



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

Centre ID number: **005**

Year: **2015**

Lead inspector: **John Laste**

Registration and Inspection Services  
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## Registration and Inspection Report

<b>Inspection Year:</b>	2015
<b>Name of Organisation:</b>	Keys Childcare Ireland
<b>Registered Capacity:</b>	3 young people
<b>Dates of Inspection:</b>	25 <sup>th</sup> , 26 <sup>th</sup> , & 27 <sup>th</sup> August 2015
<b>Registration Decision:</b>	Registered without conditions from the 29 <sup>th</sup> July 2015 to the 29 <sup>th</sup> of July 2018.
<b>Inspection Team:</b>	John Laste Kieran Magorrian
<b>Date Report Issued:</b>	21 <sup>st</sup> December 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 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 & 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 is 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 4<sup>th</sup> August 2015. This announced inspection took place on the 25<sup>th</sup> of August 2015 over a three day period and this report is based on a range of inspection techniques including:

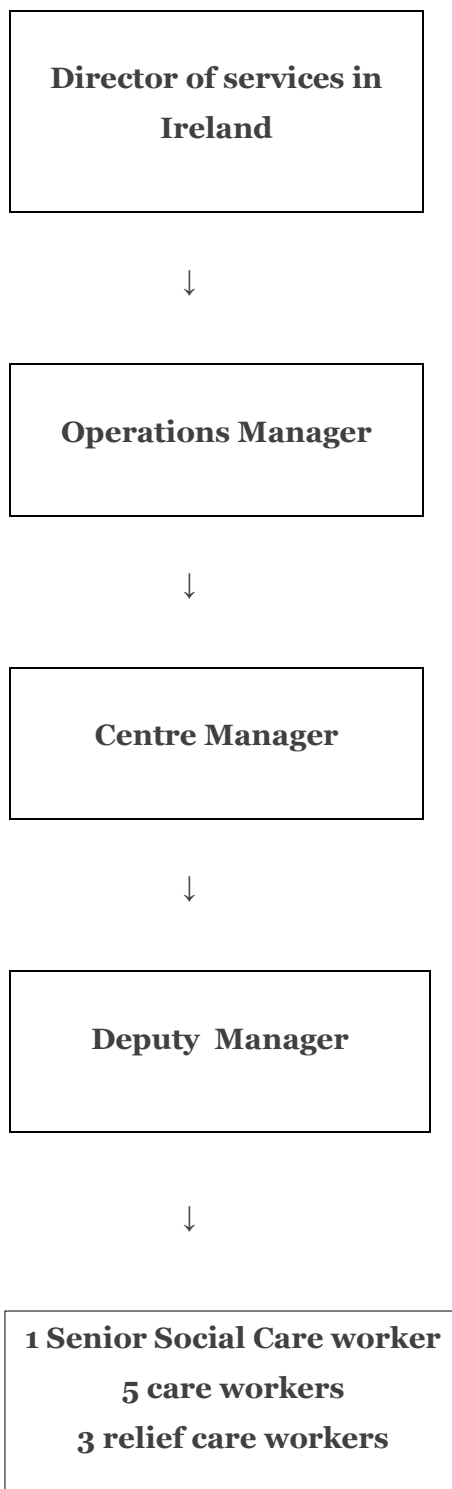
- ◆ An examination of the centre's application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) Seven of the care staff
  - b) Three young people residing in the centre
  - c) The social worker(s) with responsibility for young person/people residing in the centre.
  - d) Other professionals e.g. General Practitioner's and therapists.
- ◆ An examination of the most recent 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 fide interest in the operation of the centre including but not exclusively
  - a) The centre management
  - b) Four staff members
  - c) Two young
  - d) The Monitoring Officer
  - e) Therapist

- ◆ Observations of care practice 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 & 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 10<sup>th</sup> December 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 005, 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 29<sup>th</sup> July 2015 to 29<sup>th</sup> July 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**

The centre has a clear statement of purpose and function which accurately describes what the centre sets out to do for young people, and the manner in which care is provided. The centre provides short to medium term care, and can accommodate up to three young people male and female aged 12 to 18 years on admission. The proprietors/managers are responsible for keeping the statement up to date; the statement was reviewed prior to this inspection. The proprietors and management must amend the age criteria on admission to 13 to 17 years old (in compliance with the National Policy on the admission of young people 12 years old and under).

