



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	025
<b>Year:</b>	2015
<b>Lead inspector:</b>	Noreen Burke

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2015</b>
<b>Name of Organisation:</b>	<b>Solis MMC Children's Services</b>
<b>Registered Capacity:</b>	<b>3x Young People</b>
<b>Dates of Inspection:</b>	<b>3<sup>rd</sup>, 4<sup>th</sup> &amp; 5<sup>th</sup> of November 2015</b>
<b>Registration Decision:</b>	<b>Registered without conditions from 7<sup>th</sup> of May 2015 to 7<sup>th</sup> of May 2018</b>
<b>Inspection Team:</b>	<b>Noreen Burke &amp; Lorraine O' Brien</b>
<b>Date Report Issued:</b>	<b>April 2016</b>

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## 1. Foreword

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

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

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

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

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 7th October 2015. This announced inspection took place on 3<sup>rd</sup> 4<sup>th</sup> & 5<sup>th</sup> November 2015 over a three day period to determine the registration status of the centre. This report is based on a range of inspection techniques including:

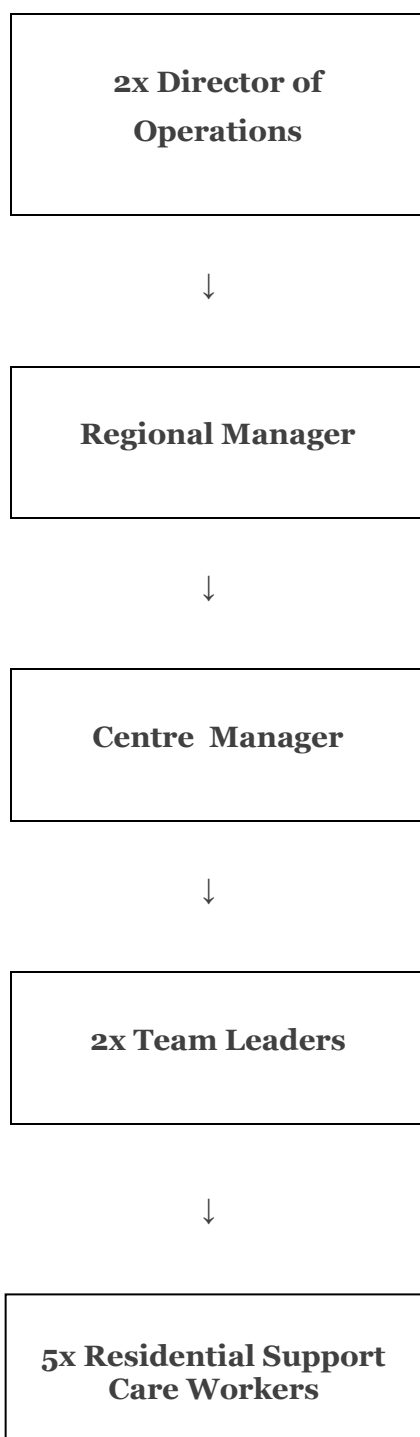
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) Six of the care staff
  - b) The social worker(s) with responsibility for young person/people residing in the centre.
  - c) Other professionals 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 fida interest in the operation of the centre including but not exclusively
  - a) The centre management
  - b) The managing director
  - c) The quality assurance officer
  - d) Four social care staff
  - e) Two young people
  - f) The monitoring officer
  - g) The allocated social workers
  - h) Parent of one of the young people

- ◆ 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 the 4<sup>th</sup> of 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 ID Number 25 Residential Centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration of the centre being from the 7<sup>th</sup> May 2015 to the 7<sup>th</sup> May 2018.**



## 3. Analysis of Findings

### 3.1 Purpose and Function

#### *Standard*

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

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

The centre had a written statement of purpose and function. The purpose and function of the centre was to provide short to medium term care for 13 – 17 year olds of mixed gender and to accommodate up to two young people. The centre had a specific remit to support young people who have experienced some level of difficulty in previous placements. During the inspection the proprietors requested to alter their capacity from a two bedded centre to three. This request was considered and from the review of the centres proposed purpose and function document the request was granted. The centres purpose and function now stated that the:

- Main centre was a large six (6) bedded bungalow type house which provided two (2) placements for young people, both boys and girls, aged between 13 and 17 years.
- The self contained accommodation adjacent to the main house was aimed at those young people aged 16 and 17 years who could live semi-independently with staff support or those young people aged 17 years who had an active after care plan in progress and/or were at an advanced stage of their discharge from care.

