



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

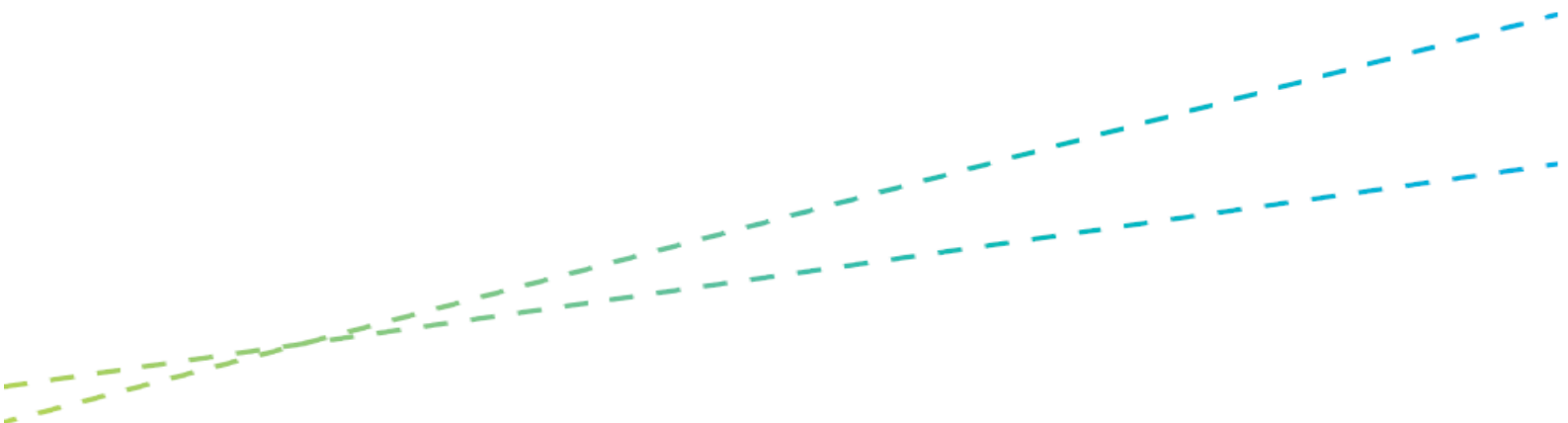
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 042

Year: 2015

Lead inspector: Orla Griffin

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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Misty Croft Ltd.
Registered Capacity:	Six
Dates of Inspection:	July 6th, 7th, 8th 2015
Registration Decision:	Registered without attached conditions from July 17th 2015 to July 17th 2018.
Inspection Team:	Orla Griffin Catherine Hanly
Date Report Issued:	3rd December 2015

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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 and 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.

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 management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

1.2 Methodology

An application was duly made by the proprietors of this centre for continued registration on 23rd June 2015. This announced inspection took place on July 6th, 7th and 8th 2015 over a three day period and this report is based on a range of inspection techniques including:

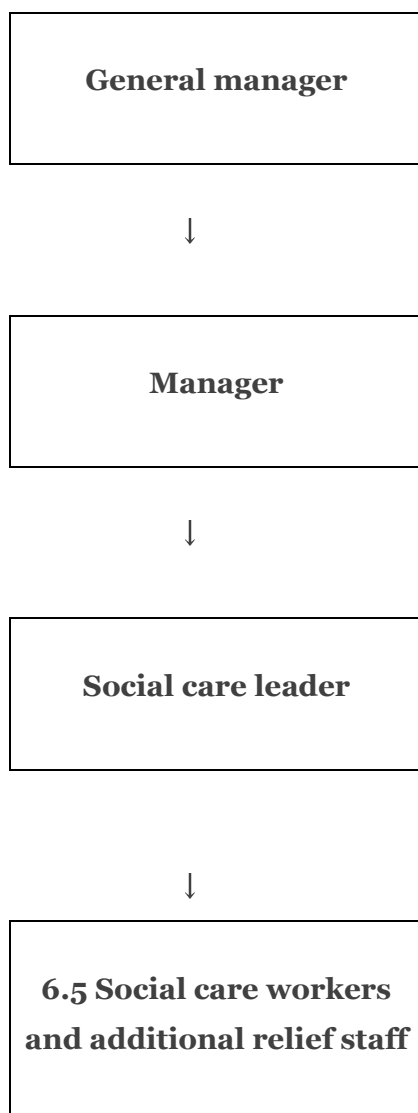
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
 - a) Eight of the care staff
 - b) Three previous staff members
 - c) Five of the young people residing in the centre
 - d) The social workers with responsibility for young person/people residing in the centre.
 - e) The social work team leader
 - f) The education facilities coordinator
 - g) Other professionals e.g. General Practitioner's and therapists.
 - h) The external supervisor for the manger and general manager
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers on behalf of the Health Service Executive.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Four care staff
 - c) Five young people
 - d) The monitoring officer
 - e) The allocated social workers
 - f) The principal social worker in the out of hours social work service

- ◆ Observations of care practices routines and the staff/ young person's interactions.

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

The inspectors 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.

1.2 Organisational Structure



2. Findings with regard to registration matters

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health and Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on this date 20th November 2015 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres. As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. The period of registration being from July 17th 2015 to July 17th 2018.

