



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	006
Year:	2015
Lead inspector:	John Laste

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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Dates of Inspection:	29th and 30th September 2015
Registration Decision:	Registered from 13th March 2015 to 13th March 2018 with conditions attached
Inspection Team:	John Laste Bernard Dooley
Date Report Issued:	4th of April 2016

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1. Foreword

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

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

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

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined.

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.

1.1 Methodology

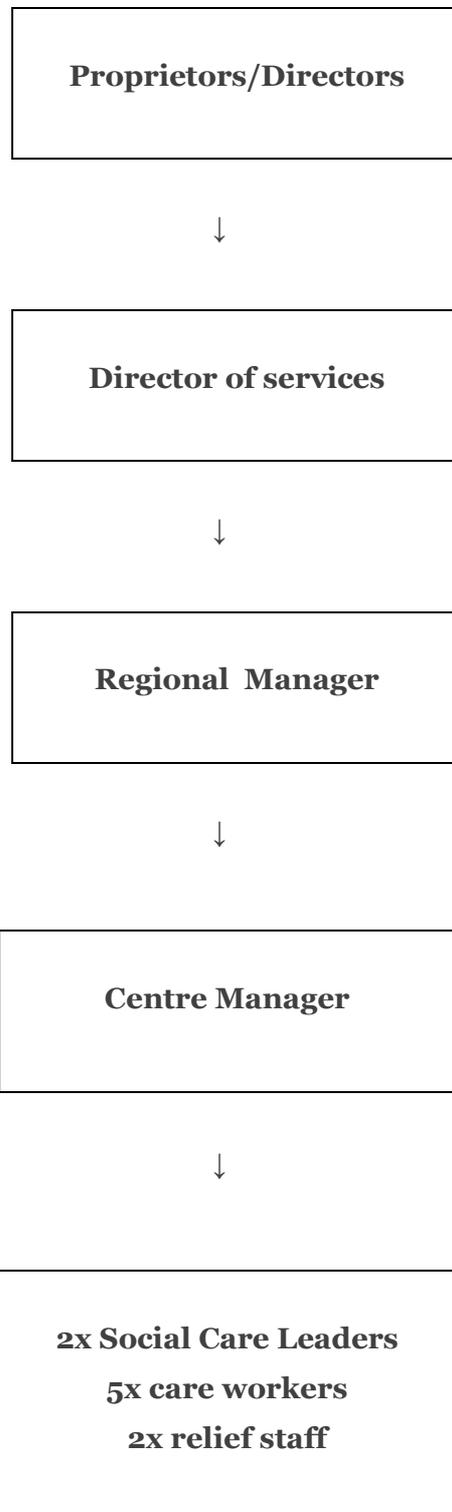
An application was duly made by the proprietors of this centre for continued registration on 20th August 2015. This announced inspection took place on 29th September 2015 over a two day period and this report is based on a range of inspection techniques including:

- ◆ 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) The social workers with responsibility for young person/people residing in the centre.
 - c) One parent of a young person residing in the centre.
- ◆ 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 HSE on our behalf.
- ◆ 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 people
 - d) The monitoring officer
 - e) Three social workers
- ◆ 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 23rd March 2016 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 with 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 13th March 2015 to 13th March 2018**

The following condition will apply;

- The centre will be subject to a follow up inspection review to be carried out one year from the original inspection date.

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 has a clear statement of purpose and function which 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 four young people male and female aged 13 to 17 years on admission. The Director of services and managers are responsible for keeping the statement up to date.

The organization has developed a therapeutic model of care. Systematic Therapeutic Engagement Model (STEM) provides a framework for positive interventions with young people to develop relationships focused on achieving strength based outcomes through daily life interactions. (Daffodil Care Services 2015) This model of care is draws from Response Ability Pathways (RAP's) and the "circle of courage" which is an approach that focuses on enhancing young people's strengths as a way of coping with trauma in their lives. This is complimented by a Child and Family Agency approved model of intervention dealing with challenging behaviour. All staff members have been trained in the approved model of crisis management however inspectors were informed by the regional manager and manager that while staff were given a brief introduction in STEM they have yet to undergo the full training in this model of care. As this was a new team, it was felt that they required some time to gel and develop before introducing the full training. The management should ensure that the staff team receive the full training in STEM.

