



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	028
Year:	2015
Lead inspector:	Orla Griffin

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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Traveller Families Care
Registered Capacity:	Four young people
Dates of Inspection:	6th, 7th & 9th of October 2015
Registration Decision:	No further registration decision required
Inspection Team:	Orla Griffin Gary O'Connell
Date Report Issued:	26th of February 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 centre’s 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 centre’s (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 Centre’s) 1996.

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

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

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed.

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

1.1 Methodology

An application was duly made by the proprietors of this centre for continued registration on 23rd September 2015. This announced inspection took place on October 6th, 7th and 9th 2015 over a three day period and this report is based on a range of inspection techniques including:

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

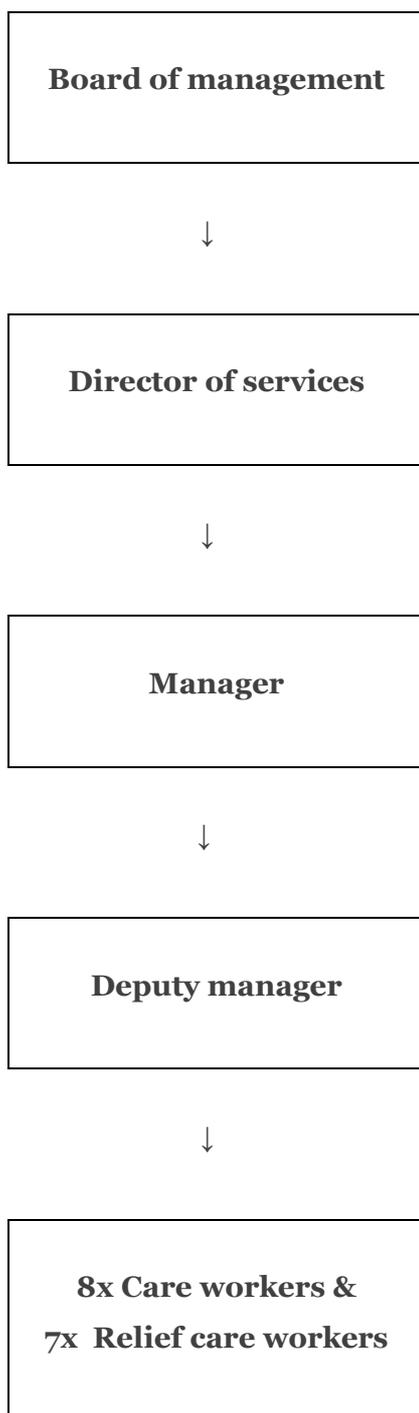
- ◆ An examination of the most recent report from the Monitoring Officer.
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Four social care staff
 - c) The monitoring officer
 - d) The allocated social worker

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

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

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

1.2 Organisational Structure



2. Findings with regard to registration matters

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

Following the onsite inspection, the chief registrar/ inspector attached a condition to the registration of the centre and it remains in place at the time of this report. The findings of the onsite inspection evidenced that the operation of the centre had not been in compliance with *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 5;*

“The registered proprietor and person in charge of the centre shall satisfy the relevant Health Board that appropriate and suitable care practices and operational policies are in place, having regard for the number of children residing in the centre and the nature of their needs”

The condition attached to the registration is as follows;

1. The centre's registered capacity is restricted to one young person.

The findings of this report and assessment of the submitted action plan, received on 19th February 2016, if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres.

Prior to the publication of this report, the director of services submitted a request for derogation of registration to the chief inspector and this was agreed from 26th January 2016 to March 8th 2016. The director of services informed the inspectorate that the purpose and function of the centre is in negotiation and subsequent to this special arrangement a new application for registration will be submitted to the Registration and Inspection Service. Given the stated information a registration decision has not been issued for the centre under the current purpose and function. The centre will be required to re-apply for registration under their new purpose and function and will be granted a new registration period congruent with this purpose and function.

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

None identified.

3.1.2 Practices that met the required standard in some respect only

The centre is a specialised service and provides community based residential care to young people from the Traveller Community, aged twelve to fifteen on admission and of either gender, on a medium to long term basis. The centre aims to support young people to reconcile past life experiences while preparing young people towards reunification, alternative care options or preparation for independent living. The service aims to provide education, social and emotional support to young people in their care and placement objectives are developed on an individualised basis. The centre has capacity for four young people and referrals to the centre are received through the central referrals committee. The inspectors found that admissions to the centre had been in line with the centre's current purpose and function.

The centre's written statement of purpose of function had recently been reviewed by the manager and approved by the director of services as part of the wider revision of the organisations policies and procedures document. The written statement of purpose and function reflects the centre's model of care as needs led, within a caring and safe structure that incorporates person centred placement planning to identify and meet the needs of young people. The review of the centre files and interview with the care staff did not reflect this stated model of care. The manager and the director of services stated that the centre's current approach as relationship based and informed by therapeutic elements. The director of services advised of a planned transition to a needs led approach following the provision of specific training to the staff team. The inspectors found that the staff team had not shared a consistent and in depth knowledge of the model of care and the director of services and manager recognised this as an area for staff development in terms of consistent staff practice.

Therefore, the model of care stated within the written statement of purpose and function does not reflect the day to day operation of the centre and it was not reflected in care practice. Furthermore, the inspectors evidenced deficiencies in the management structure and staff practice that impacted on the delivery of a consistent approach to care and this will be reflected further in the report. In response to the stated findings, management must ensure that centre's model of care is understood by the staff team and reflected in the day to day operation of the centre.

The director of services informed the inspectors that the purpose and function of the centre is currently under negotiation. In response, the inspectorate requires notification of any changes to the centre's written statement of purpose and function.

The centre has a written policy and procedure document that was reviewed by the manager and overseen by the director of services in September 2015. The document reflects the ethos and approach of the centre. The inspectors found that certain aspects of the document require revision and this is discussed further in the report.

The service provided a culturally appropriate approach to the care needs of the young people from the Traveller Community. This approach can be strengthened through the re-establishment of links between the centre and services specific to the cultural needs of the young people. There are booklets for young people, families and social workers specific to the purpose and function of the centre. Management must ensure that the booklets reflect the centre's model of care.

3.1.3 Practices that did not meet the required standard

None identified.

Required Action

- Management must ensure that centre's model of care is understood by the staff team and reflected in the day to day operation of the centre.
- Management must ensure that the centre booklets reflect the current model of care.

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

Register

The inspectors are satisfied that the centre register, as maintained by the manager, contains the required admission and discharge information of young people placed in the centre. There is a system in place where duplicated records are kept centrally by the Child and Family Agency.

Notification of Significant Events

The centre has a comprehensive written policy on significant events. Through review of the care files and interviews with relevant professionals, the inspectors are satisfied that the centre duly notifies the monitor and relevant professionals of significant events regarding young people placed at the centre. The inspectors were satisfied, from care file review and interview, that the social worker had been informed of significant events had acted upon them. The voice of the young person had been reflected in significant events sampled by the inspectors. The quality of records with regard to the reflection of behaviour management techniques had been inconsistent among the staff team and the inspectors recommend that this is reviewed by management.

