



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	ID 091
Year:	2015
Lead inspector:	Sinead Diggin

Registration and Inspection Services
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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	The Haven Childcare Services
Registered Capacity:	Three young people
Dates of Inspection:	13th,14th and15th January 2015
Registration Decision:	Registered without attached conditions 31st January 2015-31st January 2018
Inspection Team:	Sinead Diggin Eileen Woods
Date Report Issued:	25th November 2015

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1. Foreword

The National Registration & 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 fulfill 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 & 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 the 7th January 2015. This announced inspection took place on the 13th, 14th and 15th of January 2015 over a three day period and this report is based on a range of inspection techniques including:

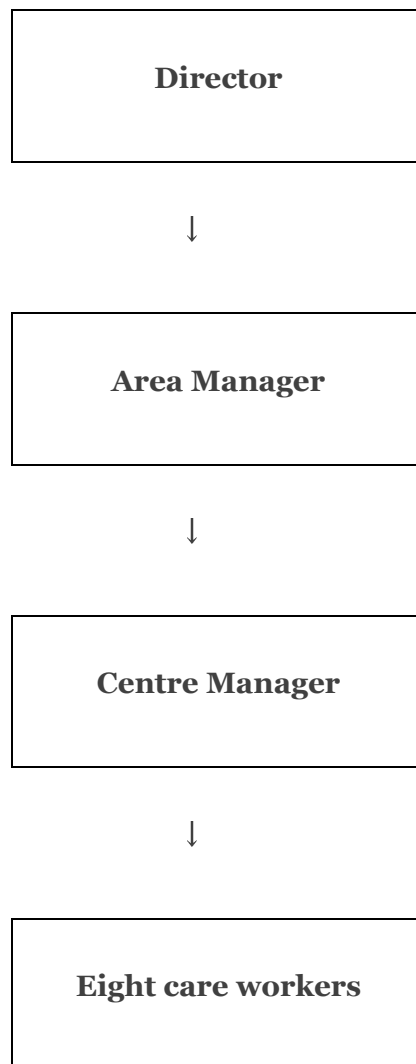
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Eight of the care staff
 - b) The young people residing in the centre
 - c) The social workers with responsibility for young people residing in the centre.
 - d) Other professionals e.g. General Practitioner's and therapists.

- ◆ An examination of the most report from the Monitoring Officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of the former HSE.
- ◆ 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 fida interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Three staff
 - c) One allocated social worker
- ◆ 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 Centers and the Department of Health & Children's National Standards for Children's Residential Centers 2001.

The findings of this report and assessment of the submitted action plan on 3rd July 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 ID Number 091 Residential 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 the 31st January 2015 until 31st January 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 provides medium to long term care for up to three young people of mixed gender between the ages of 12 -18yrs. The service accepts referrals from Tusla, the Child and Family Agency. The centre has a written statement of purpose and function, which states the aim of the service, is to provide a safe and secure environment and work with the young people on developing relationships and attachments. Through placement planning their aim is to engage young people in education, source therapy, engage with their families and prepare them for leaving care. They encourage young people to develop their interests by engaging them in activities. They also state that they work with young people in developing life skills to prepare them for leaving care. At the time of the inspection there were two young people resident in the centre. One of these young people was under the age of twelve years on admission and approval for the alteration to the purpose and function was sought from the Registration and Inspection service prior to this admission. Inspectors found from interviewing staff that they were aware of the purpose and function of the centre and this was reflected in the daily practice of working with the young people.

The manager informed inspectors that they were currently reviewing the policies and procedures for the centre and hoped to have this completed by the end of January 2015. The centre was also reviewing the information booklet for young people and a copy of this was forwarded to Inspectors. The manager stated to inspectors that the staff team were not involved in the process of reviewing the policies and procedures but were informed at team meetings. Inspectors recommend that the staff team have a more active role so as to have some ownership. The centre has an information booklet for families and social workers of the young people, describing the centre and the service it provides.

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 manager of the centre has a suitable qualification in social care and has been managing the centre for four years. Previous to this they had been working within the service in a different role. . The manager has mechanisms in place to oversee all practices within the centre. These include the supervision of staff, attending handovers, team meetings, managing the weekly budget, debriefing staff, linking in with the young people and attending external management meetings.