There is a service user booklet providing relevant information on the centre. The inspectors found the staff members interviewed were familiar with the statement of purpose and function, and the key policies and procedures.

There were three young people in residence at the time of the inspection; a 17 year-old female, a 17 year-old male and a 14 year-old male. The 14 year-old male was a recent admission to the centre. 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 management should ensure that the staff team receive the full training in Systematic Therapeutic Engagement Model (STEM)

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 inspectors found that the person-in-charge (centre manager) is a suitably qualified person. There were clearly defined lines of authority with regard to the operation of the centre. The centre manager is responsible for the day to day management of the centre. The manager reports to and is supervised by the regional manager who oversees the work of the centre as external line manager. The regional manager answers to the director of services who was assisted by the operations manager and training manager who audits service provision.

There was good evidence that the centre manager and the external line managers were satisfying themselves that appropriate and suitable care practices are in place at the centre. The director of services is in regular phone and email contact with the manager as well as visiting the centre monthly. The regional manager was in daily contact with the manager and visits regularly within the week. The centre manager provides a weekly management report which is copied to the external line managers. A sample of the reports were reviewed by the inspectors. There was also good evidence that the external line managers were overseeing the work of the centre.

The inspectors interviewed the regional manager who was clear about the role and responsibilities of the post. The inspectors found that the organisation and management of care at the centre was good and that the scrutiny of the centre was good. Regular practice audits were carried out by the operations manager working in unison with the training and practice manager. A sample of audit reports was reviewed by the inspectors and they were found to be comprehensive focused and analytical.

The inspectors found good evidence of the effective management of staff and of good quality supports for the staff team.

Register

A register of all those who live in the centre was maintained by the centre 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 and discharge details of residents were properly recorded. There had been 3 admissions to the centre since the centre had opened in March 2015

Notification of Significant Events

The inspectors examined the centre records and found good evidence that significant event reports were promptly notified in line with the regulations. This was confirmed by the monitoring officer and 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

Supervision and support

The inspectors examined the record of staff supervision. Supervision sessions were recorded and signed by the supervisor and the team received regular supervision; sessions occur every 4-6 weeks. There was good evidence in the records reviewed of a link to the implementation of the individualised plans for the residents. The centre manager and social care leaders supervise the team and the Regional Manager supervises the centre manager. Relief workers were also supervised periodically in accordance with their needs. Supervision contracts are reviewed periodically as per agency policy.

There was evidence of good team working and there were regular team meetings. The staff told the inspectors that their manager provided clear leadership and support to the team.

Training and development

The training and practice manager who reports to the director of services has responsibility for the oversight of team training. He is in regular contact with the centre manager and attends team meetings on occasion. The organisation has a sister

company which provides a variety of social care training nationally. Staff can access these courses through their manager as they require.

The inspectors examined the training attendance records and found evidence that the team attendance at the requisite training was up-to-date. Newly appointed staff were required to attend staff induction training.

Administrative files

The inspectors reviewed the administrative files at the centre and found that there were systems in place to facilitate effective management and accountability. There was also evidence that the manager and external managers were monitoring the quality of the centre records.

Care records and recordings relating to the young people are kept in perpetuity and the managers understand the requirements of the Freedom of Information Acts, and Data Protection Act.

3.2.2 Practices that met the required standard in some respect only

The inspectors found that the deployment of staff at the time of the inspection was sufficient to address the needs of the centre, however the unsettled behavior of the young person newly admitted was putting some stress on staff on sleep over who were having to stay up into the night to cater for the young person's needs. Management should ensure that provision is put in place to support staff who are required to stay up late at night.