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

The centre is a specialised service and provides community based residential care to young people aged twelve to eighteen years and of either gender, on a short to medium term and respite basis. The centres written statement of purpose and function lists the key policies that guide the centre's care practice and references the organisations comprehensive policy and procedures document that is available to families and professionals and in a format accessible to young people. The organisations policies and procedures document has been recently reviewed and updated by the manager. The inspectors were satisfied that the staff have a structured approach in supporting the young people in understanding the purpose and function of the centre and the interviews with the young people supported this finding. The centre has a registered capacity for six young people and referrals to the centre can and have been received from the dedicated social work team and less frequently through the out of hours social work team.

The inspectors were satisfied that the management and staff had a clear understanding of the written statement of purpose and function and this supported a consistent approach to care as reflected in staff interviews and care records. The inspectors found that young people at the centre had been suitably placed in line with the written statement of purpose and function.

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

None identified.

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 chief inspector was duly notified of a change of manager that occurred within the preceding registration cycle. The review of the personnel files confirmed that the current manager is suitably qualified and experienced for this post. The process of interviews and the review of care files identified that the manager had implemented a wide range of mechanisms for the formal oversight of day to day care practice in the centre including reviews of the young people's care documents, reports and notifications, chairing team meetings, attending care plan meetings and oversight of staff performance through regular supervision. This practice was strengthened by the informal oversight mechanisms practiced by the manager including a strong floor presence to observe staff practice and regular contact with the resident young people. The inspectors have identified issues for action for the management in responding to bullying behaviour and this is addressed under 'Standard 6' of this report.

The general manager was satisfied that the centre was effectively managed. The inspectors found that the general manager had good systems in place for the oversight of the manager and centre practice through review of monthly manager's reports, regular formal managers meetings, review of significant event notifications and complaints, regular attendance at team meetings and contact with the resident young people and staff. The general manager facilitates the manager to access regular formal supervision with an external supervisor and this was reflected in the review of the manager's supervision records.

The manager's role was supported by a full time social care leader who was suitably qualified and sufficiently experienced for this role. The social care leader had responsibility for and effectively delivered regular key work supervision, additional to the manager's supervision structure, which had clearly focused on the implementation of the placement plan and the process facilitated the development and implementation of the placement plan.

Notification of Significant Events

At the time of inspection, the centre had an effective system in place for the prompt notification of significant events in the centre to the relevant professionals and this was confirmed by the care file review, interview with the monitor and allocated social workers. The inspectors found that the content of the notifications were comprehensive and clear and this was reflected by the social workers interviewed. The staff team had good systems in place for recording professional responses to notifications.

Supervision and support

The review of the personnel files indicated that structures for the provision of consistent and comprehensive supervision and support, by appropriately trained staff and external professionals, of the staff team and senior management had been established in the centre. The manager's records of the staff team supervision demonstrated an effective link with implementing individual placement plans and this was strengthened through the provision of regular and specific key work supervision delivered by the social care leader. The manager engaged in regular supervision facilitated by an external supervision and attended monthly management meetings. The manager facilitated good and open communication among the staff team through regular handover and team meetings.

In the course of interviews, the manager and staff reflected being adequately supported to carry out their respective roles at the centre and had a good knowledge of the organisations external support structures for staff that experience stress or injury in their line of work.

At the time of inspection, the review of the personnel files demonstrated that three of the full time staff did not have permanent contracts and the general manager advised this matter was under review. The manager has confirmed that this matter has since been resolved and the respective personnel files are in order.

Administrative files

The sample of care records reviewed demonstrated a good standard of professional practice and reflected the ethos and approach of the centre. The centre records were structured, organised and maintained to a good standard that facilitated oversight, accountability and inspection. The manager had good practice in place for monitoring the quality of all centre records and the inspectors found evidence where the manager provided guidance to staff in terms of decision making and report writing. The manager confirmed that there is a system in place for the young

person's records to be archived and kept in perpetuity by the Child and Family Agency.

3.2.2 Practices that met the required standard in some respect only

Staffing

The examination of personnel files for the core staff team confirmed that the vetting procedures had been compliant with the 'Department of Health Recruitment and Selection Circular, 1994'. The inspectors reviewed the personnel files for the six relief social care workers and identified that a sufficient number of references were not consistently in place. The general manager, who has responsibility for staff vetting, identified that while the use of relief staff was not a feature for the centre there had been occasions where relief staff have been on shift who have two references only. The general manager must ensure that a sufficient number of references for relief staff are obtained, prior to commencing work, to satisfy vetting procedures.

The centre had an established core staff team, suitably qualified for the role, and the staffing level and balance of experience was sufficient in providing continuity and a good standard of care to the young people. The manager identified that four social care workers had left the centre in the last two years on amicable grounds including transfers within the agency and career progression. The inspectors found that the centre has a structured induction process for all new staff members that used shadow shifts and was viewed positively by the staff team.

Register

The manager has responsibility for maintaining a register of all young people placed in the centre including respite care or as short term emergency placements.

Duplicated records are kept centrally by the Child and Family Agency. The register contained a complete record of admissions and discharge dates. The destination to which the young person was discharged was inconsistently recorded. The manager must ensure that the destination to which the young person has been discharged is recorded consistently in the centre register.

Training and Development

The manager had responsibility for overseeing the development of the staff team through implementing a training and development plan for both core and additional training. On reviewing the personnel files, the inspectors found evidence that the

training and development structures were partially in place and the staff team had completed basic training in fire safety, first aid and adequate initial and refresher training in a recognised method of physical restraint. The staff team have completed child protection training. The inspectors found that the manager and some staff members had not completed this training since the 2011 review of the national guidance document on child protection. The manager must attend and ensure that all staff attend regular child protection training.