Therefore the centre would provide accommodation for a maximum of three young people who found it challenging to maintain themselves within mainstream residential provision.

Inspectors found through interviews with staff members that they were confident in describing the purpose and function of the centre. The management, staff, and social workers also had a working knowledge and understanding of the centre's purpose and function. The social workers interviewed were aware that the placements were short term.

The statement of purpose and function outlined the aims of the centre. Their stated aim was the provision of high quality care which is responsive to the individual needs of young people. Care was provided through an individualised programme that aimed to assist young people in developing physically, socially, morally, emotionally, cognitively and educationally. This was achieved through the medium of a therapeutic relationship between care staff and the young people. Within the context of this relationship young people felt cared for, safe, supported and respected. The Inspectors were of the view that the day-to-day aims of the centre were reflected in the statement of purpose and function and were realised in practice.

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

None Identified.

### **3.1.3 Practices that did not meet the required standard.**

None Identified.

## 3.2 Management and Staffing

### **Standard**

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

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

##### **Management**

There were clearly defined lines of authority with regard to the operation of the centre. The day to day management of the service was the responsibility of the centre manager and they reported to the regional manager who oversees the work of the centre. The centre manager was appropriately qualified. The service has a quality assurance manager who oversees the quality and effectiveness of the work provided by the centre. Quality assurance visits take place six to seven times a year and action plans regarding the findings of the quality assurance manager were put in place with the centre manager.

There was evidence that the external management were overseeing the quality and effectiveness of the services provided by the centre. Regional meetings also took place once a month involving the centre and regional manager; these meetings were also attended by the director of the service. Corporate plans and centre specific issues were addressed at these meetings. A daily centre update was sent by the centre manager to the regional manager. The regional manager met with the centre manager once a month. This allowed for clear oversight of practice within the centre.

##### **Staffing**

Information provided to the inspectors regarding staff employed at the centre related to eight core members of the team. The following grades were employed at the centre, social care manager, two team leaders, and five residential support workers. The service operated a staff inter change policy whereby staff were often re-deployed between centres. At the time of the inspection one member of staff had been re-deployed from one of these centres. This was done in order to support a young person who was known to the staff member from a previous placement. When necessary the service relied on agency staff. One agency staff provided relief cover for the centre three nights a week.

Inspectors conducted an audit of staff personal files and found that all staff had up to date Garda vetting. A copy of staff qualifications were on file, along with the required three references. The service maintained a personnel file in their head office for the one staff member who was employed through an agency and a copy of the information was provided to the inspectors following the onsite inspection. The service was reliant on the agency provider to ensure that the staff member had the required qualifications, references and Garda vetting; along with the requisite training in Children First 2011, fire safety and behaviour management. Evidence of this training was provided on the personnel file that was reviewed by the inspectors. Following the inspection the service director confirmed that, going forward, a copy of an agency staff personnel file would be forwarded to the relevant centre manager within the organisation who requested an agency staff for their information.

## **Register**

The register of all those who lived in the centre was maintained by the centre manager. The inspectors were satisfied that the register complied with the Child Care (*Placement of Children in Residential Care*) Regulations, 1995, Part IV, Article 21; The information was up to date, notification of all admissions and discharges were sent to the TUSLA Child and Family Agency monitoring officer. There were four admissions to the centre in the last six months. The inspectors found that one of these admissions was outside of the registration status of the centre. This was in response to a request from TUSLA Child and Family Agency to take an admission on an emergency basis. Two young people were discharged from the centre in accordance with their care plans.