There was a good skill mix in the team and the majority have a social care qualification. This is a newly formed team who were still in the process of gelling as a group. The following grades were employed to work at the centre: one centre manager; two social care leaders; five social care workers and two relief social care workers. Staff duty rotas were examined by the inspectors and there was evidence that adequate numbers of staff were on duty at the key times. The inspectors noted that on some occasions staff were working double shifts which was in response to a young person in crisis in the centre however it was in breach of the ORGANISATION OF WORKING TIME ACT, 1997, PART II Minimum Rest Periods and other matters relating to Working Time (11). The centre management must ensure that staff working hours remain within the parameters within the Organisation of Working Time Act 1997.

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

- Management must ensure that provision is put in place to support staff who are required to stay up late at night.
- The centre management must ensure that staff working hours remain within the parameters within the Organisation of Working Time Act 1997.

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 authorised person - Child and Family Agency Monitoring Officer had visited the centre in order to ensure there was compliance with the regulations, standards and best practice. There was evidence that the centre was visited on two occasions since the centre opened in March 2015. The authorised person issued monitoring reports to the centre based on these visits.

The lead inspector interviewed the monitoring officer who said that the centre was in compliance with the regulations and standards at the time of the visits. The monitoring officer reported that effective systems were in place to ensure suitable and appropriate operational practices at the centre.

It was noticeable from more recent significant event reports being submitted that the new admission to the centre had an adverse effect on the dynamic within the centre and staff were having to contend with much more oppositional behavior.

Significant event reporting was in accordance with the regulations and reports about the children and young people at the centre were being promptly notified to the monitoring office.

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

3.4.1 Practices that met the required standard in full

Consultation

The inspectors found that the views of the young people were sought when decisions were being made that affect their daily life and future.

Complaints

The inspectors found that the centre has a written complaints procedure. Team members interviewed by the inspectors demonstrated a good knowledge about what to do if the young people were unhappy about any aspect of the service. The inspectors reviewed the complaints register and found that there were no serious complaints logged at the time of the inspection

Access to information

The inspectors found that the young people were properly informed of their right to access information and daily recording about them. Young people at the centre received appropriate written advice about what kinds of information about them is being recorded and retained. One of the young people had requested a copy of the care plan which at the time of the inspection had not been provided. The social worker must ensure that the young person receives a copy of the care plan.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

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

This practice complies with the *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 22*.

3.5.3 Practices that did not meet the required standard

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.

3.5.4 Practices that met the required standard in full

Supervision and visiting of young people

The inspectors found 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

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

Contact with families

The inspectors found that the young people have contact with family and friends where this was in their best interest and welfare.

Emotional and 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'. There were issues regarding one of young person's access to Child and Adolescent Mental Health Service (CAMHS) at the time of the inspection. This appeared to be due to the young person being out of area and requiring a service from a different office. The Child and Family Agency must insure that young people in care have access to Child and Adolescent Mental Health Service in accordance with Child Care (placement of Children in Residential Care) Regulations 1995, part VI, Article 29 & part III article 9.

The young people were each assigned to a key worker. The inspectors interviewed the key workers, and found that they were knowledgeable and showed good insight into the emotional and psychological needs of the three children and young people in residence at the time of the inspection.

The inspectors found that the staff team carried out individualised assessments with each young person in order to complete a placement plan that is consistent with the young person's care plan. There was evidence of good quality individualised care to each young person provided in a safe, supportive and effective way. There was good evidence that direct work was being undertaken by key workers with the young people. The direct work reviewed by the inspectors was of a good standard.

Discharges

There were no discharges at the time of the inspection.

Preparation for leaving care and Aftercare

Two of the young people in the centre were being prepared for leaving care and the team had implemented a preparatory programme to assist them in independent living. Both young people's placement plans focused on specific programmes to enable them to make the transition from the residential setting to more independent living arrangements. One of the young people was about to move into an aftercare centre while the other was on a work training programme with a view to future employment.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The inspectors reviewed the admissions practice and examined the care files of the three young people in residence at the centre. There was a clear admissions policy and procedure in place and this was followed. Applications are coordinated by the Tusla Child and Family Agency National Residential Care Service, Private Placements Team. Admissions to the centre are then considered by the service director, regional manager and centre manager, subject to due consideration of the likely impact of any new admission upon the existing residents. Pre-admission risk assessments and impact assessments were carried out for each resident.

