



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	029
Year:	2015
Lead inspector:	Gary O'Connell

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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Don Bosco Services
Registered Capacity:	6 young people
Dates of Inspection:	10th, 11th & 12th of November 2015
Registration Decision:	Registered without conditions from 4th December 2015 until 4th December 2018
Inspection Team:	Gary O'Connell & Orla Griffin
Date Report Issued:	8th June 2016

Contents

1. Foreword	4
1.1 Methodology	
1.2 Organisational Structure	
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.1 Purpose and Function	
3.2 Management and Staffing	
3.3 Monitoring	
3.4 Children’s Rights	
3.5 Planning for Children and Young People	
3.6 Care of Young People	
3.7 Safeguarding and Child Protection	
3.8 Education	
3.9 Health	
3.10 Premises and Safety	
4. Action Plan	46

1. Foreword

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

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

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

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

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

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

1.2 Methodology

An application was duly made by the proprietors of this centre for continued registration on 1st of October 2015. This announced inspection took place on 10th, 11th, and 12th of November 2015 over a three day period and this report is based on a range of inspection techniques including:

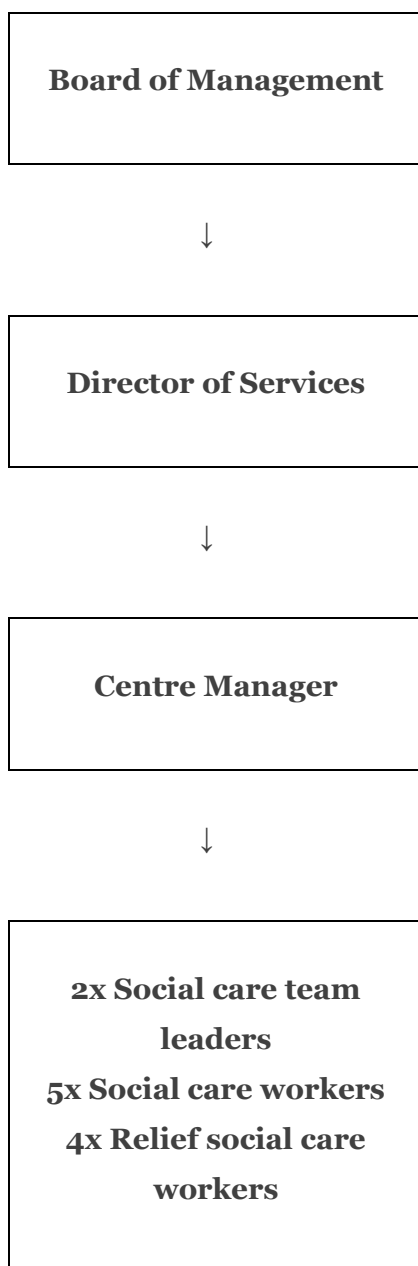
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Eleven of the care staff
 - b) One young person residing in the centre
 - c) One social worker with responsibility for a young person residing in the centre.
 - d) A member of the board of management
 - e) The director of services
 - f) The centre manager
 - g) Other professionals e.g. aftercare workers, therapists, ex resident, parent, school principal.
- ◆ An examination of the most recent report from the Monitoring Officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) Four care staff members
 - c) One young person
 - d) The monitoring officer
 - e) One allocated social worker

- f) One aftercare worker
 - g) The director of services
- ◆ Observations of care practices routines and the staff/ young person's interactions.

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

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

The findings of this report demonstrate that the centre, having met the issues requiring action detailed in the report, are now in compliance with the regulatory framework and the National Standards for Children's Residential Centres. As such it is the decision of the Inspectorate to register the centre without conditions attached pursuant to Part VIII, Sections 59, 60 & 61 of the 1991 Child Care Act. The period of registration being from the 4th of December 2015 to the 4th of December 2018.

The public register of non-statutory Children's Centres as maintained by our office has been duly altered.

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

This centre has a written statement of purpose and function for the service it operates. This centre provides long term residential placements with semi-independent accommodation for up to six young people from age 17 years at time of referral. The inspection report 2013 required the centre amend the purpose and function to specify the young people it caters for and this was completed in January 2015. This centre accepts referrals from the TUSLA, Child and Family Agency and the centre have a service agreement pending with TUSLA, Child and Family Agency.