## **Notification of Significant Events**

The inspectors examined the centre records and found 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*. The inspectors reviewed the register of significant events maintained by the service and found that there were a total of 38 significant event reports from 30<sup>th</sup> July 2015 to 5<sup>th</sup> November 2015. These reports involved four young people exhibiting the following behaviours, 10 relate to episodes of young people being missing from care, 5 incidents involved threatening and assaultive behaviour towards others, 4 where young people moved away from their normal baseline behaviour, 2 involved young people in damage to property, 5

involved young people in substance misuses, 2 were of self harming behaviour and 2 incidents required Garda assistance at the centre. The remaining incidents totalling 7 related to child protection, hospitalisation and physical restraints.

The service had an established review group whereby significant event reports are critically examined. The inspectors reviewed the minutes of the review group and noted that time was given to deconstructing and analysing significant incident reports. There was evidence that feedback from the review group was given to the team on issues of safe practice. This was further evidenced in a review by the inspectors of individual supervision records. The supervision records reviewed showed that opportunity was given to staff to discuss particular incidents that they were involved in and this included a review of safe practice. As a way of further ensuring accountability and transparency, the inspectors recommended that the significant incident reports recorded in the minutes of the review group were recorded by number and date. The significant events reports within the centre were managed appropriately and outcomes were documented on file.

### **Supervision and support**

The centre manager was supervised by the area manager. Inspectors found that the supervision of the team was provided by the centre manager. There was a supervision policy in place and staff supervision contracts were signed and dated. The team received regular supervision; sessions occurred every 4-6 weeks. Prior to supervision staff must complete and submit to the supervisor a reflective statement in relation to a positive piece of work undertaken with young people. This was used to assist staff to support the core elements of the supervision agenda. This practice provided for an effective link between supervision and the implementation of the individual placement plans of the residents. This practice also allowed for the use of reflective practice within the supervision process.

The service had a clear plan of induction training for new staff and this included a review of performance. Evidenced on the records of supervision was the feedback given to staff regarding their ability to uphold the National Standards for Children in Residential Care. Supervision records evidenced the ability of staff to demonstrate and understand the ethos of the organisation and its values; to form and maintain positive and caring relationships with young people, to manage risk and deliver individualised programmes of care to young people.

The Inspectors found that the one agency staff used in the centre was not receiving supervision. Although the inspectors acknowledged that the centre use agency staff sparingly, the centre manager should have ensured that agency staff receive some

form of supervision and support from the centre manager to ensure they are clear of their duties and that they are carried out effectively.

Team meetings were held fortnightly and form part of the supervision process. In a review of the recorded minutes of team meetings the inspectors found that they focused on the practical aspects of care giving and included a review of the agreed programmes of care for the young people. The records showed that there was good attendance at team meetings. Staff interviewed stated to the inspectors that the team meetings were an important part of the work with the young people. The time was used to look at the placement plans and to develop individual crisis management plans for the young people. The time was also spent looking at the day to day life of the centre. The inspectors observed handover meetings and there was clear communication and consistency between work shifts.

### **Administrative files**

The service had written guidelines for staff to support effective recording practices. The work within the centre was supported by a comprehensive recording system. Inspectors found that the files and records were well organised and accessible. The records were monitored by the centre manager and the quality assurance manager also overviewed the recording systems on a regular basis.

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

#### **Training & development**

The inspectors examined the training attendance records and found evidence that most of the team had attended the requisite training. Two of the staff who were recently appointed to the team required training; one in fire safety and behaviour management and the second required training in first aid. All other staff members had received certified core training in Children's First 2011, behaviour management, first aid and fire safety. Additional training had been provided to staff in the area of suicide prevention and Safe Talk. The centre manager had completed training in coaching and mentoring along with training in respect of their role as a designated liaison person under Children First 2011. Training had also been provided to the centre manager and one of the team leaders in supervision. There was no evidence on file in the centre of the training record of the staff member employed through and agency as it was held in the main office. Following the inspection a copy of the agency staff's training was provided to inspectors for their review. The centre manager must review the training status of agency staff employed at the centre to ensure that they

have the required core training in Children First 2011, first aid, fire safety and behaviour management.

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

None identified.