The inspectors looked into the placements of the three young people in residence and the admissions reviewed for two of the young people were appropriate. These placements were congruent with the needs of the residents. Contrary to this inspectors found that the most recent placement was not a suitable placement. The young person had a diagnosis of Autistic Spectrum Disorder and required a specific specialist intervention which in the inspectors view was not at the time of admission within the current skill set of the staff team in the centre given that this was a newly formed team.

Since admission to the centre, the young person had been involved in numerous serious incidents including assault on staff, extensive property damage and being in a stolen car with a co resident. Staff interviewed expressed concerns about the negative influence that the other older residents had on this young person. The young person's

father expressed serious concerns to the inspectors in his questionnaire about the escalation of his son's behaviour since admission to the centre and wrote that he had only requested respite for his son and not a longer residential placement. The young person's social worker had changed since referral and admission to the centre. The inspector interviewed the young person's social worker and expressed concerns regarding the suitability of this young person's placement. The young person did not have a care plan and the statutory review had been cancelled on numerous occasions. Inspectors were informed that a new date for the review had been set.

Children's case and care records

The inspectors reviewed the case files of the three young people in residence at the time of the inspection; the files reviewed were kept in a standardised format and were accessible and easy to follow. There was some key documentation not on the care files which included copies of birth certificate, care order, care plans and review minutes. There was documentary evidence on file that the centre manager had requested this documentation. Tusla, Child and Family Agency must provide the centre with the required documentation for the case file including the up to date care plan and statutory review minutes.

The centre recordings were kept up to date and the standard of record keeping was good. There was evidence that the care file records were routinely audited by management. Overall the inspectors found that that the care file records were maintained in a manner that facilitates effective management and accountability. was recorded. The supervising social worker should review the young people's logs and centre care file from time to time.

3.5.3 Practices that met the required standard in some respect only

Social Work Role

The inspectors found evidence that in the main the three supervising social workers were carrying out the vast majority of their roles and responsibilities in line with the regulations and standards, however there were a number of issues regarding care planning in one case which inspectors raised with the individual social worker. Which included the scheduling of statutory reviews and care plans, provision of required documentation review minutes and care plan for the centre's case file, copy of care plan for the young person and reviewing the young person's logs and centre files from time to time.

3.5.4 Practices that did not meet the required standard

None identified.

3.5.5 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 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

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 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

The centre has not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

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

Required Action

- Tusla, Child and Family Agency must insure that young people in care have access to Child and Adolescent Mental Health Service in accordance with *Part III, Article 10, Health Care (Specialist service provision)*.
- Tusla, Child and Family Agency and management must insure that statutory reviews take place within the required timeframe and the young person has a care plan specific to the centre.
- Tusla, Child and Family Agency must provide the centre with the required documentation for the case file including the up to date care plan and statutory review minutes.
- Tusla, Child and Family Agency must ensure that the young person receives a copy of the care plan.
- The supervising social worker should review the young people's logs and centre care file from time to time.

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

Race, culture, religion, gender and disability

The inspectors found that the manager and her team were aware of their role and responsibilities in this area.

Restraint

There were 2 recorded physical interventions in the period under review. One of these was a non routine intervention whereby the staff member briefly held the young person back to stop a physical altercation with another resident. The second was a standing hold after the young person attempted to assault staff members. Each incident was recorded and reviewed according to the centre policy. The relevant people were informed of these incidents.

Absence without authority

The inspectors found that the team were following the Joint Protocol between the Child and Family Agency and An Garda Síochána when young people are missing from the centre. There was evidence that matters were properly reported for the period under review, when the young people were absent from the centre and placing themselves at risk. Each young person had an individual absence management plan agreed with the relevant supervising social worker. The plans were regularly reviewed by the team in line with best practice.