3.2.2 Practices that met the required standard in some respect only

Staffing

The centre had a stable staff team with longstanding experience in the provision of care to young people from the Traveller Community. The centre had a mix of qualified and unqualified staff and the staff levels had been sufficient to fulfil its purpose and function. The inspectors found that appropriate staff vetting had taken place for centre staff, the house keepers and maintenance persons employed by the service. Within the line management structure, there are no social care leader

positions on the team and staff report to the manager and deputy manager as appropriate.

The last inspection report identified the need for the board of management and director of services to address the lack of additional senior staff positions at the centre. The director of services informed inspectors that formal enquiries regarding child care leader posts had taken place and this matter had not progressed due to a lack of resources to fund the positions.

The staff team had accrued significant overtime in their role at the centre. The inspectors are satisfied that the manager has since implemented a time in lieu system to effectively respond to the accumulation of working hours to ensure stability and consistency in the staff team.

Supervision and support

The manager and deputy manager had responsibility for the supervision of the core and relief staff team respectively and both had completed relevant training. In reviewing the personnel files and through interviews the inspectors established that the provision of supervision had not taken place regularly and in line with the centre's policy. The centre manager had begun to meet the timeline requirements of the supervision policy. However, the supervision records sampled by the inspectors did not adequately reflect a link with the implementation of the young person's care plan. Management must ensure that all staff members receive regular and formal supervision, the details of which are recorded in a clear and accessible manner that demonstrate a clear link to the implementation of the young person's placement plans. Subsequent to inspection the director of services informed the inspectors that informal supervision during handover meetings is now documented in the shift planner by the manager.

The manager provides brief group supervision specific to key workers on a weekly basis prior to the team meeting. The manager stated that structures for more substantial key work supervision would be in place and the inspectors require a timeframe from then this will be implemented.

The practice and approach of the care team had been inconsistent and the manager had identified that the staff team development was required to improve practice. The manager identified that annual staff appraisal would be implemented to identify individual development needs and support the development of the staff team. The

director of services confirmed post inspection that an appraisal system has been implemented by the manager.

The manager is supported through weekly supervision with the director and a weekly internal management meeting with the director and deputy manager. The records of the manager's supervision demonstrated that it was regular, structured and appropriate to the role.

The inspectors expressed concerns to management that substantial support had been required from the manager by the staff team to regain the structure of key planning meetings, such as the daily handover meeting, by such an experienced staff team. While the manager had begun the process of supporting planning and reflective practice in the handover and team meeting this process of change had been at its initial stages.

The organisation provides an external support service that is available to employees who have experienced stress or injury as part of the work at the centre and this can be accessed anonymously by the staff team.

Training and development

The organisation had invested in the provision of core and additional training for the staff team to support the staff in responding to the needs of young people at the centre. The ongoing training and development of the staff team was a key focus of the manager as part of a wider planning framework in improving the standard of care practice for young people in the centre. The manager had developed an ongoing staff development and training programme that incorporated training specific to the centre's purpose and function and reflected the training needs of the staff team.

However, the inspectors note from review of the care files and interviews, the integration of training to practice for the staff team has been problematic and impacted on the development of practice. The inspectors found that where training specific to a young person's needs had been facilitated by the social work department, the information and recommendations had not been consistently reflected by the staff team in interviews. The inspector observed that the manager was working to support the team to reflect the models and approaches used with the young people in the course of the team meeting however it was evident that this was at the initial stages. The inspectors require that management produces a structured programme on how integration of training to practice will be implemented to improve the provision of care to young people.

On review of the personnel files, the manager's file did not evidence training in fire safety or first aid. The inspectors found that a staff member had recently returned to the centre required core staff training. A member of the relief panel who regularly works in the centre had not completed child protection training. There was evidence that staff training in a recognised approach to behaviour management had not taken place as required. The director of services informed inspectors that this matter had been actively pursued but there had been difficulty accessing a trainer for the staff team. The director of services stated that this matter has since been rectified and the staff team received the required training subsequent to the onsite inspection. The manager must ensure that all core training is completed by the manager and the staff team as a matter of urgency.

It was evidenced that some members of the staff team had low attendance at mandatory team meetings and had not completed any additional training and the inspectors recommend that this is reviewed and responded to by the manager.

The manager stated that internal training focused on improving the skills of the staff team had and will continue to take place. The inspectors recommend that the manager maintains records of staff attendance at internal training as part of the personnel files.

Administrative files

The inspectors found that the staff had not effectively used the filing system in the centre; information had not been organised chronologically and documents had been frequently misfiled making it difficult to track information. The inspectors found records on file that were not signed and other records where the author of the report was indiscernible. The manager must ensure that staff sign and are accountable for their work. The manager must ensure that the recording systems are organised and maintained to facilitate effective management and accountability, having regard to the requirements of the Freedom of Information Act, 1997.

The inspectors found that the manager monitored all centre records, incident records and decisions taken by staff. During the on-site inspection the manager had been observed to challenge practices and decisions made by staff to support best practice approaches to caring for young people.

The centre has systems in place for records relating to children, additional to their care files, to be kept in perpetuity. The inspectors found evidence where young people gained access to the staff office and areas where records relating to children and their care files were stored. The manager must ensure that the young people's

files and information are stored securely and the environment is risk assessed and managed by the staff team.

The centre has systems in place for relevant records relating to children, additional to their care files, to be archived annually and kept in perpetuity. The manager is satisfied that the centre has enough financial support in meeting the practical needs of the young people. The manager implemented a new system for petty cash to demonstrate spending in the centre and the inspectors reviewed the records as being structured and organised.

3.2.3 Practices that did not meet the required standard

Management

In May 2015, the registration and inspection service was duly notified of a change in centre manager. The current manager was initially employed in a consultant capacity for the centre and, following the retirement of the previous manager, undertook this role on a part time basis. The manager, who is appropriately qualified and experienced for the role, agreed to be employed as a part time and temporary manager until the recruitment of a full time manager. The manager is on site three days per week and this is supplemented by the director of services and the deputy manager on the remaining two days.

The focus of the current manager involved the restructuring of the service provision for young people at the centre to develop the standards and consistency of care offered by the service. While the manager had implemented oversight mechanisms to evaluate the work of the centre and to support the staff team this process has only recently begun. The manager used a range of methods to oversee the work of the centre including observation of staff practice, regular contact with the staff team and young people, facilitation of the daily handover and weekly team meetings, monitoring of centre records and staff practice in line with the organisations policies and procedures. Prior to the work of the current manager, inspectors evidenced deficits in supervision, team meetings, hand over meetings, inconsistencies in care staff practices and behaviour management and this is detailed further in the report. The manager is clear that the role is on an interim basis only and will move to a consultation role for six months on the appointment of a full time manager. The staff team, in interview, reflected their need for a full time dedicated manager to be appointed to the centre. Given the stated issues the inspectorate requires, as a matter of urgency, that a permanent full time manager is appointed to the centre.