### **3.2.4 Regulation Based Requirements**

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

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

### **Required Action**

- The service directors must ensure that the centre operates within its status of registration and that all admissions to the centre are within its stated purpose and function.
- The centre manager must ensure that agency staff receive some form of supervision and support from the centre manager to ensure they are clear of their duties and that they are carried out effectively.
- The centre manager must ensure that training is provided to all staff in the following areas, First Aid, Fire Safety and Behaviour Management.
- The centre manager must review the training status of agency staff employed at the centre to ensure that they have the required core training in Children First 2011, first aid, fire safety and behaviour management.

### 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**

##### **Monitoring**

The centre was monitored by a TUSLA Child and Family Agency monitoring officer. The centre was subject to planned monitoring visits which took place on the 27<sup>th</sup> July 2015 and the 21<sup>st</sup> August 2015. A monitoring report was issued and made available to the inspectors for their review. The report stated that the supervising social worker for one young person was to forward a copy of the minutes of the decisions of the statutory child in care review meeting to the centre and that the young person be provided with a copy of the care plan. An aftercare plan was also to be put in place for the young person. These issues had been acted on by the placing social worker, which was appropriately reflected in the monitoring report.

The inspector spoke with the monitoring officer and found they had a number of approaches in place to monitor the centre which included the ongoing review of significant events, regular contact with the centre and onsite visits. The inspector found evidence that the monitoring officer met with the centre manager, reviewed young people's records and reports and met with the young people during their visits to the centre.

The monitoring officer clarified that they were sent notification of significant events in a prompt manner for the young people in the centre. There was evidence that the monitoring officer provided advice and guidance to the centre manager where appropriate.

The evidence assembled by the inspector showed that the monitoring officer was notified of some very high risk incidents involving the young people in the centre. The monitoring officer followed up with the centre manager and the young people's social workers to ensure the incidents were being managed in line with the centres policies and best practice.

The inspector was satisfied that Standard 3 was being met in full.



### **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 young people told the inspectors that they were consulted appropriately on all matters that affected their daily life and routine. They told the Inspectors that they received written information about the model and type of care they could expect to receive from the service. Their views were sought through house meetings. Where issues arose for the young people they were addressed appropriately through house meetings.

The young people had an assigned key worker allocated to them on admission to the centre. The young people spoke positively about their experience of living in the centre and identified their key workers as someone with whom they could talk to. They spoke about feeling cared for by the staff; of being listened to; of having received guidance from staff regarding their strengths and of being able to talk to staff about difficulties in their life.

##### **Access to information**

The inspectors found that the two residents had been properly informed of their right to access information and the daily recordings about them. They told the inspectors that they had received information about the centre and of their right to access their written information. The young people confirmed that they have received information on Empowering Young People in Care (EPIC).

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

#### **Complaints**

The centre had a complaints process in place which was supported by a policy for the management of complaints. Inspectors reviewed the centre's complaints log which showed that no complaints were recorded. However, there was evidence on file of a complaint received by the supervising social worker made to a person external to the centre. A copy of this complaint was forwarded to the centre manager. A request was made to the social worker by the regional manager for the social worker to investigate the complaint. The matter of the complaint was also addressed by the complainant whose views were sought through a questionnaire as part of the inspection. In a meeting with the inspectors they stated that they were of the opinion that the issue of the complaint had been resolved. The supervising social worker in interview with the inspectors stated that the complaint had been investigated and that the issue had been resolved to the satisfaction of the complainant. However, there was no record of the investigation or of the outcome to the complaint on file. The supervising social worker must forward a copy of the investigation report and the outcome to the centre manager. The centre manager should ensure that any complaints received in respect of matters within the centre are recorded and that records are maintained by the centre regarding the outcome of all complaints.

In conversations with the young people it was evident that they were aware of how to make a complaint. The young people were provided with an information booklet explaining how to make a complaint and who to contact both within and outside of the centre should they wish to make a complaint.

### **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*.

## **Required Action**

- The supervising social worker must forward a copy of the investigation and outcome of the complaint to the centre manager.
- The centre manager must ensure that any complaints received in respect of matters within the centre are recorded in the complaints register and that a record of the investigation and outcome of the complaint is maintained and accessible.