3.6.2 Practices that met the required standard in some respect only

Individual care in group living

The Inspectors found that the young people were cared for in a manner that Respect's and takes account of their wishes, preferences and individuality. Each young person is assigned a key worker, and there was good documented evidence of the direct work being undertaken with the young people. This was recorded on their care files. Inspectors interviewed key workers, and found that they were very clear about their role and responsibilities. The young people that spoke to the inspectors said that in the staff were approachable, and encouraged and supported them. The Inspectors were satisfied that generally the interests and hobbies of the young people were provided for. There was however plenty of scope for the development of the large rooms and spaces within this premises for the provision of good recreational facilities for the young people. The inspectors recommend that this be explored further.

Provision of food and cooking facilities

The young people interviewed stated that they receive good quality, healthy food stuffs at the centre. They have easy access to food and their individual tastes and cultural requirement are catered for. They are encouraged to contribute to meal planning and preparation. The centre kitchen is domestic in character with a modern cooker, kitchen utensils, pots and pans etc. however at the time of this inspection a young person was going through a crisis period and had caused a lot of property damage so many of these items had been damaged or had been removed for safety reasons. Management should ensure that the kitchen area is returned to functioning order as soon as possible.

Managing behaviour

There was a written policy on managing behaviour. Inspectors found that all staff members are trained in a Child and Family Agency approved model of managing young people in crisis and challenging behaviour. The centre employs a team approach to build professional relationships with the young people. The placement plans were tailored to the assessed needs of the young people and were reviewed on a regular basis.

As stated previously one of young people had extremely complex needs and the inspectors found that the risks associated with looking after this young person were

not fully addressed by the social work team and centre at the admission stage. There was an Individual Crisis Management Plan (IMCP) for each young person but this was not addressing the needs of this particular young person. The atmosphere at the centre was very tense at the time of the inspection. This was mainly due to the volatility of the young person's behaviour and the staff being focused on the continuous regime of supervision this young person required.

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

- The centre management must insure that all repairs to the centre have been completed.
- The centre management should ensure that the kitchen area is returned functioning order as soon as possible.

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.

Child Protection

3.7.1 Practices that met the required standard in some respect only

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. The inspectors note that some team members have not received Children First training. All staff members must be trained in the principles and practice of child protection

3.7.2 Practices that did not meet the required standard

None identified.

Required Action

- The centre management must ensure that all staff members are trained in the principles and practice of child protection

Safeguarding

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.

3.7.3 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 matters regarding their safety and wellbeing were risk assessed and regularly reviewed. The young people interviewed told inspectors that they were consulted on issues in respect 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.

3.7.4 Practices that met the required standard in some respect only

None identified.

3.7.5 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

One of the young people had sat the junior certificate this year and was currently engaging very well in a specific training programme with future employment in mind. The third young person was due to leave the centre. This young person had completed the junior certificate. Applications were made for this young person's further education and training. The third young person was not engaging in any education programme at the time of the inspection.

3.8.2 Practices that met the required standard in some respect only

The inspectors found that not all of the young people were attending education programmes specifically catering for their needs. An application for home schooling was made for one of the young people which had not been processed at the time of the inspection. Due to a diagnosis of Attention Deficit and Hyperactivity Disorder, Aspergers Syndrome and Oppositional Disorder this young person requires an educational programme appropriate to requirements. Tusla Child and Family Agency must ensure that an educational assessment is carried out and an appropriate educational programme identified as soon as possible.

3.8.3 Practices that did not meet the required standard

None identified.

Required Action

- Tusla Child and Family Agency must ensure that an educational assessment is carried out and an appropriate educational programme identified as soon as possible.

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

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. Each young person was supported and encouraged to eat healthily and exercise.

There were no immunisation records for the young people on file though records show these were requested by the manager. The social work departments must ensure that the young person's immunisation record is provided to the residential centre.

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)*

Required Action

- Tusla Child and Family Agency must ensure that the young person's immunisation record is provided to the residential centre.

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 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

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.