The staff team had completed additional training including suicide intervention skills, sexual health promotion, food safety, report writing and health and safety. The inspectors found that some staff members identified further training needs in cultural diversity, separation and loss and mental health issues and this was being considered by management at the time of inspection.

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 general manager must ensure that all vetting procedures for all staff are satisfied prior to staff commencing work.
- The manager must ensure that all members of the staff team attend child protection training on a regular basis.
- The manager must ensure that the destination to which the young person has been discharged is recorded consistently in the centre register.

3.3 Monitoring

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

3.3.1 Practices that met the required standard in full

None identified.

3.3.2 Practices that met the required standard in some respect only

The monitor conducted an initial visit to the centre in 2014 to discuss the monitoring role with management and the staff team. However, this visit did not fully comply with regular requirements to monitor compliance with regulations 1-16. In 2015, the monitor conducted an unannounced visit to the centre to meet with the general manager and social care leader and reviewed the centre case and care files in respect of compliance with regulations, standards and best practice. The monitor met with some of the young people during this visit to enquire about their welfare and happiness at the centre. The monitor confirmed receipt copy of comprehensive significant event notifications for the young people in the centre in a prompt manner. The centre, senior managers and inspectors are awaiting the annual report from the monitor. The inspectors found that an annual report has not been completed in the course of the last inspection cycle. The Child and Family Agency monitoring service must ensure that adequate arrangements are in place for the centre to be monitored regularly to satisfy itself that appropriate care practices are in place.

3.3.3 Practices that did not meet the required standard

None identified.

3.3.4 Regulation Based Requirements

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

Required Action

- The Child and Family Agency monitoring service must ensure that adequate arrangements are in place for the centre to be monitored regularly to satisfy itself that appropriate care practices are in place

- The Child and Family Agency monitoring service must ensure that written reports of the monitoring process should be made available on an annual basis to senior managers, centre staff and inspectors.

3.4 Children's Rights

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

3.4.1 Practices that met the required standard in full

Consultation

The inspectors found that manager and staff team actively sought out and valued the voice and views of the young people on a daily basis. Consultation was valued by the staff interviewed in supporting the teams understanding of how the young people experience their world and to empower the young people to have an input into decisions affecting their daily lives. The inspectors found that the care records reflected consultation through daily interaction, key work, individual work and young person's meetings. The young people at the centre had been supported to participate in decisions making including menu planning, clothing and activities. The inspectors found that the staff supported the young people to participate in statutory care plan and care plan review meetings to contribute to key decisions that impact on their lives. However, the statutory care plan and review records did not consistently capture the voice and participation of the young person and it is recommended that this is reviewed by the principal social worker. The manager oversees that weekly young person's meetings take place. There was a good system in place for the outcome of the young person's meeting to be discussed at the staff meeting and for feedback to be provided in a timely manner.

The young people interviewed generally felt that the staff sought out their views and acted upon them. The inspectors found that some young people expressed that the staff team listened to their views but felt that their response to their issues had not been effective and this is discussed further under Standard 6 of this report.

In terms of the future planning for the young people, the inspectors found that the young people were consulted by the staff team and allocated social worker in a

meaningful way. The young people interviewed had different levels of understanding about their future plans and this was reflective of the progress made by the allocated social worker in identifying a follow on placement.

The manager and staff team support and facilitate the young people to have contact with external advocacy groups to support the young person's understanding of their rights and to facilitate their expression of their views.

Complaints

The staff team understood and implemented the organisations complaint procedure. Through interview, the inspectors found the young people were informed of their right to make a complaint and some young people had exercised this right. The manager had systems in place for the recording of formal and informal complaints in complaint log books that had been adequately completed and maintained. The care files demonstrated that the staff routinely responded to individual complaints and provided emotional or practical support to young people as appropriate. There was evidence to support that staff had been strong advocates for young people in addressing complaints regarding external professionals and services. There had been good systems in place for notifying relevant professionals of complaints and responses were maintained on file.

The inspectors found evidence where a pattern of complaints had been made in respect of bullying behaviour in the centre. The inspectors recognised a need for wider behaviour management strategies to be implemented by the staff team and this is addressed under 'Section 6-managing behaviour' of this report.

Access to information

The centre has a written policy regarding young people's right to access written information in their care files that had been communicated successfully to the resident young people through the staff team and the young person's booklet. There was evidence that some of the resident young people had read their daily logs. The inspectors found that some young people felt there was too much information being recorded about their daily lives and this contributed to their decision not to read their files. The inspectors recommend that the centre maintains a record of when young people are consulted with regard to accessing their information.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.2 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*.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

The centre accepts referrals predominately from the dedicated social work team and on a less frequent and emergency basis, from the out of hours social work service. The pre-admission information is limited by the nature of the service and the social work team have a structured system in place to gather key information from the young person through interview and provide this to the centre during a handover meeting. The inspectors found that the social workers had subsequently developed a combined and individualised pre-admission risk assessment and safety plan for each young person. The inspectors were satisfied that admissions to the centre have occurred within the purpose, function and capacity of the centre and this was reflected by the centre staff, social work interviews and in the centre register. The manager consistently implements a pre-admission risk assessment that is communicated to the general manager to inform the suitability of young people placed in the service. The inspectors recommend that the manager reviews the admissions policies to consider a process that considers the dynamic of resident young people and the need to protect young people from abuse by their peers.