### 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 were satisfied that the young people had contact with relatives and friends where this was in their best interest and welfare. Access arrangements were constantly reviewed.

##### **Emotional & specialist support**

The young people had in place external and specialist supports which were supported by the social workers and centre staff. There were no issues about access to specialist services at the time of the inspection.

##### **Preparation for leaving care**

The young people had assigned aftercare workers. They were at the initial stages of engaging with the young people and of developing an aftercare programme.

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

The care records of the two residents were examined and the inspectors found that the recordings were of a good standard. The format was accessible for the purpose of inspection. All key documentation was present on the files and the records were up to date. There was evidence that the care files were routinely audited by the centre manager. The finding was that the care file records were maintained in a manner that facilitated effective management and accountability. This practice complies with the *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 22*.

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

#### **Suitable placements & admissions**

Applications for placement requests are coordinated by the Tusla Child and Family Agency National Residential Care Service, Private Placement Team. Admissions to the centre were considered by the service director, the regional and centre manager. Prior to admission an impact risk assessment was undertaken in order to determine any potential risk for young people in placement. The current placements were in compliance with the centres policies and procedures and assessed needs of the young people. There was good evidence that the required information was submitted by the supervising social workers in support of the admission of each resident.

A review of the current placements by the inspectors evidenced that they were operating within the stated purpose of the centre and in line with the stated objectives of the care plan for the young people. One of these placements was a short, interim bridging arrangement; a move on placement had been identified for the young person. In speaking to the inspectors the young person was anxious to move to this placement. This needs to be given consideration as soon as practicable.

#### **Statutory care planning**

The inspectors reviewed compliance with the regulations on care planning for the young people. The care plan reviewed for one young person was clearly written and based on the assessed needs of the young person. The care plan for the second young person was specific to a former care placement. A relevant up to date care plan for this young person must be forwarded to the centre manager.

Inspectors reviewed the placement plans. These were used to facilitate staff and management to implement the care plan. The plan set out the objectives of the placement and how the assessed needs of the young person were to be met by care staff within the centre. The centre manager took responsibility for overseeing the placement plan for each young person. This was done in collaboration with key workers. Specific areas of work were assigned to the key worker to be completed with the young person. Each young person had two key workers assigned to them from the care staff team. The key workers were interviewed by the inspectors and were knowledgeable about the emotional and psychological needs of the young people. This was evidenced in the recorded key work and in individual work that they had undertaken. They presented as being enthusiastic in moving young people forward in

their lives and were clear about the work they were asked to undertake with the young people.

### **Statutory care plan reviews**

The inspectors found that the 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*. Statutory review meetings were held for all of the young people. Written copies of the review meeting decisions were not on file for one young person.

All of the young people attended their child in care review meetings and felt supported by the care staff in understanding the process of the review meetings. Parents stated to the inspector that their views were sought regarding statutory care planning and review meetings.

### **Supervision & visiting of young people**

There was evidence of compliance with the *Child Care (Placement of Children In residential Care) Regulations, 1995, Part 4, Article 24*. Young people in the centre were aware that they had access to a social worker and confirmed that they were met by their social workers in placement. A number of the care files were examined by the inspectors that confirmed visits had occurred. Visits were dated and recorded on file. However the records must also include the details of any actions taken as a result of the social work visit. One of the young people in placement stated that would like to have more contact with their social worker particularly regarding their long term care needs.

### **Discharges**

The discharges from the centre were in line with the agreed care plan for the young person. However, there was ambiguity on the part of the placing social worker about the level of follow on support by the agency to the young person following their discharge on reaching the age of eighteen years

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

None identified.

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

*-Part IV, Article 23, Paragraphs 1&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).*

### **Required Action**

- The social work must provide the centre with an up to date care plan which reflects the supports the young person needs.
- The social worker must give consideration to the agreed move on placement for the young people.
- The service directors should include in their information about the service what follow on support are available for young people when they leave their care.
- The centre manager must ensure that records detail any actions taken as a result of the social work visit.



### ***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**

##### **Social Work Role**

Both social workers interviewed at the time of the inspection stated they were satisfied that the young people were in need of residential care. Social workers engaged actively with the young people in collaboration with the centre staff and other professionals.