The inspectors found that the staff members were familiar with the statement of purpose and function, and the key policies and procedures. There was a user booklet providing relevant information on the centre. There were three young people in residence at the time of the inspection; a 17 year-old boy, a 15 year-old female and a 15 year-old male. Admissions to the centre were in line with the 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.**

#### **Required Action**

- The proprietors and management must amend the age criteria on admission to 13 to 17 years old (in compliance with the National Policy on the admission of young people 12 years old and under).

## 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

#### **Management**

The inspectors found that the centre manager, who is the person in charge, was a suitably qualified person, and has 16 years experience in residential care. The manager has been in the current position for over 8 years.

The company has a Regional Operations Manager who provides scrutiny and oversight of the operational functions and care practices in the centre. The operations manager also provides supervision to the centre manager. The inspectors interviewed the operations manager who was clear about the role which is to assess the quality and effectiveness of the service and to supervise the centre manager.

The inspectors found good evidence that the centre manager and operations Manager were satisfying themselves that appropriate and suitable care practices are in place in the centre. There was good evidence that the centre records were regularly reviewed and signed by the managers. The operations manager was visiting the centre on a regular basis. The operations manager receives a weekly returns report which sets out all activities and incidents at the centre. At weekends the operations manager and on call management receive a weekend report which indicates the centre status and action plan laid out for the weekend. This practice complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 5.

#### **Register**

A register of all young people who live in the centre is maintained by the manager. The inspectors found that the register complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21; the admission details of the residents were properly recorded, as were the discharge details of the previous residents.

## **Notification of Significant Events**

The inspectors interviewed supervising social workers, the monitoring officer and examined the centre records; significant event reports were promptly notified to both the Monitoring office and social work department in a timely fashion. The monitoring officer reported that though the numbers of incidents were low, where they occurred it was evident that the staff team had deployed various strategies to assess and manage the risks. This information was confirmed by the supervising social workers. The practice complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 19, and the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 16.

## **Staffing & Vetting**

The inspectors reviewed the adequacy of staffing, and found that the deployment of staff was sufficient to address the needs of the three residents. Staff duty rotas were examined and there was good evidence that adequate numbers of staff were on duty at the key times. The inspectors found that staff were suitably qualified and experienced. The centre can access relief staff. The inspectors carried out an audit of staff personnel records - the required references, and Garda vetting were taken up for all staff (including the relief panel) prior to taking up their positions. This complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 6.

## **Supervision and support**

The inspectors examined the staff supervision records and found good evidence that the team received regular formal supervision during the period under review. The centre manager was supervised by the operations manager. The manager and deputy manager supervise the staff team members. The centre manager must ensure that each staff member has an agreed supervision contract. Supervision contracts must be reviewed annually.

Staff interviewed by the inspectors said that the manager was supportive and provided clear leadership to the team. They also confirmed that support mechanisms were in place to assist the team. There was good evidence of teamwork, team meetings take place fortnightly and the minutes of meetings were recorded, however the centre manager should ensure that the pages in the staff meeting minute book are numbered. The team meeting records reflected that young people's needs were prioritised and the team contribute to the agenda of the meetings.

Staff handover meetings take place between work shifts. The inspectors were informed that the handover meetings take place in the mornings when the staff

overnight shift ends and the next shift staff members are coming on duty. The inspectors reviewed the handover sheet and attended a meeting which reflected that a comprehensive sharing of information. Staff reported that there was a clear process of communication between shifts.

