination practice and this was linked into key work and the placement plans as appropriate. The inspector found evidence that at house meetings staff facilitated discussions on topics such as race, diversity and discrimination. There was evidence the young people were provided with similar opportunities as their peers in the community and were not subjected to any form of discrimination by their care status. The young people had 'sleep-over's' with friends in their homes and in the residential centre, holidays with friends and free time with friends in the community. The physical environment was homely, maintained to a high standard and provided the young people with a living environment similar to peers in the community. The staff displayed an awareness of the importance of family as a source of heritage and identity and facilitated and supported the young people to maintain family contact. The inspector found that staff offered the young people the opportunity to practice their religion; however the young people generally declined to practice their faith.

### **Managing behaviour**

The centre had a written policy on managing behaviour that challenged. The centre had a policy on sanctions which had a focus on achieving a positive learning outcome. All sanctions were recorded separately in a log book. Interviews with staff evidenced that they supported young people to problem-solve and the sanctions log book evidenced that responses to issues were proportionate and fair. The consequences

logbook indicated staff did not rely on sanctions to manage behaviour. Staff stated they help the young person to reflect on the implications of their behaviour and help them identify solutions. In interview with the inspector the young people were clear what was expected of them and how behaviour would be managed by staff.

The team used risk assessment processes and risk management plans to support the management of challenging behaviour. All significant events were reviewed by the social care manager and the team both in team meetings and in supervision. Significant events were also reviewed by the services trainer in their behaviour management approach. There was evidence of reflective practice, direction and feedback to the team.

The centre had a written policy on managing challenging behaviour. Each of the young people had a comprehensive placement support plan designed to respond to and manage behaviours. The placement support plan consisted of five sections containing plans for routine management, situation management, crisis management, absence management, and overall behaviour management. In interviews, the shift team manager and the staff members described the use of individual placement support plans and crisis management plans as informing this area of practice. In addition, the relationship between staff and the young people was named as an important aspect of behaviour management. There was evidence that the placement support plans were reviewed monthly and updated as required. The team also used risk assessment processes and risk management plans where necessary to support the management of new, emerging or potential risks relating to behaviour.

There was evidence the young people in placement were provided with written information on what was expected in terms of their behaviour and how staff could support them. The young person interviewed by the inspector displayed an understanding of the behaviour that was expected of them and how behaviour would be managed by staff. The inspector found evidence that staff helped the young people to reflect on the implications of their behaviour and helped them identify solutions.

The centre had a policy on sanctions/consequences which had a focus on achieving a positive learning outcome for example restorative consequences. The policy outlined sanctions that were permitted and those not permitted. All sanctions/consequences were recorded separately along with positive consequences and rewards for positive behaviour. A recent audit by the external managers noted that positive consequences were not consistently recorded by staff and consequently requested that staff ensure

they maintain a record of rewards for positive behaviour. A review of the sanctions logs by the inspector evidenced that staff did not rely on sanctions to manage behaviour however the inspector recommended the centre manager monitors the length of time that some consequences were enforced.

The centre staff had access to the services external consultant psychologist and there was evidence they had met with the team in January and May 2019 to provide guidance and support in relation to responding to behaviours that challenge and the over-all care approach. Staff interviewed found these forums beneficial in terms of their work with the young people.

The centre had a written policy on bullying. There was evidence that the staff had discussed the topic of bullying with the resident group and had provided the young people with information on bullying behaviours and the centres approach to addressing incidents of bullying within the resident group. Individual issues relating to bullying were also addressed through individual work in the centre.

Significant events were reviewed by the centre manager and the team both in team meetings and in supervision. There was evidence of reflective practice, direction and feedback to the team following reviews of significant events.

### **Restraint**

There was a written policy on the use of physical restraint. The centre staff were appropriately and sufficiently trained in a method of restraint that was researched and was based on reputable practice. The inspector found that restraint interventions were not a feature of the care experience of the young people in the centre and was not a permitted or required intervention for the young people in placement. There was evidence on the individual crisis management plans that staff identified a range of alternative interventions to de-escalate challenging situations and these were regularly reviewed and updated where required. Social workers were provided with a copy of the individual crisis management plan and were familiar with the centre's approach to managing crisis behaviour. There were no physical restraints employed in the centre since commencement of operations.

### **Absence without authority**

The staff interviewed by the inspector were familiar with the Children Missing from Care joint national protocol between An Garda Síochána and the Child and Family Agency. Each young person had an absence management plan developed on admission in consultation with their social worker and the inspector found these



plans were subject to regular review. The plan included who should be notified within specified timeframes. There were only two incidents of unauthorised absences from the centre over the previous seven months. The inspector found that both these incidents were appropriately notified to the young person's social worker and the incidents were managed in line with the young person's absence management plan.

### **3.6.2 Practices that met the required standard in some respect only**

None identified.