There was evidence from the files that social workers responded when notified of any risk to the welfare of the young people in the centre. It is general practice within the centre to inform social workers of any risks to young people. The social workers were satisfied that the centre, where necessary, had put measures in place to reduce the level of risk of harm to the young people.

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

None Identified.

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

None Identified.

### 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.

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

The inspector found that the young people spoke positively about their relationship with staff. Young people were provided with and given opportunities to exercise choice regarding how they spent their pocket money, choice of clothing, leisure activities and daily plans. Each of the young people had their own room and could personalise it to their liking.

The staff members interviewed spoke warmly about the young people and acknowledged their strengths and achievements while recognising their behaviours that challenged. The inspector found that daily logs and reports were written in a positive and professional way. Staff supported young people to engage in education and in maintaining family contact.

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

The inspectors found that the manager and team were aware of their role and responsibilities in this area. Individuality and diversity was valued and the centre endeavoured to maintain a culture of acceptance and respect. Staff stated that young people in the centre can practice their religion of choice if they so choose.

#### **Managing behaviour**

The centre had a policy on the management of behaviour. The overall ethos and philosophy of the centre is to manage challenging behaviour through understanding, clear concise and fair boundaries and in supporting the young people to develop a sense of responsibility for their own actions. There were written guidelines for staff on how to respond to inappropriate behaviour. The team was encouraged to consider the underlying causes of inappropriate behaviour and the day-to-day practices were in place to support the young people in managing their behaviours. Training was

provided to staff in a therapeutic approved model of behaviour management. Individual crisis management plans (ICMP) were in place for the young people. The inspectors found that the plans for the two young people were tailored to their assessed needs. Sanctions employed by staff were reviewed by the inspectors and were found to be appropriate and applied in consultation and agreement with the young people involved.

## **Restraint**

The centre had an approved method of physical restraint based on a therapeutic crisis intervention approach. There were two restraints undertaken by staff in the previous six months. Staff involved in the restraints were qualified in behaviour management. The inspectors advised that incidents involving restraint are recorded in a restraint log book. The use of restraint and the inherent danger and risk of its use were built into the review of significant events.

## **Absence without authority - Missing from Care**

As part of the Children Missing from Care – The Joint protocol between the Garda Síochána and the Child and Family Agency each child in care must have an absent management plan. This is a tool to assess the risk in the event of a child going missing from care and the action to be taken.

In reviewing the Absent Management Plans the inspectors noted that the young people were given age appropriate curfews. The risk to the young person was reflected in the Individual Risk Management Plans. Staff interviewed by the inspectors demonstrated that they were clear about what to do when a young person went missing from care. This was also evidenced in a review of significant events specific to the young person going missing from care. The protocol and agreed procedures between the Child and Family Agency and the Garda Síochána were followed.

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

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

There were good cooking facilities at the centre. Menus for the week were planned with the needs of the young people in mind. However, food and planning around food can be interpreted differently by young people and care staff. This was evident in the nature of a complaint made to the placing social worker by the family of one of the

young people. This issue was also addressed with the inspectors by the young person. All parties were in agreement that the issue had been resolved. The inspectors advised that the centre manager review with the team the routine of food shopping and cleaning up and that this forms part of the daily routine of the centre. The preparation, eating and sharing of meals takes place together and forms part of the everyday life of the centre. The dining area should have been used at meal times.

### **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 manager and the staff team must review the routine of food shopping, meal preparation and cleaning up and that this forms part of the daily life and routine of the centre. The preparation, eating and sharing meals together should take place within the everyday routine of the centre. The dining area should be used at meal times.

### **3.7 Safeguarding and Child Protection**

#### ***Standard***

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

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

##### **Safeguarding**

The centre had a written policy on safeguarding and child protection that was consistent with the National Guidelines for the Protection and Welfare of Children (2011). There were guidelines on the nature of appropriate professional relationships between staff and young people and procedures were in place for responding to any allegations or complaints about staff at the centre. The inspectors found that the service had a filed copy of the required qualifications, references and Garda vetting for staff working at the centre. Personnel files for agency staff were kept in the main office and following the inspection the service director confirmed that a copy would be forwarded to the relevant centre manager within the organisation who requested an agency staff.