The inspectors found there were incidences in which the manager role required cover and it had been fulfilled by the director of services rather than the deputy manager. This situation had impacted on both the fulfilment of the external manager and manager role significantly. The deputy manager had a defined role including provision of leadership to the staff team, completion of the staff roster and supervision of the relief staff. The manager had initiated an individual training programme with the deputy manager focused on supporting the leadership role and this had taken place in weekly supervision meetings. The inspectors established that the work schedule of the deputy manager was not conducive to adequately supporting the role of the manager or the staff team. Furthermore, the service does not provide social care leader positions on the team. Given the stated issues the inspectorate requires that a full time deputy manager is appointed to the centre.

At the time of inspection, the director of services, who reports to the organisations board of management, was fulfilling the role of external manager by overseeing the work of the manager and the centre through regular attendance at the centre and contact with the manager and staff team, reviews of the centre’s significant events notifications, provision of supervision to the manager and attendance at some team and management meetings. The director of services reviewed a monthly report from the manager regarding the work of the centre.

The director of services and manager were cognisant of the need to restructure and strengthen internal management at the centre and had made efforts to address matters. However the required developments had not been realised at the time of inspection.

Given the concerns outlined, following the onsite inspection, the chief registrar/ inspector attached a condition to the registration of the centre, and it remained in place at the time of this report. The operation of the centre had not been in compliance with *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 5;*

“The registered proprietor and person in charge of the centre shall satisfy the relevant Health Board that appropriate and suitable care practices and operational policies are in place, having regard for the number of children residing in the centre and the nature of their needs”

The condition attached to the registration is as follows;

1. The centre’s registered capacity is restricted to one young person.

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 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.

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 5, Care Practices and Operational Policies

Required Action

- Management must ensure that all staff members receive regular and formal supervision, the details of which are recorded in a clear and accessible manner that demonstrate a clear link to the implementation of the young person's placement plans.
- The manager must ensure that all core training is completed by the manager and staff team as a matter of urgency.
- The manager must ensure that staff sign their records and are accountable for their work.
- The manager must ensure that the recording systems are organised and maintained to facilitate effective management and accountability, having regard to the requirements of the Freedom of Information Act, 1997.
- The manager must ensure that the young people's files and information are stored securely and the environment is risk assessed and managed by the staff team.
- The board of management must ensure that the centre has a suitably qualified and experienced dedicated permanent full time manager appointed to the centre as a matter of urgency.
- The board of management must ensure that the centre has a suitably qualified and experienced dedicated deputy manager appointed to the centre as a matter of urgency.

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 inspectors are satisfied that the Child and Family Agency monitoring service has ensured that arrangements had been in place for the centre to be monitored and to satisfy itself that appropriate care practices are in place. The monitor conducted an announced visit to the centre in December 2014 for the purpose of ensuring the centre's compliance with regulations, standards and best practice. The monitor was satisfied that all young people had an allocated social worker. The monitor reviewed statutory care plan reviews for young people and found that for one young person the frequency of care plan reviews had been breach of statutory regulations. The inspectors gathered evidence to support that all significant incidents had been routinely notified to the monitor. During the announced visit the young people had been unavailable to meet with the monitor. The inspectors recommend that the monitor continues to make all reasonable efforts to meet with young people at the centre. The inspectors evidenced that the monitor completed and circulated an annual report to the manager and the registration and inspection service.

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 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 centre had a policy on consultation with young people that reflected the requirement for genuine engagement of young people throughout the decision making process. The care records and staff interviews reflected that the staff regularly consulted with young people and their views were sought out as part of daily interactions and considered as part of decision making processes. The inspectors found evidence where young people were supported to be active participants in their daily lives. Young people were encouraged to attend meetings with professionals and to contribute to planning where appropriate. The inspectors found evidence to support that young people had been supported by the staff team to contribute to wider decisions making process in the statutory care plan and care plan review meetings. The inspectors gathered evidence to support that supervising social workers consult with young people and their families about decisions that affect their lives and future. The young person's meeting was reintroduced by the manager as a forum for consultation with young people. The inspectors recommend that the staff team maintain a record to evidence where these meetings have been offered to young people.

Access to information

The centre's policy on access to information reflects that young people and their parents or guardians are informed of their right to access their personal information during the admission process. The young person's booklet reflects that young people have the right to view their information at the centre and that this can be done in a planned manner with the support of their key worker. The pre-inspection questionnaire indicated that the young person at the centre was aware of how to access their information. The centre has systems for the archiving of information on site and for files to be kept in perpetuity. The monitor's most recent report, in December 2014, reflects that young people had been made aware of their right to

access information and also to make entries into their logs but had chosen not to do so.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre had a comprehensive written complaints policy that detailed the management of formal complaints, informal complaints, appeals process and distinguishes complaints from child protection matters. The staff interviewed demonstrated a good knowledge of the complaints process and respected the young people's right to complain. The inspectors found evidence to support the young people and members of their family had been informed of how to make a complaint. The young people are informed of their right to complain in written format through the young person's booklet and with support through key working and the wider staff team. The review of the care files demonstrated that complaints by young people had been recorded by staff and notified to the monitor and relevant professionals through the significant event notification system. The cross referencing of significant event notifications and the complaints log demonstrated that the complaints made by young people had not been recorded in the complaints log. The inspectors require that the recording systems for complaints are developed to clearly reflect the implementation of the complaints policy including the centre's response and voice of the young person. The cross referencing of the daily logs and the informal complaints log demonstrated that the informal complaints log had not been maintained by the staff team. Given the stated issues, the manager must ensure that recording systems for complaints are developed and put in practice to clearly reflect the implementation of the complaints policy including the centre's response and voice of the young person. The manager must ensure that complaints and informal complaints by young people are recorded in the respective logs to facilitate effective oversight of complaints by young people and the manner in which they are resolved.

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 manager must ensure that recording systems for complaints are developed and put in practice to clearly reflect the implementation of the complaints policy including the centre's response and voice of the young person.
- The manager must ensure that complaints and informal complaints by young people are recorded in the respective logs to facilitate effective oversight of complaints and issues raised by young people and the manner in which they are resolved.

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 importance of immediate and extended family relationships and connections as a support network for young people in the Traveller community had been recognised and promoted by the staff team. The staff team supported family connections and relationships through facilitation and supervision of contact visits. The service also provided facilities for families to visit the centre and meet with young people in private. The young people's families are updated about their progress and significant events by the staff team or the social worker depending on the circumstances.

The service considers sibling placements and the centre staff have supported sibling contact and accommodated overnight access at the centre. The observation of the team meeting demonstrated that staff approached family contact in a professional manner, considering potential child protection concerns and completing risk assessments in consultation with the social work department. The young people were consulted about their views on family contact and their views and wishes were taken account of in planning contact. The inspectors found evidence to support that, where family relationships have become frayed, the centre staff and social worker had planned mediation. The inspectors had not received feedback from families at the time of inspection.

As outlined previously in the report there has been difficulty in the filing system and the inspectors recommend that family contact and visits have a subsection in the filing system to support oversight by the manager and staff team.

Preparation for leaving care

The management and staff had supported the young people to develop independent living skills in preparation for leaving care in a manner that took account of their age and capacity. The service has a full time house keeper who engages with young people in meal planning and preparation in an opportunity led and planned way. The young people were provided with pocket money each week and had opportunities to earn more money by completing additional chores. As discussed further in the report, there was uncertainty among the manager and the staff team regarding the long term planning for a young person and thus the staff had no direction in terms of preparing the young person for reunification or alternative care options in line with the centre's purpose and function.