The manager is line managed by the director of services who oversees the care practices within the service. The director of services visits the centre weekly, holds fortnightly management meetings, and attends some handovers as well as staff meetings. The director of services also visits with the young people and attends some professionals meetings. Inspectors found some evidence of management oversight through centre records, minutes of staff meetings and through staff interviews. Inspectors would recommend that the director of service develop an identified system in which to increase the level of external oversight ensuring that all standards within the centre are met. Inspectors reviewed a cross section of management meetings in which the young people were discussed and any issues to do with staffing and managing the rota.

Staffing

The centre has a complement of six staff and two relief staff. Three of the six staff are social care leaders. The manager reports that the rota allows for a balance between experienced and less inexperienced staff. The centre has on occasion required agency staff when there has been a shortage in the rota. The manager informed inspectors that the current staffing levels are adequate to meet the needs of the centre.

Inspectors recommend that should the centre have a new admission, then the staffing

levels would need to be increased to meet the needs of all young people. In interview with management inspectors were informed that formal inductions did take place; however there was no evidence to support this. The director of services takes on the responsibility of personnel files and the manager informed inspectors that they would not necessarily review the files. Inspectors recommend that the manager takes some responsibility to ensure that all personnel files relevant to staff in the centre are organised and have all the required documentation. All full time staff have a relevant qualification but not all have been verified by the college which would be a requirement of the inspectorate. In compliance with the requirements of vetting guidelines, all staff had an up to date Garda clearance. There were three references on file which had been confirmed verbally. The centre from time accepts students from youth work or social care courses.

Register

The centre has a register in place which records all young people resident in the centre. Duplicate records are kept centrally by the Child and Family Agency. In the case of one young person there was no address recorded for birth parents and this needs to be rectified immediately.

Notification of Significant Events

The majority of significant event notifications reviewed by inspectors were to do with absences. Significant event notifications reviewed by inspectors showed that copies were sent to the social workers and the monitor. In interview, one social worker for one of the young people said they were satisfied with the content and timeframes within which they were notified of significant events in the centre.

There is no forum in place to review significant events although the manager informed inspectors that they can sometimes be discussed at management meetings. Inspectors recommend that there is a forum in place to review all serious significant events for monitoring and reviewing purposes.

Supervision and support

The centre has a policy on supervision. The manager informed inspectors that supervision takes place every six to eight weeks. The manager is trained in supervision and takes on the responsibility for supervising all of the full time staff. A social care leader who is also trained in supervision is responsible for supervising relief staff. The supervision records reviewed by inspectors showed that it has taken place within the agreed timeframe in recent months. There was a supervision contact on file for each staff member. The format in which the supervision sessions were recorded was short so it was hard to get a sense of the ethos and model of care in the

centre. Evidence indicated that there were good links in relation to placement planning and an awareness of what work was required in key working sessions. The manager is supervised every six to eight weeks by the director of services and the manager stated that they find these sessions supportive.

Team meetings are held fortnightly which the Director of Services also attends. One inspector had the opportunity to attend a staff meeting and young people were discussed in detail. The team was open to trying new strategies and there was an awareness of the importance of consistency in working with the young people. Shift hand over occurs daily and the manager is generally present.

Administrative files

The centre uses the Child and Family Agency standardised recording system. Overall the files were well organised. Records were congruent with placement plans and meetings held. There was evidence of management oversight but there needed to be more monitoring in relation to sanctions and the effectiveness of them. The manager reports that there is adequate petty cash to meet the needs of the centre.

3.3.2 Practices that met the required standard in some respect only

Training and development

The manager informed inspectors that the director of services organises the training for the staff in the centre. Not all staff had the core training required such as first aid and fire safety training and the manager informed inspectors that in general training for staff needs to improve. The director of services states that the issue for training not being complete is organizational and not financial. Complementary training such as sensory attachment has been done to assist staff in working with the young people. Given the nature of the needs of the current residents, inspectors would view training in self harm and applied suicide interventions skills training (Assist) as a priority. Management informed inspectors that some staff had completed training in Assist; however certificates to confirm this were not on staff files. Inspectors recommend that management complete a training audit with all required training to be completed as a priority.

3.3.3 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 & Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- The management must ensure that all details of young people are recorded in the register.
- Management must ensure that there is a forum in place to review serious significant events for monitoring and reviewing purposes.
- Management must ensure that core training required such as First Aid and Fire safety training is completed as a priority.

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

The monitor with responsibility for the area in which the centre is located conducted a formal monitoring visit on the 17th of November 2014. The report contained a number of issues for the centre to address, some of which were completed, and some which were still outstanding. Inspectors found that the register was still incomplete, with an address for one young person's birth parent not recorded.