### **3.6.3 Practices that did not meet the required standard**

None identified.

### **3.6.4 Regulation Based Requirements**

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

*-Part III, Article 11, Religion*

*-Part III, Article 12, Provision of Food*

*-Part III, Article 16, Notifications of Physical Restraint as Significant Event.*

## **3.7 Safeguarding and Child Protection**

### ***Standard***

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

### **3.7.1 Practices that met the required standard in full**

The inspector found there were systems in place to safeguard young people from all forms of potential abuse. There were written safeguarding policies in place such as vetting of staff, complaints procedures, supervision and training of staff to promote good safeguarding practices, whistle blowing policies and a staff code of conduct. The inspector found there was a strong focus on keeping the young people safe and a good awareness amongst the team of safe care practices. The staff interviewed referenced their own communication with each other while on shift, good recording systems, a good knowledge of the young people, risk assessments and consulting with the young people as good safeguarding practices. The young person interviewed was confident that staff took their concerns seriously and dealt with them appropriately. The

inspector found that young people in placement had good access to families, friends, social workers and other external professionals.

Staff interviewed displayed an awareness of the centre's whistle blowing policy and were confident of their capacity to raise issues or concerns about a colleagues' practice and their responsibilities in this regard.

There was evidence that young people were provided with information about groups and organisations set up nationally to promote their rights. EPIC the national advocacy group had visited the centre in April and June 2019.

The centre had a written policy to guard against bullying and to promote a safe environment for the young people. The inspector found that staff were vigilant to monitor the resident group and were alert to signs of bullying. Admission policies took account of the need to protect young people from possible abuse by their peers.

The young person interviewed by the inspector stated they felt safe living in the centre.

Dynamic risk assessments were undertaken as and when required and these risk assessments were placed in the monthly folders and were accessible to staff. There was evidence of the young people also signing risk assessments to evidence their involvement in the process.

### **3.7.2 Practices that met the required standard in some respect only**

#### **Child Protection**

##### ***Standard***

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

The centre had a child protection policy that was in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. Staff interviewed were aware of measures to take in the event that young people disclose current or past abuse. Staff interviewed were able to identify the centre's designated liaison person and deputy liaison person for the reporting of child abuse concerns and were aware of the legal obligations of a mandated person. These obligations were also outlined in

the centre's child protection policy. Guidance to staff on safe care practices was undertaken at staff induction and in policy supervision practice.

The centre had a written child safeguarding statement displayed in a prominent place in the staff office in accordance with the requirements of the Children First Act, 2015. The inspector advised that the external manager forward the statement to the TUSLA Child and Family Agency Child Safeguarding Statement Compliance Unit to ensure compliance with the guidelines set out for safeguarding statements and ensure the document sufficiently identified all potential risk of harm relating to young people living in the centre.

The inspector reviewed the centre's child protection and welfare register. The register was recently updated to include concerns that were reported but did not meet the threshold for further investigation by the duty social work team. There were three mandated reports submitted since the last inspection. Two were closed and one concern was under Garda investigation. The inspector noted that there was no acknowledgement of receipt of the mandated report on file from the duty social work team in relation to the concern under Garda investigation however the centre had requested an update on the status of the investigation. The duty social work team must ensure they acknowledge receipt of the reported concern. The status of reported child protection concerns and complaints was a standing item on the staff meeting agenda.

There was evidence on the training records and certificates on personnel files examined by the inspector that staff had completed three Children First e-learning modules i.e. introduction to Children First, Implementing Children First and Children First in Action.

Staff in interview confirmed that the placing social workers would bring allegations of abuse to the attention of parents.

### **3.7.3 Practices that did not meet the required standard**

None identified.

#### **Required Action**

- The social work intake team must acknowledge receipt of mandated reports.

## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The centre manager and regional managers must ensure that relief staff are facilitated to complete mandatory training. Training in crisis management intervention and Children First must be completed as a matter of priority.</p> <p>The regional managers must ensure staff members are provided with additional training on attachment disorders and attachment based responses in order to fully realise their attachment based approach as outlined in the centre's written statement of purpose and function.</p>	<p>Relief staff will carry out the online training on Children First and its associated modules. Training in crisis management intervention will also be completed.</p> <p>The training department will aim to source external training workshops on attachment for the 2020 training schedule. Internal attachment training is also being proposed.</p>	<p>All relief staff must complete the three modules associated with Children First. The use of relief staff will be risk assessed to ensure that there are sufficient staff trained in the management of crisis behaviour and physical restraint.</p> <p>All additional training requirements based on the needs of the young person should be forwarded to the training department by centre manager.</p>
3.7	<p>The social work intake teams must acknowledge receipt of mandated reports.</p>	<p>The centre manager will request an email response from the social work intake team to acknowledge all mandated reports. This response will be filed alongside the reports.</p>	<p>Service manager will ensure that this is met during their service manager visits to the centre.</p>