Discharges

The service has experienced both planned and unplanned discharges in the last registration cycle. The inspectors found that unplanned discharges had taken place as a safeguarding measure for young people at the centre. The director of services advised that discharge reports had not been routinely completed for young people. However, the discharge report reviewed by the inspectors reflected the circumstances of the young person on leaving the centre. The inspectors recommend that management consider discharge reports as a method of tracking the effectiveness of interventions and the outcomes for young people in the service through identifying the progress and interventions provided and accessed by the young person during the placement. The inspectors found evidence that where a young person's placement is deemed to be at risk the centre manager and members of the social work department convened placement protection meetings to consider current circumstances and contingency planning in support of a planned transition for young people.

Aftercare

In the course of the last registration cycle, the young people who had resided at the centre had not reached sixteen years of age and the staff team and the social worker had not been required to initiate after care planning. The service had a policy on aftercare that reflected the Child and Family Agency's national aftercare document; '*National Policy and Procedure Document on Leaving and Aftercare Services (2011)*'. The inspectors found evidence to support age appropriate preparation for aftercare had taken place through the support of independent living skills.

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.

Supervision and visiting of young people

The review of the care files demonstrated that the resident young person had been visited by the allocated social worker on a regular basis in response to the current circumstances and needs of the young person. The inspectors recommend that the filing system is reviewed and organised in a manner that supports oversight of the frequency of social work visits to resident young people. The centre facilitates young people to meet with external professionals in private in and outside of the centre. The young people receive written information about external advocacy services. The social worker confirmed that the staff facilitated visits to the centre and in private.

Social Work Role

At the time of inspection the resident young person had an allocated social worker with whom there had been regular visits at the centre, and in private, and whom the young person could contact by telephone. There was evidence that the social worker had reviewed the young person's care file and had been familiar with the young person's care needs. The social worker confirmed prompt receipt of written notifications of significant events including complaints and allegations. The social worker had made arrangements for care plan reviews and ensured that young people and parents had been invited and their views were represented during the review and reflected in decisions. The social worker was informed of all significant incidents involving the young person.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

Referrals to the centre are received through the central referrals committee, a function of the Child and Family Agency residential placement services. The centre has a registered capacity for four young people. The director of services reflected that referrals to the centre had reduced perhaps owing to the specialised nature of the service coupled with the rural location.

In the last three years, four young people have been admitted to the centre and this has occurred within the centre's purpose and function. The admissions policies and practices take account of planned and unplanned admissions and the need to protect young people from abuse by their peers.

The centre policy states that a collective pre-admission risk assessment process takes place for young people referred to the service; however this process had not been consistently in place. The manager must ensure that the centre's policy on admissions is implemented for future admissions to the centre to safeguard the young people. A key worker is appointed to the young people who are transitioning to the centre to offer support and assist the young person to understand the purpose of their placement.

Through interviews the inspectors found the staff team did not have a shared view of the purpose, goals and duration of a young person's placement. Evidence was gathered that supported the viability of a young person's placement at the centre had been a longstanding issue and this had impacted on planning for the young person. At the time of inspection, the social worker and the centre manager had engaged in placement protection meetings to discuss the viability of the placement. The inspectors requested that the social worker convene a special review to identify the short and long terms goals for the young person and to determine the suitability of the placement and explore alternative care options. The inspectors require that the social worker notify the inspectorate of when the special review has taken place. The impact of confusion and uncertainty about the duration of the placements for the young person had previously been identified in specialist reports and this is discussed further in emotional and specialist support.

Statutory care planning and review

Statutory care plans and reviews had occurred in line with regulations for the young person at the centre. The inspectors were satisfied that the centre staff prepared young people for statutory care plans and reviews and represented young people who did not wish to attend. The social worker confirmed that the young person, their parents and significant others were consulted in the process of drawing up the statutory care plan. The social worker confirmed that parents had been informed of decisions of the care plan and care plan review meetings verbally where it was not appropriate to send a written copy of the care plan. While the centre had a copy of the young person's care plan, both the social worker and the manager had been uncertain if the young person had received a copy. The social worker must ensure that the young person is provided with a copy of their care plan.

The inspector's recommend that the social worker develops the care plan document in a manner that is more accessible for the young person. The inspectors also found that information regarding specialist supports needs to be developed further in terms of the current circumstances and forward planning. The aims and objectives of the placement as well as the long term plan for the young person must be stated by the social worker. The inspectors examined the young person's most recent care plan and found that the needs of the young person had since changed considerably. The inspectors requested that the social worker convened a special review to incorporate recent developmental assessment information and to identify the aims and objective of the placement and long term goals for the young person.

The inspectors found that the placement plan contained broad goals and lacked in specified timeframes, requires review. For one young person, the placement plan had lapsed for a number of months. The manager must ensure that young people have placement plans that are in date and agreed with their social worker. The manager had recently introduced a 'monthly focus of work' report to structure the implementation of the placement plan and this had been reviewed as part of the weekly team meeting. This planning document was welcomed by the staff team and it is reflective of the current circumstances for the young person. Although there have been improvements in the mechanisms to support and track the implementation of the placement plan, the inspectors recommend that document is revised by the manager to include detailed guidance for the staff team and identify staff for tasks particular where goals relate to sensitive issues. The monthly focus records did not clearly demonstrate the author and date it had been reviewed. As stated earlier in the report, the manager must ensure that records are developed and centre staff are accountable for their work.

The inspectors also recommend that where the implementation of placement plan goals are impacted by a young person's disengagement, with the centre or services, that this is addressed as part of the monthly focus of work planning document. The centre has a key work system to support individualised care to the young people and this will be discussed further in emotional and specialist support.

As stated in this report the inspectors found the staff team had been unclear about the placement goals for a young person. Through staff interviews, the placement plan had not been regarded by the staff team as a key planning document and further to this the placement plan was not maintained as part of the young person's working file.

Emotional and specialist support

The management and staff interviewed reflected that a therapeutic approach to care took place through the provision of a nurturing environment realised through regular meal times with nutritious food, maintaining a predictable, low stimuli and warm environment and was informed by attachment theory. The review of the care files reflected that the young people are supported by the staff team through a wider range of practice by stimulating development through supporting interests and strengths and building positive relationships with young people which contribute to the young person's resilience in managing their day to day experiences. The inspectors recommend that the manager support the staff team in recognising and reflecting on the range in which emotional support is offered to young people to support practice development.

The service provides a key work system and the allocated key workers had good knowledge of the young person's needs and had particular roles in providing individual support to young people, advocacy and representing the voice of the young person. The current key work system involves three staff members who each had defined roles with the young person. The inspectors found that the monthly focus of work requires development to reflect the emotional support to be provided for the young person in the centre.