This centre has a written policy and procedures document which was reviewed in 2015. The centre's purpose and function is reflected in the policies and procedure document. Upon examination of this document the policies and procedures had been reviewed by the care team with support from the monitoring officer and completed in 2015. In interview the centre manager stated that the policies and procedures will be reviewed by the care team. The policy and procedures outline a therapeutic model of care which is supported by an external facilitator. A number of care staff had been trained in the 'Community Reinforcement Approach' in relation to supporting the work with young people's alcohol/drug issues. The inspection report 2013 recommended that the model of care be reviewed by the centre. From interviews with care staff and review of case files including supervision records and the monitoring officer report 2015 the inspectors found evidence that the model of care had been reviewed to inform care practices at the centre.

At the time of inspection there were four young people registered at the centre, three of which were resident in the centre. Due to young people transitioning to the centre and requesting that the inspectors not review their care files, the inspectors reviewed care files for two young people resident and care files of two ex-residents during the inspection process. Inspectors found that the placement of the young people which were reviewed was in accordance with the statement of purpose and function.

The inspectors found that the day to day operation of the centre reflected the stated purpose and function but found deficiencies in observing a link between the centre preparation for leaving care documents, placement plans and proposed timeframes and this will be discussed further in the report.

There is a written information booklet available to young people and families on admission to the centre. The written statement of purpose and function is also available to referring social workers, and other interested professionals. The inspection report 2013 required the centre to update the information booklet and this has been completed. In interview a young person stated they were aware of the purpose and function prior to them being placed in the centre.

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

None identified.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

None identified.

3.2.2 Practices that met the required standard in some respect only

Management

The organisational structure of the centre comprises a board of management, a director of services, centre manager, two social care leaders, five social care workers and access to a relief staff panel. The centre manager has a recognised social care qualification and has been in this post within the organisation for a number of years.

The centre manager is supported in the management functions by two social care leaders with designated roles. The inspectors note that the centre was previously supported by three social care leaders. The centre manager advised that the reduction of the social care leaders complement had not affected management of the service as the duties of this care staff member had been deployed between the social care leaders and a care staff member. The centre manager reported to the inspectors that the on call services are shared between the centre manager and the director of services.

The inspectors found the centre manager had systems in place to be satisfied of the appropriateness and suitability of policies and practices in operation. This included staff supervision, hand-over meetings, team meetings, pre preparation meeting, external meetings, and placement planning. The inspectors gathered evidence that oversight system had been implemented by the manager. However, there were deficits in particular areas of staff practice that need to be addressed by the centre manager. The inspectors had identified required actions and recommendations for improved practice in this respect and this is detailed in relevant sections of the report.

The inspectors found that there was evidence of mechanisms for oversight and governance in place. The inspectors evidenced from the centre files and in interview with the director of services that they are in regular contact with the centre manager and at times attend team meetings. The director of services stated they are currently performing a dual role of director of services and centre manager of a separate service within the organisation. Post the inspection the director of service stated that they had returned to their substantive post. The director of services reports to a board of management who oversees practices in the centre, support the service through the provision of necessary resources, and approve relevant policies. The monitoring officer's report 2015 recommended the recording of contact between the centre manager and director of services needs to be improved to demonstrate the oversight and governance arrangements and the inspector's evidence from the care files that this process had begun. The inspectors recommend that there is a formal recording system developed to demonstrate this oversight.

The centre manager stated they had previously completed monthly reports on all aspects of the service which were forwarded to the director of services but this is no longer occurring. The centre manager stated in interview they continue to attend monthly management meetings. The monitoring officer's report 2015 outlined the organisational management minutes lacked detail on issues discussed pertaining to the centre. The inspectors did not view improvements in the management meeting minutes post the monitoring officer's audit. Given the management meeting minutes continue to lack detail the inspectors require that the management minutes are reviewed as outlined in the monitoring officer's report and the centre manager completes monthly management reports as had previously been done.