### **Administration Files**

The administrative files were examined by the inspectors and the key records were in evidence. The recording system was well organised and accessible so that they facilitate effective management and accountability. There was good evidence that the manager and regional manager were monitoring the quality of records. Relevant records relating to the young people are kept in perpetuity and the management understand the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003. The centre had recently, on the advice of the monitoring officer, secured the services of a Tusla Child and Family Agency approved archiving company.

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

#### **Training and development**

The training records show that there were a number of staff members who required refresher training in safeguarding /child protection, fire safety and evacuation procedures, and occupational first aid. This is required training which management should provide as a soon as possible and as a matter of priority. Inspectors were informed that dates for the required training had been finalised and staff would receive the training in the coming months.

All employees in the centre receive induction training on commencement of employment which includes being shadowed by an experienced staff member for some shifts. The staff team receive regular refresher training in an approved method of crisis prevention and physical intervention. The inspectors found that the company does provide for identified training on request from the manager and staff team such as, self harm and suicide awareness training.

### **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 & Qualifications)***

***-Part III, Article 16, Notification of Significant Events.***

### **Required Action**

- The centre manager must ensure that each staff member has an agreed supervision contract. Supervision contracts must be reviewed annually.
- The centre manager should ensure that the pages in the staff meeting minute book are numbered.
- The proprietor/management must ensure that deficits in required training such as safeguarding /child protection, fire safety and evacuation procedures, and occupational first aid are addressed as a matter of 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**

This Standard is met in full. The authorised person -Tusla Child and Family Agency monitoring officer was recently appointed upon a transfer of the centre from another monitoring office within the Tusla Child and family Agency National monitoring team. The newly appointed monitoring officer had visited the centre on an introductory visit and provided the centre with a report having reviewed the centre records and logs.

The monitoring officer's findings were that the centre was mostly in compliance with the regulations and standards. The significant event reporting was in accordance with the regulations and significant event reports about the young people at the centre were being promptly notified to the relevant people.

### **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**

#### **Consultation**

This Standard is met in full. The young people who met the inspectors were clear about why they are in care and about future plans. Stating that their views were sought when decisions were being made that affect his daily life and future. They confirmed that they met with social workers on a regular basis and stated that they were aware of Empowering Children in Care (EPIC) and that they could represent them at meetings etc.

#### **Complaints**

The inspectors found there was a clearly written complaints procedure with user friendly information about the operation of the procedure. Young people said they were knowledgeable about their rights and responsibilities, and how to complain. They were clear about what to do if he was unhappy about any aspect of his care.

The inspectors reviewed the complaints register and were satisfied that complaints were properly investigated in line with procedures. This was confirmed by the monitoring officer and supervising social workers.

### **Access to information**

The Inspectors were satisfied that there was a clear procedure that sets out how young people can access information about themselves and the services available to them. The young people interviewed were aware of how they could access 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**

##### **Suitable placements and suitable admissions**

This Standard is met in full. The inspectors found that the admissions to the centre were planned and in line with the statement purpose and function. There were three young people in residence at the time of the inspection; a 17 year-old boy, 15 year-old girl and a 15 year-old boy. The most recent admission was selected from referrals to the centre with clear regard for the other two young people at the centre. The young person's previous history and presentation were also taken into account by the manager and put against the skill set of the staff team to provide the service required for this young person.

Applications for admission to the centre are coordinated nationally by the Child and Family Agency private placements team. The inspectors were satisfied that appropriate information was provided about young people prior to admission. This was confirmed through audit of three residents care files. Pre-admission risk assessments are carried out prior for each new admission.

The inspectors met with two of the young people who confirmed that they were clear about the reason for their admission to care. They also confirmed that they had received written information about the centre as part of the admission process.

### **Statutory Care Plans**

The inspectors reviewed compliance with the regulations on care planning. Child Care Plans were completed within the required time frame for the three residents in compliance with the *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 23*. The care plans reviewed were comprehensive and placement plans linked to the care plans were drawn up by the centre.

### **Statutory care plan reviews**

The inspectors reviewed compliance with the regulations on care reviews. Care review meetings were being organised in line with the legally defined time limits as set out in the *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV*.