Referrals to specialist services for young people have taken place in conjunction with the social worker. A young person at the centre had significant difficulties in particular areas of development. However, referrals to specialist services to assess these needs had been a recent feature at the centre despite a substantial period caring for the young person. The manager and staff team must advocate for the specialist assessment and support required in meeting a young person's needs in a timely manner. The inspectors found that where young people accessed specialist services this had been facilitated and promoted by the staff team. Where young people had regular contact with specialist professionals there was evidence that the staff team maintained regular communication about the progress of the young person.

The social work department had resourced a specialist to conduct an attachment assessment and provide specific training to the social care team particular to the individual needs of a young person at the centre. Through care file review and interviews the inspectors did not identify evidence to support that the recommendations had been maintained in practice by the staff team. Furthermore, the inspectors found that the staff team had a mixed understanding of a speech and language assessment thus impacting on the consistent integration of

recommendations into practice across the staff team. As stated earlier in this report, the inspectors evidenced that the staff had not incorporated the expertise and knowledge of professionals and training in their work with young people at the centre. Given the stated findings, the manager must ensure that the recommendations of specialist professionals are reflected in the work of the centre with the young person.

3.5.3 Practices that did not meet the required standard

Children's case and care records

Generally, the records reflected that the young people's views were sought and their voice was recorded. The young people's files contained the birth certificate and required care documents. However, the care records did not reflect the needs based approach of the centre's written statement of purpose and function. Also, the style and standard of the children's case and care records varied among the staff team. The centre had a structured filing system, however, records were regularly misfiled and out of sequence. A young person's file contained assessment information pertaining to a family member who had a separate file at the centre. There were some records on the young person's file where the record had been unsigned or the author was indiscernible. As stated earlier in this report, the manager must ensure that authors of reports and records are clearly identifiable.

The working file for young people proposes to hold all current information for the young person. However, the review of working files demonstrated that key assessment information was absent and no subsection existed for the filing of the placement plan. The manager had recognised the children's case and care records as an area for development for the staff team and had already begun to support the staff in this area through oversight of records, report writing training and computer skills training. However, given the stated findings within the wider report, case and care records had not been kept in a way that helps effective care planning and this must be addressed by the manager and staff team.

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 1and2, Care Plans

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

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- The manager must ensure that collective pre-admission risk assessments occur in line with the centre policy.
- The manager must ensure that the centre develops a placement plan for each young person in the centre and that this plan is reviewed regularly.
- The Child and Family Agency social worker must ensure that the young person is provided with a copy of their statutory care plan
- The manager and staff team must advocate for the specialist assessment and support required to meet the needs of a young person's needs in a timely manner
- The manager must ensure that the recommendations of specialist professionals are reflected in the work of the centre with the young person.
- The management must review the organisation of children's case and care records to support accessibility to the young people, staff, inspectors and monitors.
- The manager and staff must ensure that case and care records are maintained in a way that helps effective care planning.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

The inspectors gathered evidence to support that young people are cared for in a manner that respects and takes account of their wishes, preferences and individuality and this is supported through practices including consultation, complaints and key working. The emotional life of young people is given particular attention and this is supported through the key work system. As stated in this report, the inspectors require that the manager reflects the emotional support provided by the staff team in relevant records and planning documents. The inspectors found evidence to support that issues of personal hygiene are dealt with sensitively and with dignity. Young people at the centre had been supported by the staff team to have opportunities to develop and maintain interests, talents and hobbies to support their physical and social development. The centre celebrates festive occasions, young people's birthday, religious and important events in the Traveller community.

Provision of food and cooking facilities

The service employs a housekeeper who had responsibility for the provision of healthy and nutritious food, maintaining the household and bringing rhythm to the days of young people through provision of regular meals. The young people at the centre had been encouraged to contribute to and engage in meal planning and preparation. The inspectors found that the staff were vigilant of young people's diets and were flexible in their approach to ensure young people's dietary needs are met.

Race, culture, religion, gender and disability

The centre has a policy on recognising diversity that aims to support young people to express themselves through their ethnic and cultural background and to prevent young people being discriminated against based on race, culture and gender.

The service had an experienced staff team with a strong knowledge of the cultural beliefs and values of the traveller community. The staff team had supported young people to make connections with local groups specific to the Traveller community and provided 'culture hours' where young people were supported to gain experience and knowledge in areas specific to the Traveller culture to promote their sense of identity. The inspectors require the manager to provide the strategy in which the staff team will re-establish links with external services to maintain the knowledge of the Traveller culture and to further embed Traveller culture in the work of the centre.

Absence without authority

The staff team developed individualised absence management plans for young people in the centre to provide detailed guidance to the staff team in how to manage absences in line with 'Children Missing from Care: A Joint Protocol between An Garda Síochana and the Health Service Executive Children and Family Services:2012'. The planning for the young people had taken into account their age, developmental stage and personal circumstances and accounted for persons to be contacted and notified in response to an incident. The centre maintained up to date photographs of young people as required in notifying missing children from care.

The review of the care files and interviews with staff demonstrated there was a robust understanding of the missing child from care protocol. At the time of inspection, a young person had a substantial number of absences from the centre. The review of the care file demonstrated that the staff team implemented the young person's individual absence management plan and used the missing child from care protocol as required. The strategy to manage the absences had been agreed between the social work department and the centre. However, as discussed further in this report in respect of behaviour management, the inspectors recommend that a strategy meeting is convened between the centre and the social work department to review the effectiveness of the strategies to manage absences for a young person in the centre.

Management were clear of and acted upon the thresholds for management prevention strategy meetings where young people had been frequently absent from the centre.

3.6.2 Practices that met the required standard in some respect only

Managing Behaviour

The centre has three policies related to managing behaviour, within which, the rights and responsibilities of both young people and staff members are identified. The inspectors require that management reviews, refines and integrates the policies. Young people at the centre are supported to understand their rights and the behaviour expected of them through the young person's booklet, individual work and key work following significant events. The inspectors found that the staff valued the relationship as a key tool in managing the behaviour of young people. The service had invested in the provision of training including attachment, suicide intervention skills and managing self harm to support the staff in meeting the needs of young people at the centre. The staff team had received training in a reputable model of behaviour management and refresher training had been required. The staff team had identified ongoing training needs in managing challenging behaviour specific to the centre's purpose and function. However, as stated in this report the inspectors did not see evidence of the integration of specialist training and guidance in approaches to care in line with the young people's developmental needs.

As stated in this report there is evidence to support that the manager is re-establishing structured meetings to support good and open communication among the staff team. However, prior to the re-establishment of these structures there were prolonged periods in which team meetings to discuss the management of behaviour had not been facilitated or available to the staff team.

The review of the care files demonstrated that the staff team had been tasked with managing a range of challenging behaviours from young people placed at the centre. The staff interviewed had mixed perceptions of the services capacity to manage challenging behaviours and the suitability of placements for young people with regard to the placements having occurred within the centre's purpose and function.

The manager had implemented a critical incident review process to support the development of the staff team in managing challenging behaviour. The inspectors found evidence that the staff developed risk assessment and safety plans for managing a young person's behaviour in the centre. However, the inspectors evidenced that there has been repeated incidents of challenging behaviour where young people had access to restricted areas of the centre and staff vehicles as safeguarding measures had not been effective. The inspectors require that risk

assessment and safety plans are regularly reviewed by management to ensure that appropriate measures are put in place to manage the environment.