The monitor met with one of the young people in the centre. The other young person did not want to meet with the monitor but there was opportunity to observe interaction with staff and this appeared to be positive.

3.3.2 Practices that met the required standard in some respect only

None identified.

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 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.*

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

Inspectors found good evidence of consultation with the young people. Young people were able to choose what activities they would like to do and this was encouraged by staff. There were young people's meetings held but given the age difference between the young people these sometimes happen on an individual basis. Young people's requests were discussed at team meetings and any decisions were fed back to them. Epic (Empowering People in Care) had visited the centre to meet with the young people. One young person was requesting to be present at their reviews and staff advocated on their behalf. It was agreed that they can now attend their six monthly reviews.

Complaints

The centre has a policy on complaints and there is also a section in the young people's book giving detailed information on how to make a complaint and who they can complain to. Inspectors viewed the complaints register opened from June 2013 and there were no complaints registered. The centre opened a grievance log in November 2014. The grievances recorded were to do with wanting more pocket money, clothes and food issues. Inspectors found that all grievances were responded to promptly and in an appropriate manner.

Access to information

The centre has a policy on access to information and the booklet for young people also has information on it. The manager informed inspectors that young people are encouraged to read their daily logs but stated that at the moment they don't seem to be interested in it.

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 & admissions

The centre is registered to provide medium to long term care for three young people of mixed gender between the ages of twelve and eighteen years. At the time of inspection one of the young people had been resident in the centre since the age of ten years. The centre consulted with the Registration and Inspection service to alter its purpose and function and this was approved. The other young person had been resident in the centre since 2011 and the centre was preparing this young person for leaving care. Given the age difference between these two young people, there were detailed risk assessments completed to ensure that the needs and care of both young people were considered. At the time of the inspection the young people living in the

centre were in accordance with the centre's purpose and function and suitably placed on the information available upon admission to the centre.

Contact with families

The staff recognise the value of family contact and does try to work as closely with families as possible. Young people have scheduled access plans with their families and there is a record of family contact on file. One young person has overnight access on occasion with approval from their social worker. The inspectors noted from records that the other young person was seeking increased visits with family.

Inspectors addressed this with their social worker who clarified with inspectors that the level of access was agreed in consultation with family. Inspectors asked if this was explained to the young person and the social worker stated that it was.

Preparation for leaving care

One young person was preparing to leave care and had an allocated aftercare worker assigned by the Child and Family Agency. The staff were working with the young person on developing life skills necessary for independent living as well as doing individual work on other topics such as health, education and budgeting skills. This young person had the use of an annex attached to the house and availed of this in preparation for living independently. The young person told inspectors that they were pleased with this arrangement and invited the inspectors out to view the annex.

Emotional and specialist support

Each young person has two key workers assigned to them. Key working sessions take place which are both planned or opportunity led. Inspectors found good evidence of individual work taking place based on the individuals needs of the young person. The staff team had an awareness of the emotional needs of the young people and inspectors observed positive interaction between young people and staff. This was also evident through centre records. The young people were also referred and attending specialist services as required. Inspectors found evidence that individual work and recommendations suggested by specialists, were included in their placement plans.

Social Work Role

Standard

Supervising social workers have clear professional & statutory obligations & 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.

Both young people in the centre have allocated social workers. Records observed by inspectors found evidence of regular contact from both social workers. One social worker stated that they visit the young person in the centre in accordance with the regulations and have the opportunity to meet with them privately. The social worker stated that from time to time they read centre files relating to the young person and inspectors found evidence of this on centre rfiles.

Emotional and specialist support

Each young person has two key workers assigned to them. Key working sessions take place which are both planned or opportunity led. Inspectors found good evidence of individual work taking place based on the individuals needs of the young person. The staff team had an awareness of the emotional needs of the young people and inspectors observed positive interaction between young people and staff. This was also evident through centre records. The young people were also referred and attending specialist services as required. Inspectors found evidence that individual work and recommendations suggested by specialists, were included in their placement plans.

Discharges

Since the last inspection there have been no discharges in the centre.

Children's case and care records

Both young people had birth certificates, a photo and a copy of their care order on file. Inspectors found that generally files were well organised and easy to navigate. Records observed by inspectors were signed and dated and placement plans viewed were congruent with both team and professional meeting minutes. As stated earlier in the report it is recommended that more external oversight needs to be evidenced in centre records. The young people's records and case files are archived and stored with the company.