The young people interviewed demonstrated a good understanding of the reason and purpose of their placement and had been supported in this by centre staff, their social worker and written information in the young person's booklet describing all aspects

of the centre. Some young people identified that a follow on placement was being explored by their allocated social worker and this led to uncertainty about the duration of the placement. Since the last inspection the centre had also provided for respite placements on occasion.

The inspectors found that pre-signed admission into care forms for out of hours admissions had been used in the centre after notification to the principal social worker. The inspectors recommend that this matter is addressed between the dedicated social work team and the out of hour's social work team to clearly establish the legal basis for the admission into care and the person responsible for same to address this practice.

Contact with families

The care files demonstrated that young people's contact with their families is initially restricted on admission to the centre as part of a risk assessment and safeguarding measure as guided by the social work department. The inspectors found that the centre and social work team regularly reviewed this practice in a timely manner and young people's contact with their family had been restored when deemed safe practice. The inspectors found that the social work team respect and value the young person's family connection and contact and prioritise assessing the viability of reunification from the outset. The young people at the centre had access to the centre telephone and mobile phones to contact their family and peers. The review of the care files demonstrated that the staff team maintains well written records of contact with the young person's family in line with guidance from the manager and social work department. Some of the young people interviewed enjoyed having their friends visit the centre. The young people accepted that permission was required from centre staff and advised when permission was not provided it was for understandable reasons such as another resident having friends to visit. The centre had facilities for the young people to meet with their family and friends in private.

Emotional and specialist support

The staff interviewed presented as sensitive to the individual emotional needs of the young people at the centre. The staff demonstrated a good understanding of the young person's own story and developed a knowledge of the young person through the process of observation, consultation and individual work to support their response to the young person's emotional needs. The staff interviewed demonstrated a good knowledge of how emotional support can be offered through daily interactions and planned interventions in individual and key work to support the young person's

emotional development and positive self concept in line with the centre's written policy on emotional and specialist support. In the course of the interviews, some young people identified staff members whom they could approach with worries or concerns to gain additional support and had a generally positive view of the care approach from the staff team.

The inspectors found that the staff interviewed provided examples where some young people had required additional specialist support. The inspectors found that past residents had been referred by the social work department to and have engaged with suitably experienced senior clinical psychologist. The manager and social care leader facilitates good and open discussion in the handover and team meeting about the young person's presentation, emotional needs and the response of the staff team.

Preparation for leaving care

The young people interviewed understood that placements at the centre were for a short to medium term during which the allocated social worker had responsibility for assessing future reunification plans or sourcing alternative care options as appropriate. At the time of inspection the young people interviewed had an understanding that the social worker was pursuing or had identified alternative care options. The placement plans for young people at the centre incorporated tasks for the staff team to support young people in developing their independent living skills by their key worker and the wider staff team. Some of the young people interviewed discussed their development of independent living skills including shopping, cooking and scheduling appointments with the support of the staff team.

Discharges

The inspectors found that the transitions for young people to alternative care placements generally occurred within a short time frame and the social workers advised that the transition plans were individualised and considered wishes of the young person and this was reflected by the staff team. The young people were generally discharged in a planned and positive manner and the centre has good practice in celebrating the occasion. In the two years preceding inspection two young people have been discharged from the service in an unplanned way and this occurred in line with the organisations policy on unplanned discharges from the centre.

Aftercare

In terms of aftercare planning, the centre staff and social workers are informed by the Child and Family Agency's national aftercare document '*National Policy and*

Procedure Document on Leaving and Aftercare Services' (2011). The young person's access to aftercare services is based on an individualised needs assessment by the social worker. The inspectors found that the initiation of aftercare planning for the young people could be delayed dependant on their age on admission to the centre and the knowledge of the young person. The inspectors found that the social workers had planned for the young people with regard to their long term placements options and recommend that contingency planning is formally recorded in planning documents. Some of the social workers interviewed identified that the team has the capacity to continue working with young people over eighteen years of age who remain in supported lodgings and foster care placements in support of their aftercare plan.

Children's case and care records

At the time of inspection, the centre had an effective filing system and the young people's files were organised, accessible and stored securely. The care file records were of a good standard and written in a style reflective of the ethos and approach of the centre and demonstrated a positive approach to care delivery. The inspectors found that some core documentation including the birth certificate and immunisation records were not placed on the child's file. In the course of social work interviews the inspectors were informed of the social worker's difficulty in obtaining these documents due to the extenuating circumstances of the young people's admission to care. The inspectors recommend that where key documentation is not provided to the centre by the social worker an explanatory note is placed on file. The manager confirmed that the organisation has established systems in place for all case and care files to be archived and kept in perpetuity.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

The allocated social workers had routinely provided an emergency care plan to the centre within statutory requirements. The inspectors found that the resident young people had statutory care plans and reviews that occurred in line with regulations and the documents were developed by the allocated social worker and informed by consultation with involved professions and the active participation from the young person. The young people at the centre felt supported and encouraged to attend care plan and review meetings and participate in key decisions that affect their lives. The care plan reviews regarded the young person's progress and development in their emotional, behavioural and social development, health, education and family contact.

The inspectors found that some statutory care plan documents had not been provided to the centre in a timely manner with evidence of a delay of over three months. The centre manager made efforts to address the delay by maintaining a record of the review meetings to inform the placement plan for the young person. The social work department must ensure that the written copy of the statutory care plan is forwarded to the centre within a timely manner to inform the young person's placement plan. Some of the social workers interviewed identified that care plans are sent to parents as required and consultation and feedback to parents regularly occurs by telephone.