The centre had developed behaviour and individual crisis management plans for young people. However, the documents had not incorporated all pertinent information about young people's behaviour and the required response from the staff team. The inspectors require that the staff team regularly review and develop behaviour management documents for young people at the centre.

Behaviour management tools used by the staff team also included positive and natural consequences in responding to the behaviour of young people. The inspectors identified inconsistencies in the record of consequences and the manager must ensure that consequences are routinely recorded in a clear manner.

The review of the care files demonstrated that a young person in the centre had disengaged from education and services and had an increased numbers of absences and engagement in anti-social behaviour. The centre's response and behaviour management strategy had been agreed in conjunction with the social work department. The inspectors recommend that a strategy meeting takes place to review the effectiveness of the centre's approach in supporting the young person to re-engage with services and the reduction of significant events and absences.

The centre has a policy on engaging with An Garda Síochána to deal with incidents involving young people in the residential centre based on national guidelines. The inspectors found that the centre have engaged with An Garda Síochána in line with this policy.

Restraint

Within the organisations policy and procedures document, physical restraint is referenced in the policy on the management of challenging behaviour. The policy largely references behaviour management tools rather than the use of physical restraint and the related procedures. The inspectors require that the manager ensures there is a written policy on physical restraint and that it is understood by staff and young people in the centre. The review of the personnel files reflected that the staff team had been trained in a method of physical restraint that is researched and is based on reputable practice. However, the director of services stated that there were periods where the required refresher training for the team had lapsed due to difficulty in accessing a trainer. Subsequent to the inspection the required training took place and the director of services stated that access to future refresher training

has been secured. The director of services must ensure that the staff continue to be appropriately and sufficiently trained in the use of physical restraint should this method be required to protect the young people from immediate risk of injury to self or others, or serious damage to property. The manager and staff team reflected that a low level physical intervention is permitted in the centre due to staffing ratio when working with young people. No restraints have taken place in the centre over the previous twelve months.

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 manager must review, refine and integrate the behaviour management policies.
- The manager and staff team must regularly review risk assessment and safety plans to ensure that appropriate measures are put in place to manage the environment.
- The manager must ensure that the approaches to behaviour management are identified through behaviour and crisis management plans and implemented by the staff team a consistent manner.
- The team must ensure that consequences are routinely recorded in a clear manner.
- The manager must ensure there is a written policy on physical restraint and that it is understood by staff and young people in the centre.

3.7 Safeguarding and Child Protection

Standard

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

Safeguarding

3.7.1 Practices that met the required standard in full

None identified.

3.7.2 Practices that met the required standard in some respect only

The organisation had a written policy on safeguarding young people in the centre that incorporated wider policy documents that reflect the rights and responsibilities of young people and staff that aim to protect the welfare of young people at the centre. The staff team had a good understanding of the centre's safeguarding policy and valued consultation and advocacy for young people. Young people at the centre had access to make telephone calls and to meet with family and professionals in private and at the centre. The young person's booklet has information about groups and organisations set up to promote their rights and staff had supported young people to engage in their activities.

Safeguarding practices had not been consistently implemented including manager and external manager oversight, supervision, team meetings, handover meetings, interdisciplinary work and this is addressed in the relevant sections throughout this report.

3.7.3 Practices that did not meet the required standard

None identified.

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

Child Protection

3.7.4 Practices that met the required standard

The centre had written policies and procedures on child protection that reflected that the document was to be used in conjunction with the 2011 national guidance document on child protection; '*Children First*'. The centre policy detailed how an allegation or disclosure of abuse or neglect is to be managed by the staff team. The communication of an allegation or disclosure to the young person's family takes place following agreement between the supervising social worker and the manager. In general, the staff team had attended child protection training on a regular basis and this had been represented on the personnel file. As stated earlier in this report a staff member who has recently returned to work in the centre and a relief staff member who regularly works at the centre require child protection training. There is a clear structure in place for child protection concerns to be reported to the manager who was the designated child protection officer for the service. The inspectors reviewed child protection notifications and were satisfied that the centre responded appropriately and notified the social worker.

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 respects only

The inspectors found evidence that manager and staff value education and support young people through individual and key work and have regular liaison with schools. Where a young person had not yet returned to a school placement, the manager had been seeking out alternative ways to engage a young person in education and establishing access to online learning systems had been in process at the time of inspection. The staff team made efforts to engage a young person in education and had set up a designated area in the centre where work could take place. Centre documents reflected that a comprehensive programme of school work for a resident young person had been developed however a structured time table had not been located on the young person's file or their daily planner. The staff team took opportunities to engage with the young person in an opportunity led way and there was evidence to support that some education had taken place. However, the provision of education in the centre appeared to be ad hoc and required structured in terms of targets and goals to be achieved by the young person. The manager must ensure that where an education programme is being provided to young people by the staff team, this is demonstrated in the work of the centre and reflected in the care file.

The social worker must ensure that, where a young person is not accessing formal education and is under sixteen years of age, liaison with relevant education professionals happens in the early stages to support the young person to access formal education resources including home tuition. The inspectors recommend that developmental assessment reports for young people are maintained on the active folder to support the staff team to consider the young person's education needs.

3.8.3 Practices that did not meet the required standard

None identified.

Required Action

- The manager must ensure that where an education programme is being provided to young people by the staff team, this is demonstrated in the work of the centre and reflected in the care file.
- The Child and Family Agency social worker must ensure that, where a young person is not accessing formal education and is under sixteen years of age, liaison with relevant education professionals happens to secure formal education support.

3.9 Health

Standard

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

3.9.1 Practices that met the required standard in full

The young people at the centre can maintain their GP on admission or transfer to the centre's established GP. The review of the care files evidenced that the health needs of young people are responded to in a prompt manner by the staff team and young people are supported to access a range of external and specialist medical services to meet their health needs. The staff maintained an up to date medication log that details the administration of medication to young people. The staff interviewed were had a strong knowledge of young people's prescribed medication, potential impact on behaviour and mood and observed compliance. There was good communication with overseeing medical professionals by the staff team. The inspectors observed that the team meeting had been used as a forum to discuss young people's health and dietary needs and the strategies and approaches to be used by the staff team. The manager has scheduled health specific training for the staff team including drug awareness and sexual health in response to the needs young people placed at the centre. There were appropriately signed medical consent forms for young people on the care file. The staff had been found to support a healthy lifestyle for the young people through the promotion of activities, healthy eating and addressing specific health matters through individual and key work.

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 centre is community based in a rural location. While the location does not support access to public transport there are specific vehicles for the staff to transport young people. The accommodation was maintained to a good standard; the centre was spacious, bright and decorated in a homely manner that promoted the Traveller culture. Young people at the centre had spacious rooms and there was ample space for visits, recreation, relaxation and a dedicated room for education. The kitchen had been central point where young people interacted with the staff and meal times had been treated as a social event. The director of services provided proof of adequate insurance against accidents or injuries as part of the application for continued registration. At the time of inspection the manager identified that the manager’s office would relocate to the ground floor. The inspectors recommend that this takes place as, in contrast to the prior location, the manager would be better positioned to interact with young people and staff and observe practice in the centre.