The centre has an external facilitator which attends team meeting regularly, provides support to the care staff and advises regarding managing young people's behaviour. The inspection report 2013 recommended that centre management conduct formal review meetings with the external facilitator to review both staff and young people's engagement and to develop a clear plan on how the external facilitator will provide both short and long term support to the centre. The monitoring report 2015 highlighted this issue requiring action had not been completed by management.

Inspectors observed from centre documentation reviewed that there was a stated requirement by management to meet with the externally facilitator three times a year to review the work of the centre. In interview the centre manager stated these meetings are not recorded but did occur and therefore the inspectors cannot evidence how the external facilitator will provide both short and long term support to the centre. Management must consistently record the meeting with the external

facilitator to evidence how the external facilitator will provide both short and long term support to the centre.

The Inspection report 2013 suggested that the centre conduct a study in relation to young people who had resided in the centre. This study could incorporate an examination on what worked and what did not for young people and an evaluation of how the service prepared young people for independent living. The monitoring officer's report stated this study was being compiled by the care staff and could not be evidenced by the monitoring officer in July 2015. In interview the centre manager stated that part of this study was lost due to computer difficulties. The inspectors were provided with documentation post the inspection and on review this documentation was information with regard to young people or the organisation and did not reflect an evaluation of the centre practice. The inspectors recommend to developing the service and in line with best practice that the organisational management again review conducting a study to guide what worked and what did not for young people and an evaluation of how the service prepared young people for independent living.

The inspectors note from review of previous inspection and monitoring reports that issues requiring action were partly completed or not completed and evidence of same is identified throughout this report. The inspectors require that it is the responsibility of management to complete all issues requiring action to be in full compliance with Child Care (placement of children in residential care) Regulations, 1995, Part III, Article 5. Care Practices and Operational Policies

Register

The centre maintains a register of all young people in the centre. The inspection report 2013 and the monitoring report 2015 outlined the register was incomplete. In interview the centre manager stated the register was now complete, however inspectors found that the address of a professional and the date of birth of a young person were not recorded. As outlined by the monitoring report 2015, the maintenance of an up to date register is a requirement of the 1995; Placement of Children in Residential Care Regulations and must be addressed by the centre manager. 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 policy on the notifications of significant events. The inspection report 2013 outlined that the policy and young person handbook needed to be reviewed to clearly outline the notification procedure for young people over and under 18 years of age and outline in the young person's handbook who will be informed in relation to notification of significant events. The inspectors found this had been completed.

There is agreement in place that the Child and Family Agency, monitoring officer will receive notifications of significant events for young people over eighteen years of age when it affects young people under eighteen years. The monitoring officer stated this is to assist with monitoring of the centre and assessing any negative impact on young people under eighteen.

The inspectors observed from the notification of significant events viewed they had been consistently signed by the centre manager. The social worker and aftercare worker interviewed by the inspectors indicated that they are satisfied they are notified of significant events occurring in the centre. The monitoring officer report 2015 highlighted issues with the notification of significant events system and required that all notification of significant events including admissions to the centre are to be recorded appropriately and notified promptly to relevant parties. The inspectors found that several notification of significant events were not on the young people files and that notification were not consistently promptly notified.

The centre maintains a significant events notification register overseen by the centre manager and director of services. The inspectors observed from a document called an accident and incident log that several incidents that the inspectors deem as significant events involving young people over 18 years were not consistently recorded in the significant events notification register. Management must ensure that all notification of significant events are recorded in the significant events notification register regardless of the young person's age.

In interview the centre manager stated the organisation had convened a significant events review group which began in November 2015. The inspectors did not evidence at the time of inspection that this review had begun as they were no minutes available but recommend that this form is used to analysis incidents and development of reflective practice within the organisation.

Staffing

The care staff complement in the centre consists of a centre manager, two social care leaders with responsibility and five social care staff which are supplemented as required by additional relief care staff. As stated there were previously three social care leaders and the organisational management will review the assignment of a third social care leader into the future. The inspectors found from the files that the current social care team is an experienced staff team, with all members having relevant qualifications.

A review of personal files found that staff qualification had not been consistently verified by the centre. This is an issue outstanding from the inspection report 2013 in which the centre stated had been completed. In addition a police clearance is required for a care staff member who had lived out of state for a period of time. The manager must ensure that qualifications are verified, suitable vetting is in place and staff personnel files are complete.