Aftercare

One of the young people has an allocated aftercare worker and a needs assessment had been carried out. The young person at the time of inspection was focused on leaving care and was anxious to know the plans for accommodation, where they would be living and what options were available to them. There were regular meetings held for this young person but as stated earlier in the report, there was not yet clarity in what may be available to them or an aftercare plan on file. EPIC had called to the centre to meet with the young people in the centre.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning & review

One young person had a care plan on file which was from a previous child in care review. This review focused on aftercare for the young person. There was no aftercare worker present for this review and living options lacked clarity at this stage. There was evidence of regular professional meetings taking place. The other young person had a care plan on file which was also from a previous review. A statutory child in care review is expected to take place 'at intervals not exceeding six months during the period of two years commencing on the date on which the child was placed in the residential centre, the first review to be carried out within two months of that date'. Child care (Placement of Children in Residential Care) Regulations, 1995. While there was evidence of monthly meetings taking place, in accordance with the policy for the placement of children aged twelve years and under in residential care, the care plan had not been updated. In interview with the young person's social worker, they stated that they have since updated the care plan and a copy has been forwarded to the centre. As stated earlier in the report, this young person had requested to be present at their review and the social confirmed that they were present for the last child in care review.

Young people had placement plans on file which were divided into short and long term goals. The placement plans reflected the individual work to be completed, how it would be done, who was responsible and the outcome on completion. Inspectors viewed the placement plans on file for the young people. The placement plans were updated regularly by their key workers, who as part of their role had responsibility for undertaking individual work with the young person. Where other staff members were assigned individual tasks, this was overseen by the key worker. Individual work undertaken by staff was relevant to their age and also addressed issues that were current in their lives.

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&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 social worker for one young person must ensure that the care plan is updated regularly, with a copy sent to the centre for the young person's file.

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 found evidence that the manager and staff team are cognisant of the importance of maintaining young people's individuality within the group. Each young person has a key worker who works with them on individual topics based on their placement plans. The young people in the centre have their own bedroom, the older young person choosing to use the annex. Young people are encouraged to decorate their bedrooms to their own individual taste.

The staff team created a sensory room to meet the needs of young people and staff stated that this individual space was working well for them. Given the age difference between the young people, they spend limited time together however from records observed by staff, their individual voices were heard.

Provision of food and cooking facilities

The young people in the centre are provided with healthy meals and have a say in the weekly meal planner. One of the young people in preparation for independent living has their own individual food budget and is involved in the preparation and cooking of meals. Staff and young people come together for meals. Inspectors had the opportunity to share in one of the meal times and experienced that the staff use meal times as a resource to create a culture of homeliness and engage in social conversation.

Race, culture, religion, gender and disability

Young people in the centre are offered to practice their religion should they wish to do so. Young people are helped to understand the reasons as to why they are in care and are supported by staff to deal with this in a way that does not impact negatively on their social experiences. Staff recognise the importance of family and support young people in maintaining contact with them.

Managing behaviour

The centre has a policy on managing behaviour and young people are given written information on the rules regarding unacceptable behavior. The staff have completed training in behavior management. Young people in the centre have individual crisis management plans. Inspectors viewed the plans for each young person and found that they could be more detailed, but from records reviewed, found them to be used as a working tool and were updated accordingly. The individual crisis management plan for one young person reflected guidance from the occupational therapist in relation to managing some of the identified behaviours. Inspectors found through centre records that Life Space Interviews are carried out after any incident of challenging behavior.

The centre has a policy on sanctions and also uses a reward system. Inspectors noted that in the case of one young person, a sanction was put in place for a period of two weeks. Inspectors view this to be too long, taking into account the age of the young person.

Management should ensure that all sanctions given are age appropriate with a realistic time frame based on individual capabilities, and are used to change a specific behaviour.

Absence without authority

Both young people have Individual Absence Management Plans on file. The centre follows the joint protocol between the Child and Family Agency and the Gardai for reporting young people missing from care. One young person has had a number of absences from the centre and inspectors found evidence that that these were reported to the social worker and the monitor through significant event notifications.

Inspectors received a questionnaire back from an external professional who stated that while they would have concerns about the level of absences for this young person, they felt this was managed well by the centre.

Restraint

There have been no restraints in the centre since the last inspection. Staff have trained in the use of behavior management techniques and inspectors were informed that refreshers for most of staff were due to take place at the end of January. Training records for one staff member showed that the last time they received behavior management training was July of 2013. They will be required to re do the full training course, as they had not attended the mandatory refresher training in order to retain their certificate.