Subsequent to a serious incident at the centre, a review of the security and safety of the premises took place and in response there were some enhancements to the centre’s security. The staff team reflected the need for external lighting and CCTV to further enhance the safety and security at the centre and the inspectors recommend that this is reviewed by management.

Maintenance and repairs

The centre had good systems in place for maintenance and repairs to be identified and reported to a designated maintenance person and records had been kept to demonstrate this process. The inspectors are satisfied that repairs to the centre had been dealt with promptly. The inspectors sighted that the centre vehicles are appropriately taxed and insured. There were no outstanding maintenance and repair issues at the time of inspection.

Safety

The inspectors were satisfied that the centre was a safe and secure place for young people to live in and staff to work in. The manager is the designated health and safety officer. The centre had systems in place for daily health and safety checks and tasks were delegated within the staff team as part of the shift planner and handover process. The centre has a recently updated health and safety statement and this has been reviewed by the staff members. The review of the personnel files reflected that an adequate number of the staff team had trained in first aid techniques. There is a first aid kit maintained in the centre. The inspectors recommend that the first aid kit includes a ligature knife and the staff team receive training in this regard. At the time of inspection the centre stored medication securely and inspectors had been informed that a specific medication safe would be placed in the centre. As stated in this report, the inspectors require the management to review the instalment of external lighting and CCTV in the centre.

3.10.2 Practices that met the required standard in some respect only

Fire Safety

The director of services provided written confirmation from a certified engineer that all statutory requirements relating to fire safety and building control have been complied with. The centre has an up to date statement on fire safety, safety precautions and emergency procedures. The inspectors are satisfied that the centre have taken adequate precautions against the risk of fire, including effective means of escape, arrangements for detecting, containing and extinguishing fires and maintenance of fire fighting equipment. Fire drills had taken place regularly in the twelve months preceding inspection. However, through interviews, there was some confusion regarding the frequency of fire drills in the centre. The director of services subsequently consulted with the fire safety consultant in this respect. The staff team is required to engage in fire safety training every two years. The inspectors received

confirmation that fire safety training had taken place in September 2014. However, the manager must provide confirmation of staff attendance at the most recent fire safety training to the inspectorate.

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 manager must provide confirmation of staff attendance at fire safety training to the inspectorate.
- The manager must ensure that all members of the staff team have up to date fire safety training.

4. Action Plan

Standard	Required Action	Response	Inspectors Commentary
<p>3.1</p>	<p>Management must ensure that centre's model of care is understood by the staff team and reflected in the day to day operation of the centre.</p> <p>Management must ensure that the centre's booklets reflect the current model of care.</p>	<p>Senior management is currently in negotiation with Tusla in relation to the pending change in purpose and function of this centre. Following this process management will submit a new application for registration, following agreement with Tusla, to the Registration and Inspection Service.</p> <p>Management will ensure the young person's booklet will reflect the new purpose and function and model of care. Upon determining the new purpose and function, all documentation will be updated in view of this.</p>	<p>The centre's purpose and function and model of care will be inspected by the Registration and Inspection Service as part of the centre's new application for registration.</p> <p>The centre's booklets will be inspected by the Registration and Inspection Service as part of the centre's new application for registration.</p>

<p>3.2</p>	<p>Management must ensure that all staff members receive regular and formal supervision, the details of which are recorded in a clear and accessible manner that demonstrate a clear link to the implementation of the young person's placement plans.</p> <p>The manager must ensure that all core training is completed by the manager and staff team as a matter of urgency.</p>	<p>Management will ensure that all staff members receive six weekly formal supervision. A supervision schedule until June 2016 has been submitted to the inspectorate. Management are in the process of reviewing the recording system for formal supervision to improve recording of supervision and to focus the supervision on the key areas of adherence and knowledge of placement plans, policies and procedures, professional practice and development. The new template will be submitted to the inspectorate. Following the onsite inspection the manager is now documenting informal supervision that occurs at handover meetings. These are documented in the shift planner by the manager.</p> <p>The manager has issued all staff with training logs for 2016 to documents all formal and informal training for the year. This will form part of supervision and will be reviewed and signed by management. Outstanding core training has been completed. Subsequent to the</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with response.</p>
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	<p>The manager must ensure that staff sign their records and are accountable for their work.</p>	<p>onsite inspection, the staff team completed core training in a recognised method in crisis behaviour management on 1st December 2015, fire safety training on 14th November 2014 and children first training on Wednesday 10th February 2016. One staff member completed Fire Safety Training on 17th February 2016. One staff member is due to complete fire safety refresher training in March 2016 and a training date is pending. Management will confirm the completion of this training to the inspectorate.</p> <p>A manager is present in the unit five days a week. This will support the monitoring of all documentation from the unit. Management is present at handover and the practice of signing and co-signing has been revisited with the team at both team meetings, management memos and in training sessions. This was completed following inspection in October 2015.</p>	<p>The inspectors are satisfied with this response.</p>
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	<p>The manager must ensure that the recording systems are organised and maintained to facilitate effective management and accountability, having regard to the requirements of the Freedom of Information Act, 1997.</p> <p>The manager must ensure that the young people's files and information are stored securely and the environment is risk assessed and managed by the staff team.</p>	<p>The manager will ensure that the recording systems are organised and maintained to facilitate effective management and accountability. Recording systems are currently under review. The manager and staff have updated all of the files in the filing cabinet in line with the placement pack system and have updated and changed relevant forms. This has been discussed in team meetings and handover meetings with the staff team by management. Management has begun to complete a weekly audit of both paper and computer records. The director of services will conduct quarterly audits.</p> <p>All ex-residents files are stored and archived at a separate premises in an alarmed section of the premises and will be held in perpetuity. Entry and access points to areas where files are kept at the centre have been secured. Only current resident's files are kept on the premises. The staff operate a 'lock down' system when a risk assessment dictates any vulnerability to the</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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	<p>The board of management must ensure that the centre has a suitably qualified and experienced dedicated permanent full time manager appointed to the centre as a matter of urgency.</p> <p>The board of management must ensure that the centre has a suitably qualified and experienced dedicated deputy manager appointed to the centre.</p>	<p>security of documentation.</p> <p>The board of management has appointed a suitably qualified and experienced dedicated acting fulltime manager for the centre and this has been duly notified to the registration and inspection service. The purpose and function of the centre is currently under negotiation. Once the purpose and function has been agreed an advertisement for a fulltime permanent manager will be posted.</p> <p>The board of management have a suitably qualified and experienced dedicated deputy manager. This individual has been seconded, until May 2016, to gain additional training in the area of assessment and planning that will benefit the work of the unit. In the interim this role is filled by a suitably qualified person on a part time basis. The role includes ongoing professional development and an appraisal system has been implemented subsequent to the onsite inspection. The management structure will be reviewed alongside the agreement of the</p>	<p>The inspectors are satisfied with this response. Management structures will be reviewed by the Registration and Inspection Service as part of the new application for registration.</p> <p>The inspectors are satisfied with this response. Management structures will be reviewed by the Registration and Inspection Service as part of the new application for registration.</p>
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		new purpose and function which will be submitted as part of a new application to the registration and inspection service.	
3.4	<p>The manager must ensure that recording systems for complaints are developed and put in practice to clearly reflect the implementation of the complaints policy including the centre's response and voice of the young person.</p> <p>The manager must ensure that complaints and informal complaints by young people are recorded in the respective logs to facilitate effective oversight of complaints and issues raised by young people and the manner in which they are resolved.</p>	<p>The manager and director of services developed a centre's complaint response record to structure how the staff record the implementation of the complaints policy. The implementation of the complaints policy will be addressed at the weekly meeting for managers.</p> <p>A new system of recording complaints has been implemented by the manager. Complaints will form part of the agenda at weekly team and manager meetings. A trained complaints officer will be in place and supported by the manager. The existing complaints log has been updated retrospectively.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>