### **Contact with families**

The young people confirmed that they have contact with family and friends where this is in their best interest and welfare. This was confirmed by both the manager and the supervising social workers. Access with family and friends was facilitated by the centre.

### **Supervising and visiting of young people**

The inspectors confirmed that the supervising social workers were visiting the young people in compliance with the regulations. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 24*. Social work visits were recorded on the young people's care files. The time and date of the social work visit was recorded along with the details of any action taken as a result of a social work visit.



### **Emotional & specialist support**

Standards for Children's Residential Centres criteria 5.29 states 'All children in care should have early access to the specialist services they may require'. The inspectors confirmed that the young people had access to the specialist services they require at the time of the inspection. The centre has allocated 8 hours per week for an employed play therapist. Inspectors interviewed the therapist who has a clear vision regarding the role to provide individual sessions for the young people and provide guidance and consultancy for staff. It is important that clinical governance arrangements are agreed around the therapist's role at the centre. Management should provide the play therapist with a job description which sets out the role of the therapist and the reporting relationship.

### **Preparation for leaving care**

It was clear from documentation and interviews with social workers and staff members that key workers were engaged in direct work in order to prepare the young people for leaving care. Key work sessions included: personal development; health promotion; drug awareness; sexual health and wellbeing; self care skills; budgeting and homemaking skills. One young person was linked in with aftercare services and aftercare plans were developed in line with each young person's Care Plan and aftercare plan.

### **Discharges**

The inspectors were satisfied that the young people discharged from the centre were discharged in a planned way. There had been one discharge in the previous 12 months in which the young person required a special care placement.

### **Aftercare**

The provision of aftercare services were in place for one young person at the centre who had been allocated an aftercare worker and had an extensive aftercare plan. The inspector spoke to the social worker of another young person and was informed that aftercare provision would be on the agenda of the young person's next child in care review.

### **Children's case & care records**

The inspectors reviewed care files of the three residents; the files were maintained in a standardised format which was accessible and easy to follow. Care file recordings were kept up-to-date and the records were filed in chronological order. There was evidence that the key documentation as set out in the regulations and standards was properly recorded on the care files. The recording standard was good and the inspectors could see that the records were scrutinised by management. The manager

confirmed that the care files of ex-residents are archived and stored securely. The inspectors found some of the document templates used United Kingdom phrases and acronyms. These documents should be reviewed and amended by the management to the Irish equivalent commonly used in the Tusla- Child and Family Agency

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

None identified

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

None identified

#### **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 1and2, Care Plans***

***-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan***

***-Part V, Article 25and26, 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**

- Management should insure that the pro forma used in the children's case records are amended from a United Kingdom style to the Irish equivalent commonly used in the Tusla- Child and Family Agency.
- The proprietor/management should provide the play therapist with a job description which sets out the role of the therapist and the reporting relationship.

#### ***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.

## **Social work role**

The supervising social workers were asked to complete an inspection questionnaire. There was evidence that they were carrying out their role and responsibilities in line with the regulations and standards. The inspectors confirmed that the social workers were reading and signing records relating to the young people on visits to the centre.

### **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&2, Care Plans***

***-Part IV, Article 23, paragraphs 3&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).***

## **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**

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

This Standard is met in full. The atmosphere in the centre was friendly and hospitable, and Inspectors during meal times observed that the staff treated young people with respect and as individuals. Young people in turn were observed to be

respectful towards staff in their interactions with them. The inspectors found that the young people have the opportunity to develop their interests and hobbies.

The Inspectors interviewed two of the young people in the centre and they were both very positive about the centre and the service provided to them. Both young people were aware of their keyworker's role and found it helpful to have someone like that to discuss issues with. The Inspectors observed that the young people were cared for in a manner that takes account of their wishes, preferences and individuality. Both young people were aware of procedures with regard to making a complaint.