Safety

The inspectors carried out a safety audit and were satisfied that the centre met the required safety standard. Routine maintenance and repair work was carried out promptly. The manager carries out a monthly health and safety audit, and a maintenance and repair log was in use. The centre health and safety statement was kept up to date and there were effective means for reporting hazards. The centre has a nominated staff Health and safety officer. All staff members are trained in first aid techniques. The proprietor/management should ensure that the assigned health and safety officer is given training in Hazard Analysis and Control Points.

The vehicle used to transport the young people was roadworthy, legally insured and driven by persons who were properly licensed. Weekly safety checks are carried out on the vehicle and reports are recorded. The manager should ensure that the maintenance records are signed by the staff member carrying out the checks.

Fire Safety

The manager provided written confirmation that the statutory requirements relating to fire safety and building control were complied with. There was good evidence that detection equipment and fire safety equipment was maintained and the necessary fire prevention and evacuation procedures were being carried out. A fire safety register was maintained and fire drills carried out on 26th February 2015 and 17th September 2015. Each newly admitted young person is taken through the fire evacuation drill.

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.

The manager informed the inspectors that the fire extinguishers had to be removed from the floor due to being tampered with by the young people during the period of unsettlement. Staff members have been made aware of this and all have access to the extinguishers if required. The management must ensure that the fire extinguishers are returned to the designated positions 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

Accommodation

This is an extremely large building, 2 storey with rooms much larger than a standard sized dwelling. The accommodation was in general, fit for purpose, and can very comfortably accommodate up to four young people. The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry.

At the time of this inspection the centre was not presented in a fashion which was conducive to a warm homely environment for young people. The centre had been through a recent period of crisis and there had been substantial property damage carried out by the young people in residence. The kitchen area was in some disarray with extensive damage done to fixtures and fittings with substantial damage done to the taps in the kitchen sink. Crockery and cups which had not been broken were locked away as well as the cutlery for safety reasons. The main living areas were very sparsely furnished as there had been a lot of damage to the furniture and broken items had to be removed as the pieces were being used as weapons. Maintenance workers were present at the time of the inspection repairing the damage. Management must insure that all repairs to the centre have been completed.

3.10.4 Regulation Based Requirements

The centre has not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, -Part III, Article 8, Accommodation*

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

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

-Part III, Article 15, Insurance

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

-Part III, Article 13, Fire Precautions.

Required Action

- The centre management must insure that all repairs to the centre have been completed.
- The proprietor and centre management must ensure that all broken furniture is either repaired to good order or replaced as soon as possible.
- The proprietor/management should ensure that the assigned health and safety officer is given training in Hazard Analysis and Control Points.
- The centre management must ensure that the maintenance records are signed by the staff member carrying out the checks.
- The centre management must ensure that the fire extinguishers are returned to the designated positions as soon as possible.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.1	The management should ensure that the staff team receive the full training in Systematic Therapeutic Engagement Model (STEM)	The staff team have completed Systemic Therapeutic Engagement Model (STEM) training. This took place on from 19 th – 22 nd January. A STEM leader from the centre has also been identified to assist in cementing the training and liaising with other STEM leaders nationwide	Action complete; all staff attended the 4 day training and are certified in Systematic Therapeutic Engagement Model (STEM)
3.2	Management must ensure that provision is put in place to support staff who are required to stay up late at night.	The Centre management will ensure that staff members are supported when required to stay up late at night. Measures include; staff debriefing by management in the morning, centre management on shift every day, daily shift evaluation, and on-call support via phone or in person. Waking night staff are deployed when there is a pattern of staff required to stay up late. September 2015.	Action complete; monitoring officer will keep under review.