The inspectors examined the statutory care plan and care plan review documents for the resident young people. There was some evidence of comprehensive care plans that were child centred and had adequately reflected the participation of the young person and decision making. The inspectors also found documents that were not written in a style that would be accessible for the young person and a comparison with the centre's minutes of the meeting demonstrated incongruence in the content and decision making. The inspectors found that the care plans and reviews need to further demonstrate consideration of contingency planning for the young person in respect of future placements. The inspectors found multiple care plan templates being used within the social work team and recommend that the current Child and Family Agency templates are implemented by the principal social worker. The social work team leader must review the statutory care plans and reviews to ensure that these documents are child centred and adequately reflect the multi-professional consideration of the young person's needs and decision making, participation and voice of the young person and future planning.

The manager had implemented a structured and effective process for the development of individual placement plans, reflective of the statutory care plan, which had been effectively delivered through the key working system. The key working system was operational in tracking and delivering targeted key work sessions, as well as informal support, to help the young person to develop and reach the goals of the placement plan.

Supervision and visiting of young people

The young people at the centre had regular contact with their social worker by phone and in person. Contact between the young person and their social worker regularly took place in the social work department and in private. The inspectors found that social work visits to the young people in the centre were infrequent. The social worker must conduct safeguarding visits to the young people in the centre, and in private, to be satisfied of the quality of the young person's care.

There had been a good system in place for the social worker to contact the staff team so that a record of social work contact is maintained in the care file. The inspectors recommend that records of social work visits are maintained independently in the care file in a manner to facilitate management and staff oversight social work visits to young people.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

At the time of inspection each young person had an allocated social worker whom they had regular contact with by telephone and in person. The allocated social workers confirmed prompt receipt of written notifications of significant events including complaints and allegations and the inspectors observed evidence on the care files that social workers responded to individual complaints and significant events in consultation with the social care staff. The inspectors found that where a pattern of complaints regarding peer bullying had arisen during the months preceding inspection, a formal meeting for strategic planning in consultation with management and relevant staff did not take place. The inspectors recommend that the principal social worker reviews the social work role in responding to incidents and complaints of peer bullying in the centre.

The inspectors found evidence that a social worker was notified by the manager of a disclosure of child abuse by a resident young person. In the social work interview, the inspectors found that the social worker was unclear of the process that had taken place in response to the notification and had not provided a satisfactory response to the young person or the centre manager. The social worker must ensure to take appropriate action on receipt of child protection notifications and provide a timely response to the manager and to the young person as a safeguarding measure. The inspectors found that some social workers had read the child's care file and the daily logs. The social workers must read the child's care file and daily logs from time to time. The social workers confirmed that an up to date case file is maintained by the department that include a record of every visit to the child.

3.5.3 Practices that did not meet the required standard

None identified

3.5.4 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 23, Paragraphs 1 and 2, Care Plans

-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan

-Part V, Article 25 and 26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- The Child and Family Agency social work team leader must review the statutory care plans and reviews to ensure that these documents are child centred and adequately reflect the multi-professional consideration of the young person's needs and decision making, participation and voice of the young person and future planning.
- The Child and Family Agency social worker's must read the young person's daily log from time to time.
- The Child and Family Agency social worker's must ensure to visit the young person at the centre and in private
- The Child and Family Agency social worker's must ensure to take appropriate action in response to young people who make disclosures or allegations of abuse or neglect.

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 inspectors were satisfied that the staff interviewed had a good knowledge of the individual circumstances of the resident young people. The staff practiced an individualised approach to care and this was reflected through care records. Particular attention given to the emotional life of the young people was strengthened through the key work system. The resident young people had been encouraged to make choices about their personal appearance and clothing and are supported in spending their regular clothing allowance from the centre. The young people had also been supported by the staff to engage in a range of leisure and recreational opportunities in the local community to support their social and physical development and health. The inspectors were satisfied that the staff supported the young people in developing skills, competencies and knowledge necessary for adulthood through support of self care, budgeting and independent living skills from the outset of the placement. The centre recognises special occasions for the young person celebrating birthdays, festive occasions, religious days, national holidays of their country of origin and prior to a young person leaving the centre.

Provision of food and cooking facilities

The inspectors were satisfied that, through observation and interviews, young people had regular access to adequate quantities of nutritious and appetising food prepared by the staff team. The young people were consulted regularly to contribute to meal planning and meal times were regarded by the staff team as an opportunity for togetherness where positive interactions with the young people occurred. The staff team were cognisant of the young people's religious, cultural and special dietary requirements and the young people received extra pocket money to buy additional food to their preferences. The young people were also supported by the staff team to develop their cooking skills. In the course of the on-site inspection, an issue was

identified regarding a young person's food hygiene and storage and this is addressed under the health and safety section.

Race, culture, religion, gender and disability

The centre staff followed a written policy on recognising diversity that reflects an inclusive approach to care and identifies the staff role in supporting young people in their right to self expression through their ethnic, religious and cultural beliefs.

Through the care file review and staff interviews, the inspectors found that the approach of the centre staff had been sensitive and supportive to the young person's cultural and religious background in line with the ethos of the centre's policy.

The review of the care files reflected that where young people experienced discrimination the staff supporting the young person to explore appropriate ways to deal with discrimination. There was evidence where staff members advocated, with positive outcomes, in respect of young people's access to similar resources to their peers. The inspectors found that the staff team supported the young people to be tolerant of others views and cultures and used a range of methods to lift the young people's cultural awareness. The centre staff were found to be cognisant of supporting and respecting the young person's sense of identity and their family relationships.