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

Safeguarding

Inspectors found that staff are aware of the necessary safeguarding policies and practices and demonstrate this in their daily work. Staff were aware of their role in monitoring each other's practice and were clear of the procedures to follow, should they have any concerns. Young people have access to family members, their social workers and EPIC have also visited to meet with them. There was evidence of individual work completed with young people to include topics such as stay safe and safe touch.

Child Protection

All staff have completed the revised training in 'Children's First National Guidance for the Protection and Welfare of Children' (2011) While there were certificates on staff files, they did not display which organisation had provided the training. Inspectors would recommend that the centre address this with the providers of the training programme, so as to ensure they receive professional certificates.

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.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

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

At the time of inspection there was one young person in education. This young person has experienced some behavioural difficulties and the staff were working closely with the school to support the young person in maintaining the educational placement. A representative from the school attends the monthly professional meetings. The other young person had been in an educational course and was nearing completion but the placement broke down. The staff in the centre sourced another educational placement however this ended after a short period of time. The centre was sourcing a tutor in order for the young person to complete their education but the young person was reluctant to engage with this.

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 young people had medical assessments on admission to the centre. Young people have a named G.P and a current medical card. There was evidence on file that young people attended the G.P when required as well as other appointments such as dental. One young person had recently attended an appointment with an optician. Inspectors found evidence on file that key workers addressed areas such as healthy eating, hygiene, sexual health and the dangers of substance abuse. There were medical consent forms on file and a record of immunisations the young people had received. Records of prescribed and unsubscribed medication were logged. These were signed

by one staff member only. Where a young person cannot sign a staff member should co-sign.

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 Premise 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 a detached two story house with a garden to the rear. The centre has a separate annex at the back of the property which is currently being used by a young person in preparation for independent living. Inspectors found the property to be outdated and in need of refurbishment to make it more modern and homely. This is something that was referenced in the last inspection report and has not been addressed. Young people have their own rooms and they can choose how they would like it decorated. The staff in the centre had created a sensory room with equipment for the young people. There is space to accommodate young people to meet with their families or social workers in private.

The Inspectors found the centre is appropriately insured and records of the insurance details were provided to the Inspectorate.

3.10.2 Practices that met the required standard in some respect only

Maintenance and repairs

The centre has a maintenance person in place to attend to any repairs required. The centre keeps a maintenance log of all maintenance issues. The log states that in 2013 the dishwasher was broken and in need of repair and there is a record in the latter part of 2014 not to replace it. The dishwasher was not removed from the centre and inspectors observed it to still have small remainders from food which leads to poor hygiene. There were other maintenance issues logged but the dates of response or completion were not recorded.

Safety

The centre has a Health and Safety statement and there are arrangements in place for a named staff member to oversee Health and Safety checks. While there was evidence of checks being conducted, there was no reference that hygiene audits had been carried out. Inspectors view that if this had been completed, then remainders of food left in the dish washer would have been picked up on.

Medication is stored in a locked cabinet in the office. As stated earlier in the report, not all staff have completed First Aid training

Fire Safety

The inspectorate was provided with a copy of the centres compliance with the building regulations. A fire consultant inspected the premises in December 2014. The fire consultant noted that two members of staff required fire safety training. This was something that was noted by inspectors and at the time of inspection, had not been completed.

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.

Required Action

- Management must replace the broken dishwasher or remove it from the kitchen to prevent hygiene issues.
- All maintenance issues must have dates of entry and completion with a response or outcome logged.
- Fire Safety training must be completed with all untrained staff as a matter of priority.

4. Action Plan

Standard	Issues Requiring Action	Response
3.2	Management must ensure that core training required such as First Aid and Fire safety training is completed as a priority.	This training has been completed All staff completed fire training on the 28.1.15 First Aid training took place on 14.5.15
3.5	The social worker for one young person must ensure that the care plan is updated regularly, with a copy sent to the centre for the young person's file.	This has been requested.
3.10	<p>Management must replace the broken dishwasher or remove it from the kitchen to prevent hygiene issues.</p> <p>All maintenance issues must have dates of entry and completion with a response or outcome logged.</p> <p>Fire Safety training must be completed with all untrained staff as a matter of priority</p>	<p>A new dishwasher has been installed.</p> <p>The missing dates have been completed and this will be over seen more rigorously by management</p> <p>Fire training has been completed with all untrained staff</p>