#### **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.

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

##### **Child Protection**

The centre had a written policy on safeguarding and child protection. Inspectors reviewed the significant events register for the centre. This showed that eleven of these reports were of child protection concern. Standard Report forms were forwarded to the Social Work Department in line with Children First Guidelines 2011. The inspectors found that any issues regarding the welfare of young people were

brought to the attention of the placing social workers in a timely fashion. Social Workers were kept informed of the measures put in place to reduce the level of risk to young people.

**3.7.5 Practices that met the required standard in some respect only**

None identified.

**3.7.6 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**

None identified.

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

Educational placements were constantly reviewed. One young person had a full time education placement; however, despite the best efforts of staff they were reluctant to engage in any formal education programme. In speaking with the inspectors the young person stated that the reason for not attending school was because of the nature of the placement which was short term and that they would have to change school when moving to a new placement. This is an area that the centre manager and placing social workers need to give consideration to when placements are of a short duration. The centre must also have higher expectations of young people regarding school attendance and that this is reflected in the daily life and routine of the centre.

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

None identified.

#### **Required Action**

- The centre manager must review with the staff team the expectations of the centre regarding young people engaging in education or training. There should be a clear routine in place to support school attendance.

## 3.9 Health

### **Standard**

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

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

The health and medical needs of each of the young people was attended to. Medical assessments were on file for all the young people admitted to the centre. There was evidence on the records that young people received dental, ophthalmic and other specialist services when required. There were relevant consent forms on the young person's care files. These were signed by the parents and social workers. Records of the administration of prescribed medication were maintained.

The centre manager reported that the centre had used the services of the Child Adolescent and Mental Health Services and also accessed the Psychological Services within the young person's local community area.

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

None identified.

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

None identified.

#### **3.9.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

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



### **3.10 Premises and Safety**

#### ***Standard***

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

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

##### **Accommodation**

The inspectors were satisfied that the accommodation was fit for purpose. The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. There was adequate space within the centre for the young people to have visits from other professionals and their social workers in private. The young people have their own bedrooms, and could decorate them to their own likes.

The centre manager provided evidence that the centre is adequately insured.

##### **Maintenance**

Maintenance requirements were carried out routinely and were reviewed by the centre manager as part of the safety audit on the premises. There was evidence that site specific risk/hazard identification audits were undertaken on a monthly basis by the centre manager.

##### **Safety**

The centre manager was the named health and safety representative. The Inspectors found that the centre had an up to date Health and Safety Statement. Training in First Aid must be provided to all members of the team. Medicines for young people were stored in a locked cabinet in the staff office.

The centre had two designated house car which staff are licensed to drive and an upkeep of these is overseen by the service. The centre held a copy of the insurance certificate for the vehicles.

## **Fire Safety**

Adequate arrangements were in place for detecting, containing and extinguishing fires, and for the maintenance of fire fighting equipment. There was a contract in place with an external fire specialist to ensure all fire extinguishers were checked annually. Inspectors reviewed the Fire Safety Procedures operational at the centre. Access to the fire alarm was easily accessible. The centre had a fire register and there was evidence that detection equipment and fire safety equipment was maintained. The inspectors found that daily and weekly fire checks were recorded as being conducted and documented. Daily inspections were undertaken to ensure the escape routes were not blocked. Fire points were identified in the centre and there was a fire blanket and fire extinguisher in the kitchen. This was in accordance with the centre's safety statement.

The fire exit signs above the front and rear exits were not illuminated, an issue that the inspectors brought to the centre manager to be immediately rectified.

The centre has a Fire Safety Certificate.