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

The Inspectors observed that there were adequate quantities and varieties of food available at meal times, and the young people's preferences were taken into consideration. Young people have easy access to food and are encouraged to prepare meals. Both staff and the young people have their meals together in a very homely and relaxing fashion.

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

The centre facilitates the young people in participating in community events and engaging in local activities. Each young person's religious denomination is taken into account and where young people and their family wish to pursue their religious belief this is accommodated.

### **Managing behaviour**

There was a clear written policy on managing behaviour. The inspectors were satisfied that each young person had an appropriate Individual Crisis Management Plan (ICMP) which clearly identifies unsafe behaviour and sets out the response required by staff. The plans set out the approach or intervention that works in supporting the young people. The inspectors observed the relationships between the young people and the staff team which were very positive.

There was a clear sanctions policy in place. Sanctions were only administered when there was unacceptable conduct, and the Inspectors found that no inappropriate sanctions were administered during the period under review. Where a sanction was applied it was a natural consequence for the young person for example misbehaving in the car might result in a short period of having no access to the car.

## **Restraint**

The team are trained in the use of a specific approved intervention system and in physical intervention techniques. This training includes the use of physical restraint and therapeutic intervention approaches. All staff members were regularly updated in these techniques. There were no recorded incidents of physical intervention in the period under review.

## **Absence without authority**

The inspectors found that the centre was following the Joint Protocol between Child and Family Agency and An Garda Síochána and each young person had an Individual Absent Management Plan under the protocol.

### **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.

## **Safeguarding**

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

Inspectors found that the staff team had a good understanding of safeguarding practices. The young people's safety and wellbeing was always to the fore and the young people interviewed told inspectors that they were consulted on issues in regards to their care. The centre has a comprehensive policy regarding professional practice for staff members. Inspectors audited staff files and found that all staff members are vetted before they commence work in the organisation. The Garda vetting had most recently been updated for all staff members.

### **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

#### ***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.

## **Child Protection**

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

The inspectors interviewed a number of staff and found that they were familiar with their role and responsibilities under Children First: National Guidance for the Protection and Welfare of Children 2011. Inspectors in their audit of the staff files found that not all staff members have received Children First training. The inspectors were informed that this training was scheduled to take place. The staff members interviewed stated that they were familiar with the centre policy and they identified the centre manager as the person responsible for child protection concerns.

### **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

## Required Action

- The proprietor/management must ensure that all of the staff team receive Children First 2011 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**

This Standard is met in full. All three of the young people have been assessed by the National Educational Psychological Service (NEPS) all were found to have special educational needs varying from mild to moderate. The inspectors found that all three young people were attending education programmes which were specifically catering for their requirements. One of the young people had started out with a period of home schooling and has made the transition into mainstream and sat 8 subjects in the junior certificate exams. Another of the young people is in the senior and final year of special needs school. The third young person is attending school regularly where previous to this placement there had been very little school attendance.

#### **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**

This Standard is met in full. The three young people were registered with a G.P. practice. Medical examinations are taken up following admission to the centre and the health needs of the young people were being addressed as needed.

The company policy only provides for the administration of doctor prescribed medication. Medicinal products are stored securely and the inspectors found that the administration of the prescribed medicines was properly recorded. Unused medicines were disposed of in a safe manner using the local pharmacy.

### **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**

#### **Accommodation**

The inspectors found the premises was a homely and welcoming environment and was in a good state of repair and décor. The premises were adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The centre accommodation was fit for purpose and can comfortably accommodate four young people.



## **Safety**

The centre has a health and safety statement with an effective means for reporting hazards in the centre. The company employs a UK based health and safety manager who reviews health and safety matters. A local staff member was assigned as the centre health and safety officer and carries out the centre audits. The proprietor/management should ensure that the assigned health and safety officer is appropriately trained in this area.

## **Maintenance and repairs**

The company employs a maintenance person who carries out routine maintenance and repair work at the centre. A review of the maintenance log shows that repairs are addressed in a timely fashion.