Absence without authority

In responding to absences of young people, the centre staff understood and implemented the guidelines of the Health Service Executive's national guidance document '*Children Missing from Care; A Joint Protocol between an Garda Siochana and the Health Service Executive Children and Family Services (2012)*.'

The manager and staff had effective systems in place for managing absence without authority and the care files contained individualised absence management plan's that had been routinely completed on admission and regularly updated. The absence management plans provided detailed guidance for staff to follow in responding to the absence of a young person. The inspectors found that the young people were informed of their responsibilities around curfews and the expectation to have regular contact with the centre if the young person was delayed in returning to the centre.

The inspectors observed current and clear photographs of the young people placed on their individual care file to fulfill the requirements of the 'Missing Child from Care Report form' as required.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The inspectors were satisfied that the staff team used their experience and knowledge of the young people, coupled with training in a reputable approach to behaviour management, to assist the young people to develop positive ways of dealing with their experience of everyday life in line with the organisations policy on managing behaviour. The manager and staff had supported young people to understand the behaviour expected of them in the centre and this is available in written format, in terms of rights and responsibilities, in the young person's booklet. The staff team implemented a wide range of behaviour management tools including individualised behaviour management plans, risk assessment, behaviour support plans and crisis management plans. The review of the care files demonstrated the staff consistently engaged in individual work with young people following incidents of challenging behaviour and support had been provided to young people impacted by others in the centre. The inspectors observed that the manager and social care leader facilitated discussion of the behaviour of young people and behaviour management strategies at handover and team meetings.

The general manager and manager were cognisant that peer bullying behaviour had emerged in the centre several months prior to inspection. The inspectors found that the behaviour management strategies implemented by the staff team had not been effective in addressing bullying behaviour in the centre and the complaints log demonstrated that this matter had not been resolved promptly. The inspectors were informed that the general manager had reached a decision that further admissions to the centre would not take place and, during the on-site inspection, additional staffing had been required and placed on shift to adequately manage the environment for the young people.

The inspectors recommend that the management reflects on the incidents of bullying and responding practices in the centre as a learning opportunity for the staff team and to use the information to consider additional or alternative strategies to directly challenge and address bullying behaviour in the centre. In line with the organisations policy for bullying or harassment, the manager must convene a meeting with all persons with a bona fide interest in the welfare of young people. Management must ensure that adequate behaviour management strategies are implemented by the staff team to address bullying behaviour and that the effectiveness of the strategies is formally reviewed on a regular basis.

The use of sanctions had not been a feature of behaviour management approaches in the centre. The inspectors found that where sanctions had been put in place this was reasonable, measured and occurred in line with the centre policy. The use of sanctions had been promptly notified to the relevant persons through the significant event notification system.

A log book for positive consequences was reviewed by the inspectors and it contained information where staff rewarded young people for good behaviour. The inspectors found that this log book had not been consistently used by the staff team. Since the onsite inspection, the manager had advised the inspectors that records of positive behaviour and the response of the staff team are maintained in the daily logs. The manager advised that the positive consequences log is now being utilised to record more substantial developments in behaviour and positive consequences implemented by the staff team and is satisfied that this method supports management oversight.

Restraint

The centre uses a method of physical restraint that has been researched and is based on reputable practice and the staff completed appropriate initial and refresher training. Physical restraint had not taken place in the centre during the twelve months prior to the inspection. In the previous inspection it was recommended that the centre develops a policy on challenging behaviour and physical restraint. The inspectors reviewed the centre's policy and procedure document and found that a policy on challenging behavior and physical restraint is referenced. The manager must ensure that the centre has a written policy providing guidance on the practice of physical restraint. The inspectors found that there was inconsistency in the staff understanding of whether physical intervention can be used in the centre. The manager must ensure that the staff team is informed about the centre policy on the use of physical restraint.

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.

Required Action

- Management must ensure that the centre has a written policy providing guidance on restraint.
- Management must ensure that adequate behaviour management strategies are implemented by the staff team to address bullying behaviour and that the effectiveness of the strategies is formally reviewed on a regular basis.

3.7 Safeguarding and Child Protection

Safeguarding

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 centre has a written 'Policies on Child Protection and Safe Practice' document that complements good care practices, effective managements and children's rights and references a range of policies within the wider document including policies on admissions, working alone, staff employment, disclosures and allegations of abuse and procedures for bullying. The induction process requires that new staff members must sign a statement confirming review and understanding of the policies and procedures. The staff interviewed had a working knowledge of safeguarding policies including consultation, complaints and responding to disclosure and allegations of abuse. The policy and safe practice and working alone references the responsibility for staff members to monitor colleagues interactions with young people and be alert to signs of bullying or abuse and this responsibility was identified by some of the staff interviewed.

The young people at the centre confirmed having access to facilities for making and receiving telephone calls in private via the centre phone. The young person's handbook contained details and contact information of advocacy groups and organisations that promote the rights of young people and the centre facilitated advocates to meet with the young people.

The centre has internal monitoring and external security systems in place to safeguard against known risks regarding the young people.

3.7.2 Practices that met the required standard in some respects only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

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.

3.7.4 Practices that met the required standard in full

None identified.