### **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 and Safety)*

*-Part III, Article 13, Fire Precautions.*

### **Required Action**

- The centre manager must ensure that the fire exit lights are illuminated at all times.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.2	<p>The service directors must ensure that the centre operates within its status of registration. All admissions to the centre must be within its stated purpose and function.</p> <p>The centre manager must ensure that agency staff receives some form of supervision and support from the centre manager to ensure they are clear of their duties and that they are carried out effectively.</p> <p>The centre manager must ensure that training is provided to all staff in the following areas, First Aid, and Fire Safety and Behaviour Management.</p>	<p>All admissions will be risk assessed and will be in line with the stated purpose and function.</p> <p>Centre manager will ensure that an induction pack is available for all agency workers. Centre Manager will ensure that she links in directly with the agency workers when they are being used and supply a supervision session monthly.</p> <p>All staff will be trained within their first month of employment with the service.</p>	<p>Accepted. Information was provided by the service director to support a request to change their registered capacity from two young people to three. This information was considered by the registrar and the request granted.</p> <p>Accepted. To be reviewed by the TUSLA Child and Family Agency Monitoring Officer.</p> <p>Accepted.</p>

<p><b>3.4</b></p>	<p>The supervising social worker should forward a copy of the investigation and outcome of the complaint to the centre manager.</p> <p>The centre manager must ensure that any complaints received in respect of matters within the centre are recorded with the stated complaint, how it is to be investigated and a record of the outcome maintained.</p>	<p>All compliance packs will now be sent straight to the centre manager upon request of the staff member from the agency.</p> <p>Centre manager has emailed the social worker and has requested an email to evidence that the complaint has now been closed off.</p>	<p>Accepted.</p> <p>Inspectors viewed the e mail and liaised with the young person's social worker. The inspectors were satisfied that the complaint was processes in full.</p>
<p><b>3.5</b></p>	<p>The social work must provide the centre with an up to date care plan which reflects the supports the young person needs.</p> <p>The social worker must review the viability of the current placement in the event of the agreed move on place not materialising.</p> <p>The service directors should include in their information about the service what follow on support is available to young people when they leave care.</p>	<p>This protocol is being followed to meet this recommendation.</p> <p>This young person has since left the service.</p> <p>A booklet will be made up for each young person from 17 yrs onwards to include services that are available to them when they turn 18yrs. Please see attached a checklist in relation to this booklet.</p>	<p>Accepted.</p> <p>Accepted.</p> <p>Accepted.</p>

	The centre manager must ensure that records detail any actions taken as a result of the social work visit.	After each visit an email will be sent to the social worker asking them for their input regarding their visit and include any follow up work that needs to be included.	Accepted.
<b>3.6</b>	The centre manager and the staff team must review the routine of food shopping, meal preparation and cleaning up and that this forms part of the daily life and routine of the centre. The preparation, eating and sharing meals together should take place within the everyday routine of the centre. The dining area should be used at meal times.	The dining room is now left open and the partition between the kitchen and dining area has been lifted up. This has created a more homely feel and it promotes the young people to eat together in the dining room.	Accepted.

<p><b>3.8</b></p>	<p>The centre manager must review with the staff team the expectations of the centre regarding young people engaging in education or training. There should be a clear routine in place to support school attendance.</p>	<p>As per the house rules no young person is permitted access to the centre cars or electronics during schooling hours. This is to promote school attendance.</p> <p>Young people are called every morning for school with the expectations that they attend. Local Youthreach, main stream school and techs are sourced for young people as soon as they are admitted into the centre. This piece of work will be done in the transition part of their placement to avoid gaps where no Educational opportunities are available.</p> <p>If a young person does not attend school, home tuition can be sourced along with the social work department. Books, passed papers, internet access will be provided to encourage learning and promotion of education. All educational materials will be supplied for all young people within the centre. If the young person struggles to engage in an on- site programme, they will be offered educational activities i.e. museums, history dwelling sites and field trips.</p>	<p>Daily routines for young people in relation to education should be reviewed by the TUSLA Child and Family Agency Monitoring Officer.</p>
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		For the older young people (who will not engage in education) education will be incorporated into their independent living skills i.e. practical learning such as gardening, painting (household), wood work, and driver theory test. The expectations to get up every morning and engage in the programme is the same for all young people.	
<b>3.10</b>	The centre manager must ensure that the fire exit lights are illuminated at all times.	All fire exits are now illuminated	Accepted.