There is a policy in relation to induction of care staff to the centre. The centre manager in interview stated staff induction is being completed in relation to new care staff and this was reflected in interview by a care staff. The inspectors observed that induction was of a good standard.

Supervision and support

The centre has a written policy for the supervision of care staff. The current policy states the centre will provide supervision to staff team members at four to six weekly intervals. The inspectors ascertained from the personal files that supervision is occurring within this timeframe in general. The centre manager supervises the social care leaders and a number of the relief care staff. The social care leaders supervise the social care team. The inspectors found from the files viewed that supervision is recorded and signed by both parties and it has a set format. The inspectors noted from the supervision files reference being made to building relationships with young people, engaging young people and individual professional development.

However, the inspectors evidenced that supervision contracts were not consistently on file. Within supervision records there were deficits in referencing external facilitator recommendations, implementation and completion of short and long term goals of young people. The record of supervision was not consistently completed with follow up from previous decisions, timeframes for completion or goals. The inspectors also noted that supervision had been misfiled and this was stated to the

centre manager during the inspection process. The manger must ensure that supervision contracts are in place for all staff members and that supervision consistently evidence follow up from pervious decisions and timeframes for completion or goals.

The centre manager receives supervision from the director of services every four to six weeks. The inspectors found from the files that supervision is recorded, placed on file and is happening within the stated time frame. The inspectors noted from the files that supervision did not consistently state action and outcomes of decisions and this was an area identified in previous inspection report. The director of services must ensure that supervision records reflect the implementation and outcome of management decisions.

The inspectors ascertained from the files that shift hand-over occur daily and staff meetings take place on a weekly basis. The inspectors found from the files and attending a hand-over meeting that they are structured and focused on young people daily tasks in particular. The inspectors observed from the handover book clear evidence of care staff contact with professionals and support being offered to young people including education and health. However, there was evidence the handover book was not being consistently completed by the staff team in respect of staff on duty and young people present overnight. The inspectors examined the daily logs and they were completed regularly and evidenced the voice of the young people.

The inspectors reviewed and observed a team meeting and found them to be young person focused and structured. The inspectors note that team meeting have improved post the inspection 2013. The team meeting conducts a focuses on a young person every six weeks and this is good practice. The team meeting did state goals with young people and these meetings did evidence how the external facilitator supports the care staff to engage young people and care staff support. However, the inspectors found from the care files that the decisions from team meetings lack consistent outline of short and long term goals and putting a time frame on same. The inspectors also note the standard of recording of team meeting was inconsistent. This was outlined in the inspection report 2013 and the inspectors recommend that the areas stated above are reviewed by the centre staff and amended.

Training and development

The centre has a policy and procedure in relation to training and development. The inspectors reviewed the pre-inspection pack, a cross section of personal files and the training folder provided by the centre manager. From review of these documents the inspectors were unable to verify that care staff had attended up to date training in core areas.

In interview the centre manager stated that some care staff were not up to date with core training in first aid refresher, recognised and reputable model of crisis prevention refresher and fire training. Management must present an up to date training audit and schedule of training. From review of the care staff questionnaires and in interview care staff stated training such as mental health and drug use. It was stated this training would support care staff with engaging young people and the inspectors recommended that this is reviewed within the care team and a schedule of training with timeframe forwarded to the inspectorate.

Administrative file

The inspectors found that the recording systems had been organised to facilitate management and accountability, having regard to the requirements of the Freedom of Information Act, 1997. The centre records were generally organised and maintained to a standard that facilitated oversight, and there was evidence of external management oversight.

There had been issues identified regarding misfiling of documents, documents not on file and documents incorrectly signed off when maintenance had not been completed. There were also issues with a lack of consistent signing and dating of documents and this will be discussed throughout this report. Inspectors recommend supporting the quality of the centre records, an internal audit of centre files led by external management should be conducted.