3.7.5 Practices that met the required standard in some respects only

The centre has a comprehensive policy and procedures document to guide the staff team in the management of allegations of abuse or neglect, both past and present, against other residents, staff members and outside of the centre. The inspectors found that the centre written manager had implemented the policy sensitively in the management of a disclosure of child abuse. The inspectors found good practice in place where the manager notified the social work department of child protection and welfare concerns and there had been arrangements in place with the allocated social worker for bringing allegations of abuse to the attention of parents. The inspectors found evidence where a social worker had not provided an adequate or timely response to the manager or young person following receipt of a child protection and welfare report form. The social worker must ensure to take appropriate action on receipt of child protection notifications and provide a timely response to the manager and to the young person as a safeguarding measure. The inspectors recommend that where a young person does not receive a timely or adequate response that the manager advocates on their behalf by pursuing an outcome from the social worker.

The staff interviewed had a good understanding of child protection policies and procedures. The last inspection report, by the Registration and Inspection Service, stated that the manager at that time had been pursuing staff training based on the 2011 revised guidelines of 'Children First', the national guidance document in child protection practice. The review of the personnel files demonstrated that, while all staff had completed child protection training, members of the staff team including the manager have not completed child protection training in the current 'Children First' guidance document. The manager must ensure that all staff members attend regular child protection training.

3.7.6 Practices that did not meet the required standard

None identified.

Required Action

- The manager must ensure that all staff members attend regular child protection training.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

The inspectors found that education was valued by management and staff in the centre and there were effective systems in place for monitoring and supporting the young person to achieve their academic potential. At the time of inspection the resident young people were either attending school or on a scheduled break from education. The staff had regular contact with the school to monitor the young people's education and to facilitate a timely response where required. Prior to inspection, some young people had raised complaints relating to aspects of the delivery of education at their school. The care file demonstrated that the manager effectively advocated for the young people and the issue was promptly resolved by the school. The inspectors found that the young people felt supported and were satisfied to return to continue in their education. The inspectors found that the school practice an individualised approach to education and tailored the level of support offered to the young person's ability. The manager and social worker confirmed that where young people present with a behavioural or learning difficulty a psycho-educational assessment is sourced by the social work department in support of the young person's education.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

The manager and staff have an established practice where young people are encouraged to attend a medical assessment with the centre's chosen general practitioner as part of the admission process. Parallel to this process, the allocated social worker schedules a more in-depth medical screening for the young people placed in the centre who are previously unknown to social work services. The social workers interviewed acknowledged that the young people do not receive a screening appointment or the subsequent medical report in a timely manner in the absence of a specific need or urgency identified by the initial medical assessment.

The inspectors found that the health needs of the young people had been routinely explored by the social worker as part of the intake interview and this information is transferred to the centre as part of the handover meeting and reflected in the emergency care plan. The staff team's information about the young people's health needs had been developed through consultation, staff observation and the medical screening and assessment and this is recorded in the subsequent care plan reviews. The review of the care files indicated that young people had been supported to access a range of health services including the GP, ophthalmology and sexual health services in a timely manner and as required. The centre staff were found to adhere to the policy for the administration of medication to young people and clear records had been maintained on file.

The inspectors were satisfied that the health education needs of the young people had been addressed through the key work system. The centre has a no smoking policy in place and some young people reported having successfully quit smoking since being placed at the centre. In light of the nature of the service, the gathering of comprehensive health records from birth can pose a difficulty to the social workers. The inspectors recommend that an explanatory note is placed on file in this regard. The care files contained appropriately signed consent forms for medical examination or treatment. The young people aged sixteen years and over were consulted to give consent in compliance with the Non-Fatal Offences Against the Person Act, 1998.

3.9.2 Practices that met the required standard in some respect only

None identified.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 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 20, Medical Examinations.

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services)*

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 & 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The centre is located in a mature suburban area where public transport, gyms, shops, parks and recreational clubs and facilities are within walking distance for the young people. The young people can access further amenities such as libraries, shopping centres and a variety of sports and community clubs by public transport.

The centre itself is adequately lit, heated and ventilated with suitable facilities for cooking and laundry and had the equipment required for cooking and maintaining cleanliness in the home. The inspectors found that the centre was in good structural repair and was decorated to a standard that creates a pleasant and homely atmosphere for the young people. The centre was decorated with pictures of the young people and staff. The centre provided individual bedrooms to young people on admission and young people had been supported to decorate their rooms. At the time of inspection, there were two rooms within the household, outside of the kitchen

and dining area, that can be used by young people to meet with professionals or peers in private. The inspectors received confirmation the property is adequately insured.

Maintenance and repairs

The health and safety officer had completed regular audits and risk assessments in the centre and these records are maintained and reviewed by both the manager and general manager. The centre had a dedicated maintenance log for the recording of maintenance issues and the date of response or completion. The manager identified that good systems were in place for the identification and prompt response to maintenance issues and this statement was supported by the findings in the maintenance log. The general manager regularly attends the centre and has oversight of the maintenance of standards of safety and the inspectors recommend that the general manager maintains records in this respect.

Safety

At the time of inspection, the centre presented as a safe and secure place for young people to live in and staff to work in, and has systems in place for reporting accidents and injuries. The designated health and safety officer undertook the responsibility for regular health and safety audits of the premises. The centre has an up to date 'Health and Safety Statement' which is developed in consultation with fire and safety design consultants as required. The inspectors found that there are effective ways of recording and reporting health and safety hazards in the centre and these are dealt with promptly. The staff team had been supported to complete training in First Aid. The centre has adequate systems for the safe and secure storage of medicines and where young people had responsibility for their medication the inspectors found that risk assessments were appropriately used. The centre maintains a log for the administration of medication that captures both scenarios. The young people at the centre are encouraged to use public transport services. The centre does not have a designated vehicle.