<p>3.5</p>	<p>The manager must ensure that collective pre-admission risk assessments occur in line with the centre policy.</p> <p>The manager must ensure that the centre develops a placement plan for each young person in the centre and that this plan is reviewed regularly by the manager, staff team and relevant professionals.</p> <p>The Child and Family Agency social worker must ensure that the young person is provided with a copy of their statutory care plan.</p>	<p>Following the implementation of a new purpose and function an updated pre-admission risk assessment will be developed and recorded in the policy and procedure document and risk assessments will take place in line with centre’s admissions policy. The manager will oversee the implementation of pre-admission risk assessments in line with this policy.</p> <p>The manager will ensure that each young person has a placement plan. This will be formally reviewed monthly or more often if required, and the monthly report will be sent to the allocated social worker.</p> <p>The Child and Family Agency social work team leader responded to this required action and stated that the young person had attended and participated fully in the statutory care plan review meeting. Furthermore, the details of the statutory care plan and decision making have since been discussed with the young person and</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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	<p>The manager and staff team must advocate for the specialist assessment and support required in meeting the needs of a young person's in a timely manner.</p> <p>The manager must ensure that the recommendations of specialist professionals are reflected in the work by the staff with the young person.</p>	<p>a copy of the statutory care plan has been provided.</p> <p>Management will ensure that the staff team will advocate for the specialist assessment and support required to meet the individual young person's needs and ensure that this is done in a timely manner.</p> <p>Management will ensure that the recommendations of any specialist professionals are reflected in the work of the centre with the young people including any specific strategies or interventions recommended in the care plan, focus of work and daily routine with the young people as appropriate. The manager will liaise with and provide regular feedback to specialist professionals and seek further guidance and assistance as appropriate.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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	<p>The manager must review the organisation of children’s case and care records to support accessibility to the young people, staff, inspectors and monitors.</p> <p>The manager and staff must ensure that case and care records are maintained in a way that helps effective care planning.</p>	<p>Management has established a revised administrative system ensuring that recording systems are organised and maintained to facilitate effective management and accountability. Young people’s files and information are stored securely. This will be overseen weekly by the manager and through quarterly audits by the director of services.</p> <p>The manager and staff will ensure that case and care records are maintained in a way that helps effective care planning. This will be ensured through the use of monthly residential reports which address the identified areas of work highlighted in the placement plan. Mechanisms to record and measure progress are currently under review. The staff team is in the process of doing in house up skilling in this area.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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<p>3.6</p>	<p>Senior management must review, refines and integrate the centre’s behaviour management policies in the wider policy and procedure document. Senior management must review, refines and integrate the centre’s behaviour management policies in the wider policy and procedure document.</p> <p>The manager and staff team must regularly review risk assessment and safety plans to ensure that appropriate measures are put in place to manage the environment.</p>	<p>The centre’s behaviour management policy will be reviewed as part of the new purpose and function. This policy will be submitted as part of the new application for registration to Registration and Inspection Services.</p> <p>The retrospective review of safety plans, risk assessments and critical incident reviews is currently underway by management and the outcome will be submitted to the Registration and Inspection Service. The findings from the review will inform practice and support reflective practice that will facilitated by management. Risk assessments</p>	<p>The centre’s behaviour management policy will be examined by the Registration and Inspection Service as part of the centre’s new application for registration.</p> <p>The inspectors are satisfied with this response.</p>
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	<p>The manager must ensure that the approaches to behaviour management are identified through behaviour and crisis management plans and implemented by the staff team in a consistent manner.</p>	<p>and safety plans will be regularly reviewed by the manager and staff team.</p> <p>The manager will ensure that the approaches to behaviour management are identified through behaviour and crisis management plans and are in line with the placement plan. Staff will conduct a critical incident review following every significant event notification. A review of significant event notifications and critical incident reviews will form part of the weekly agenda for the team meeting. The manager will be part of weekday handovers to support a consistent response and this will also be supported through good communication in supervision, team meetings and daily handover.</p>	<p>The inspectors are satisfied with this response.</p>
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	<p>The team must ensure that consequences are routinely recorded in a clear manner.</p>	<p>The team will ensure that consequences are routinely recorded through the use of the consequence log. This will be reviewed monthly in the residential monthly report, and thus collectively as a team. There is a system in place to support the cross referencing of both positive and negative consequences. The manager will review this monthly and the director of services will do this quarterly. Immediate action has been taken to improve this and a memo has been issued to the team in this respect. This was put in place immediately following the inspection of the centre.</p>	<p>The inspectors are satisfied with this response.</p>
<p>3.8</p>	<p>The manager must ensure that where an education programme is being provided to young people by the staff team, this is demonstrated in the work of the centre and the care file.</p>	<p>The manager will ensure that where an educational programme is being provided to young people by the staff team this will be demonstrated in the work of the centre and the care files.</p>	<p>The inspectors are satisfied with this response.</p>

	<p>The Child and Family social worker must ensure that, where a young person is not accessing formal education and is under sixteen years of age, liaison with relevant education professionals happens to secure formal education supports.</p> <p>The manager must ensure there is a written policy and procedure document on physical restraint and that it is understood by staff and young people in the centre.</p>	<p>The Child and Family Agency social work team leader responded to this required action and stated that there had been ongoing and close liaison from the social worker with the young person, the school and the centre to encourage re-engagement in education. Liaison with the education welfare officer had taken place to explore education options. The young person had been encouraged by the social worker to complete an education programme with the staff team. The young person had also been offered access to an alternative education programme. Subsequent to the onsite inspection the young person has transitioned to a new placement and has re-engaged in education.</p> <p>Management is reviewing the centre's policy and procedure document on physical restraint. The policy will be developed following consultation with a professional trainer on 24th March 2016 and submitted to the Registration and Inspection Service.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response. The centre's policy and procedure document will be inspected by the Registration and Inspection Service as part of the new application for registration.</p>
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<p>3.10</p>	<p>Management must provide the inspectorate with confirmation of staff attendance at the most recent fire safety training.</p> <p>The manager must ensure that all members of the staff team have up to date fire safety training.</p>	<p>The manager provided confirmation of staff attendance at the most recent fire safety training to the inspectorate.</p> <p>One staff member completed fire safety training on 17th February 2016. One staff member is due to complete fire safety refresher training in March 2016 and a training date is pending. Management will confirm the completion of this training to the inspectorate.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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