The centre manager oversees the centre budget which is reviewed weekly in the centre and petty cash is recorded. The centre manager stated that the budget is adequate for the purpose and function of the service.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

Required Action

- The manager must ensure that monthly management reports are re-enacted and organisational management meeting minutes are reviewed as outlined in the monitoring report 2015.
- Management must consistently record the meeting with the external facilitator to evidence how the external facilitator will provide both short and long term support to the centre.
- The manager must ensure that the admissions and discharges register is to include all relevant information.
- The management must ensure that all notification of significant events are recorded in the significant events register regardless of the young person's age.
- The manager must ensure that qualifications are verified, vetting for a care staff member who resided out of state are in place and staff personnel files are complete.
- The manager must ensure that supervision contracts are in place for all staff members and that supervision consistently evidence follow up from previous decisions and timeframes for completion or goals.
- The director of services must ensure that supervision records of the centre manager reflect action and outcomes of management decisions.
- Management must present an up to date training audit and schedule of training to the inspectorate.

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

This standard was met. The inspectors found the Child and Family Agency monitoring service had made three monitoring visits both announced and unannounced to this centre in 2015 for the purpose of ensuring the centre's compliance with regulations, standards and best practice. The monitoring officer subsequently completed and circulated a comprehensive report to the centre, the social work department and the inspectorate. The findings of the monitoring officer's report are reflected through this report as appropriate. As stated in this report the inspectors note that some recommendation made by the monitoring officer had been adhered to but management must ensure that all recommendation are complied with in a prompt manner.

The monitoring officer receives and reviews notifications of all significant events from the centre. The quantity of notifications of significant events received from the centre is low due to the age range of the client group. Notifications of significant events received are reviewed on a weekly basis by the monitoring team. There had been regular contact between the monitoring officer and the centre manager. There had been some instances of non notification and this had been addressed earlier in this report.

The monitoring officer advised inspectors of efforts to meet young people both formally and informally during the audit process 2015, however they declined an interview. The centre manager had stated that all young people are informed of the role of the monitoring officer. The monitoring office is currently looking at developing an information leaflet to advise on the role of the monitor for all young people.

3.3.2 Practices that met the required standard in some respect only

None identified.

3.3.3 Practices that did not meet the required standard

None identified.

3.3.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

3.4 Children's Rights

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

3.4.1 Practices that met the required standard in full

Consultation

The centre has a policy for consulting with young people. The inspectors note that this policy is linked to the therapeutic model described in the policy and procedures. The inspectors observed from the care files that the centre endeavours to work in an inclusive way with young people ensuring they are consulted regarding their care. A young person resident at the time of inspection did meet with the inspectors and did complete the questionnaire form and was clear of the ways they were consulted by care staff. Another young person stated to the inspectors that they were involved in their care planning and they can contact their social worker when they wish to.

The inspectors found from interviews with the care staff and social workers/aftercare workers that relationship building and consultation with young people starts at the pre-preparation stage of the referral process. The inspectors note that this was reflected in the care files.

The centre manager stated young people meetings do not take place as the young people do not wish to attend. The inspectors observed that care staff consult with young on an individual basis and issues which arise are cross referenced with the staff team meeting. The centre manager stated Empowering People in Care had visited the centre since the last registration and inspection report, 2013. Young people present in the centre at that time declined to meet the Empowering People in Care advocate.

Access to information

The staff had revised the young person's booklet, to detail the young person's rights and responsibilities whilst living in the centre. The centre management had developed their policy on 'sharing of information' which now identifies the young person's rights distinctively for under eighteen and over eighteen years. Upon

admission, young people are required to sign a consent form regarding their information being shared by staff members with professionals/ TUSLA, in their best interests. This consent is again reviewed by centre staff with the young person once the young person turns eighteen years. The inspectors found these consent forms are on file but note that they are not consistently completed in a timely manner post a young person 18th birthday and this need to be reviewed by the care team for best practice.

Complaints

The centre has a written policy detailing the complaints process for young people, families and information on this policy is also detailed in a user-friendly format in the young person/family information booklet. The inspectors through interviews with the care staff found they had clear knowledge of the complaints procedure. A questionnaire received from a young person stated they were aware of the complaints procedure. The inspectors note that none of the current young people residents had made a complaint. An individual informal and formal complaints log and complaints register is maintained by the care team. The inspectors noted from the files the centre manager oversees all complaints. The centre manager stated that there is a system that all professionals receive notification of all complaints made by young people.