The inspectors found that some young people in the centre required additional support in implementing food hygiene practices. The inspectors recommend a piece of work on food hygiene is completed with the young people who purchase and store additional foods and food storage and preparation is monitored by the staff team to complement the support of independent living skills.

Fire Safety

The centre submitted a written confirmation from a certified engineer that all statutory fire safety and building control requirements have been complied with. The centre had an up to date statement on fire safety, fire precautions and emergency procedures which has been overseen by the designated fire safety officer. The inspector's review of the household and fire safety documents indicated that the centre has adequate precautions against the risk of fire, including effective means of escape, arrangements for detecting, containing and extinguishing fires and maintenance of firefighting equipment. A staff member was a designated fire warden in the centre and had implemented routine fire drills with the staff and young people and fire safety checks. The centre had good systems in place for the external maintenance of fire detection and fire safety equipment. The staff team had completed fire prevention and evacuation training as part of induction training.

3.10.2 Practices that met the required standard in some respect only

None identified.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 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 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health & Safety)

-Part III, Article 13, Fire Precautions.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspector Response
<p>3.2</p>	<p>The general manager must ensure that all vetting procedures are completed prior to staff commencing work.</p> <p>The manager must ensure that all members of the staff team attend child protection training regularly.</p> <p>The manager must ensure that the destination to which the young person has been discharged is consistently recorded in the centre register.</p>	<p>The required vetting of all social care workers prior to commencing work is now in place. All required references for relief social care workers have been obtained and placed on file.</p> <p>The manager and identified staff members have recently completed child protection training.</p> <p>The manager has implemented a new register and will ensure that accurate records of discharge addresses are completed.</p>	<p>Inspectors satisfied with response.</p> <p>Inspectors satisfied with response.</p> <p>Inspectors satisfied with response.</p>
<p>3.3</p>	<p>The Child and Family Agency monitoring service must ensure that adequate arrangements are in place for the centre to be monitored regularly to satisfy itself that appropriate care practices are in place</p> <p>The Child and Family Agency monitoring service must ensure that written reports of the</p>	<p>The monitor carries out ongoing desktop reviews of the centre's significant event notifications. The monitor has and intends to contact the centre if further clarifications, discussion or professional advice is required. The monitoring officer will complete a further visit to the centre in December 2015 to review the centre's care practices.</p> <p>The monitoring officer completed an unannounced visit earlier in the year and has</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>

	<p>monitoring process should be made available on an annual basis to senior managers, centre staff and inspectors.</p>	<p>scheduled another visit to the centre in December 2015. Following this visit a report will be produced and circulated to senior managers, centre staff and the inspectors.</p>	
3.5	<p>The Child and Family Agency social work team leader must review the statutory care plans and reviews to ensure the documents are child centred and adequately reflect the multi-professional consideration of the young person's needs and decision making, participation and voice of the young person and future planning.</p> <p>The Child and Family Agency's social worker's must read the young person's daily log from time to time.</p>	<p>The Child and Family Agency's response: Care plans and reviews of care plans are reviewed by the social work team leader and the principal social worker. Every effort is taken to ensure that the documents are reviewed and signed within required timeframes. The social work team leaders will continue to review the statutory care plans and reviews and will ensure that the documents are child centred and adequately reflect the multi-professional consideration of the young person and future planning. This will be monitored in both group and individual clinical supervision.</p> <p>The social work team leader's will ensure, through supervision, that social worker's read the young person's daily log from time to time. The principal social worker will direct that all social worker's read the young</p>	<p>Inspectors satisfied with response.</p> <p>Inspectors satisfied with response.</p>

	<p>The Child and Family Agency's social worker must ensure to visit the young person at the centre and in private</p>	<p>person's daily logs by 1st February 2016.</p> <p>While social workers regularly meet with young people, social workers will visit the centre and meet with the allocated young person in private by the end of January 2016. Social work team leaders will ensure, through supervision, that social workers visit the young people in line with statutory regulations including visits in the centre and in private.</p>	<p>Inspectors satisfied with response.</p>
	<p>The Child and Family Agency's social worker must ensure to take appropriate action in response to young people who make disclosures or allegations of abuse or neglect.</p>	<p>It is the responsibility of both the social worker and social work team leaders to ensure that appropriate action is taken in response to young people who make disclosures or allegations of abuse or neglect. This will be addressed in both individual and group supervision.</p> <p>Social work team leaders will work informally to improve social worker's understanding of all relevant actions recommended in the report.</p>	<p>Inspectors satisfied with this response.</p> <p>Inspectors satisfied with this response.</p>
3.6	<p>Management must ensure that the centre has a written policy providing guidance on physical intervention.</p> <p>Management must ensure that adequate behaviour</p>	<p>Management has developed a policy on physical intervention that has been included in the policies and procedures document.</p> <p>The manager has stated that all strategies used by the team to</p>	<p>Inspectors satisfied with response.</p> <p>Inspectors satisfied with this response.</p>

	<p>management strategies are implemented by the staff team to address bullying behaviour and that the effectiveness of the strategies is formally reviewed on a regular basis.</p> <p>The manager must convene a meeting with all persons with a bona fide interest in the welfare of young people as per the organisations policy for bullying or harassment.</p>	<p>address bullying between the young people have been reviewed and there now exists robust procedures for both behaviour management strategies and review.</p> <p>The manager convened a meeting in line with the organisations policy for bullying promptly after the onsite inspection.</p>	<p>Inspectors satisfied with response.</p>
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