	<p>The centre management must ensure that staff working hours remain within the parameters within the Organisation of Working Time Act 1997.</p>	<p>The Centre Management ensure that staff working hours remain within the parameters of the Working Time Act. This is achieved through a full staff complement and a relief team with capacity to work additional hours when required. Effective January 2016, the centre operates a waking night staff roster every night.</p>	<p>Action complete.</p>
<p>3.5</p>	<p>Tusla, Child and Family Agency must insure that young people in care have access to Child and Adolescent Mental Health Service in accordance with-<i>Part III, Article 10, Health Care (Specialist service provision)</i>.</p> <p>Management and social worker must insure that statutory reviews take place within the required timeframe and the young person has a care plan specific to the centre.</p>	<p>This action was completed by Tusla, Child and Family Agency. Completed by 11.09.15</p> <p>The Centre Management will continue to make every effort to ensure that reviews take place within the required timeframe. The Child in Care Review was undertaken on the 13th of October. Care Plan updated accordingly. Had been scheduled for the 2nd of October but had to change due to residential managers having another meeting she needed to attend.</p>	<p>Action complete.</p> <p>This action is to be kept under review of the Monitoring officer.</p>

	<p>Tusla, Child and Family Agency must provide the centre with the required documentation for the case file including the up to date care plan and statutory review minutes.</p> <p>Tusla, Child and Family Agency must ensure that the young person receives a copy of the care plan.</p> <p>The supervising social worker should review the young people's logs and centre care file from time to time.</p>	<p>Two out of the three social work departments provided the Centre with the care plan and statutory review minutes. These were received on 18.12.15. The young person no longer at the centre.</p> <p>Further action is required from Tusla, Child and Family Agency, as the young person did not receive a care plan copy.</p> <p>The Centre has implemented a sign-in form to assist with Social Workers recording of their case file review. The young person no longer at the Centre.</p>	<p>Action was incomplete as the third young person had moved to another service as planned.</p> <p>The young person no longer resides in the centre. This young person is in aftercare provision and is engaging well with the programme.</p> <p>Action complete; the monitoring officer to keep this issue under review.</p>
3.6	<p>The centre management must insure that all repairs to the centre have been completed.</p> <p>The centre management should ensure that the kitchen area is returned functioning order as soon as possible.</p>	<p>All issues were addressed and completed on the 05.10.15.</p> <p>Centre Manager ensured all appliances and items were returned to the kitchen on the 14.10.15.</p>	<p>Action complete.</p> <p>Action complete.</p>

3.7	The centre management must ensure that all staff members are trained in the principles and practice of child protection.	Child Protection training was completed on 22.02.2016	Action complete.
3.8	Tusla Child and Family Agency must ensure that an educational assessment is carried out and an appropriate educational programme identified as soon as possible.	This action was not completed by Tusla, Child and Family Agency while the young person was resident within the centre.	The young person is no longer residing in the centre.
3.9	Tusla Child and Family Agency must ensure that the young person's immunisation record is provided to the residential centre.	This action was not completed by Tusla, Child and Family Agency while the young person was resident within the centre.	The young person is no longer residing in the centre.
3.10	<p>The centre management must insure that all repairs to the centre have been completed.</p> <p>The proprietor and centre management must ensure that all broken furniture is either repaired to good order or replaced as soon as possible.</p>	<p>All repairs were completed by 05.10.16.</p> <p>Senior management acknowledges that significant property damage resulted broken furniture and other damage. The Centre has been refurbished and decorated to a high standard to promote a</p>	<p>Action complete.</p> <p>Action complete.</p>

	<p>The proprietor/management should ensure that the assigned health and safety officer is given training in Hazard Analysis and Control Points.</p> <p>The centre management must ensure that the maintenance records are signed by the staff member carrying out the checks.</p> <p>The centre management must ensure that the fire extinguishers are returned to the designated positions as soon as possible.</p>	<p>homely and warm environment for young people. Completed by 11.11.15</p> <p>Appropriate training will take place in April 2016 for the identified centre- Health and Safety Officer.</p> <p>Centre manager will ensure that maintenance records are signed by the staff member carrying out the checks. This was completed on 19.10.15</p> <p>All fire extinguishers have been returned to the designated positions since the 06.02.16. A comprehensive risk assessment will support any decisions to remove the extinguishers from their designated positions.</p>	<p>Action to be completed. The monitoring officer to follow up on this action.</p> <p>Action complete.</p> <p>Action complete.</p>
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