## **Fire Safety**

Management provided evidence that building control and fire requirements were met. Fire prevention and evacuation procedures were being carried out. A fire safety register was maintained. The fire safety certifications and installation and maintenance records are kept together with the fire register for the centre. There was evidence that the fire alarm system, emergency lighting and general fire safety equipment were regularly serviced and inspected. The annual service inspection of the fire alarm system to certify that it meets the requirements of **IS 3218** and the annual testing of the emergency lighting to certify that it meets the requirements of **IS3217** were found in evidence and was carried out by a competent and suitably qualified person.

As previously stated in this report there were deficits found in some of the staff required training. While the staff had historically received fire safety training in many cases this they needed to be refreshed in this area. The proprietor/management should ensure that all staff members are updated in fire safety training as soon as possible.

### **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.*

#### **Required Action**

- The proprietor/management should ensure that that the centre Health and Safety officer is given training in Hazard Analysis and Control Points.
- The proprietor/management should ensure that all staff members are updated in fire safety training as soon as possible

## 4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.1	<ul style="list-style-type: none"> <li>• <b>The proprietors and management must amend the age criteria on admission to 13 to 17 years old (in compliance with the National Policy on the admission of young people 12 years old and under).</b></li> </ul>	<p>This was completed immediately following inspection.</p>	<p>Action Complete</p>
3.2	<ul style="list-style-type: none"> <li>• <b>The centre manager must ensure the each staff member has an agreed supervision contract. Supervision contracts must is reviewed annually.</b></li> </ul>	<p>This has been completed All staff had their supervision contracts reviewed. This was completed during the month of October and November. Going forward all supervision contracts will be reviewed annually in line with Best practice. This was completed immediately following the inspection.</p>	<p>Action Complete</p>

	<ul style="list-style-type: none"> <li>• <b>The centre manager should insure that the pages in the staff meeting minute book are numbered.</b></li> <li>• <b>The proprietor/management must ensure that deficits in required training such as safeguarding /child protection, fire safety and evacuation procedures, and occupational first aid are addressed as a matter of priority.</b></li> </ul>	<p>Completed</p> <p>Completed</p>	<p>Action Complete</p> <p>Action Complete</p>
3.5	<ul style="list-style-type: none"> <li>• <b>Management must insure that the proforma used in the children’s case records are amended from a United Kingdom style to the Irish equivalent commonly used in the Tusla- Child and Family Agency.</b></li> </ul>	<p>This is in process with senior management and will be completed 30<sup>th</sup> November 2015.</p>	<p>Action Complete</p>

	<ul style="list-style-type: none"> <li><b>The proprietor/management should provide the play therapist with a job description which sets out the role of the therapist and the reporting relationship.</b></li> </ul>	<p>Completed on the 3<sup>rd</sup> November 2015</p> <p>An agreement was made regarding hours at the centre, direct line management for the Therapist and who provides supervision. Roles and responsibilities of the post were also agreed. The Therapist was given a copy of the agreement.</p>	Action Complete
3.7	<ul style="list-style-type: none"> <li><b>The proprietor/management must ensure that all of the staff team receive Children First 2011 training.</b></li> </ul>	<p>Completed in 1<sup>st</sup> October 2015</p>	Action Complete
3.10	<ul style="list-style-type: none"> <li><b>The proprietor/management should ensure that that the centre Health and Safety officer is given training in Hazard Analysis and Control Points.</b></li> </ul>	<p>Completed by 2 staff health and safety office and senior child care worker 4<sup>th</sup> November 2015</p> <p>Staff team given feedback on 17<sup>th</sup> November</p> <p>HACCP implemented in the home on 18<sup>th</sup> November 2015.</p>	Action Complete

	<ul style="list-style-type: none"><li>• <b>The proprietor/management should ensure that all staff members are updated in fire safety training as soon as possible.</b></li></ul>	Fire safety training booked for the staff team on the 11 <sup>th</sup> January 2015	Agreed - the Monitoring officer should ensure this training has been given.
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