The inspectors note an improvement in the recording of the complaints process post the monitoring officer's audit 2015. However, the inspectors examined the informal complaint log and note that it needs to be amended to outline how the informal complaint was addressed, reflect consistent outcomes and the view of the young person.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.2 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

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

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Contact with families

The care staff recognises the value of family contact and do try to work as closely with families as possible. Establishing positive family contacts and supports for young people is a core goal of the centre's ethos, they specifically name respect for the young person and their family as an important part of their work. The centre has a policy which clearly outlines the procedure in relation to young people under 18 years and over 18 years of age and contact with family. The inspectors ascertained from the care files and in interview with a young person that young people do have access with sibling, parents and friends.

Supervision and visiting of young people

All of the young people resident had an assigned social worker or aftercare worker. The young person under the age of 18 years had contact with their social worker and they had visited the centre in line with statutory regulations.

The inspectors found evidence that young people can make contact with their social worker/aftercare worker if they wish. The care files demonstrated records of social work visits to the centre and the centre document outline the purpose of social work/aftercare contact with the young people. The inspectors found evidence of good communication between the centre, social work and aftercare worker. The social workers interviewed informed inspectors that they had organised to review the records maintained by the centre on the young person.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

This centre offers placements to young people aged 17 years at time of referral on a long term basis. The centre has a policy describing the process of admission to the centre. The centre manager stated that the TUSLA, Child and Family Agency refers young people to the centre. At the time of inspection there were four young people registered including one young person beginning to transition to the centre. The centre manager in interview outlined that referrals are generally young people stepping down from other agencies and referrals are reviewed by them and discussed with the care staff during team meetings.

At the time of referral both the centre and the social workers/aftercare workers for the young people resident were satisfied that the centre was a suitable placement for the young people. A young person who met with the inspectors demonstrated a clear understanding of the reasons for their placement. The inspectors observed from the files that young people are provided with an information booklet on relevant aspects of living in the centre. The inspectors concur that the admissions of the current young people resident are in line with the purpose and function of the service. Also social workers and aftercare workers interviewed were satisfied with the placements to date and were of the opinion that young people were making progress.

The transition of young people to the centre is structured by an individualized pre-preparation programme. Following from a recommendation from the inspection report 2013 the pre-preparation programme had been reviewed by the centre management and staff team in 2013. The inspectors found an improvement in this area with better evaluation of the young person's needs and ability to engage with the programme on offer. There was evidence from both interview with young people and examination of the care files that young people are informed of the service and rules of the centre on admission. There was evidence of young people attending admission meetings. The pre preparation period can take up to six weeks and this is dependent on the young person's circumstances.

In interview and review of questionnaires care staff stated that not all relevant information in relation to young people had been supplied to the centre prior to admission. The inspectors note that this issue had been highlighted in previous inspection and monitoring reports and continues to be an issue. The inspectors found from the care files requests by the centre for this information, the inspectors recommend that this information is better evidenced by the care team. Care files

viewed showed that information of young people had not been received by the centre two months post placement. The Child and Family Agency social work departments must provide all required documentation on young people to the centre prior to the competition of the pre-preparation programme.

The inspectors observed from the care file evidence of pre admission collective risk assessment were available on the young people's files. These risk assessments are conducted to assess the known information of the young person being admitted to the centre and how they will interact with the needs of the other young people resident. The inspectors observed the pre admission collective risk assessment did not assess how a young person risk taking behaviour will impact on current residents. The manager must ensure that pre admission collective risk assessment evaluates how a young person risk taking behaviour will impact on current residents and outline how care staff will manage these behaviours. The inspectors also note that these documents were not consistently signed or dated and this needs to be amended.

Statutory care planning and review

At the time of inspection there were young people both over and under 18 years of age living in the centre. Aftercare plans was the method of care planning for young people over 18 years. The young person under 18 years had a care plan on file but it was not in compliance with the statutory requirements of being completed as soon as is practicable after a young person came to live in the centre and this must be addressed in future practice by the Child and Family Agency social work department. The quality of the detail of the young person's care plan was of a good standard. The care plan did have elements of preparation for leaving care and a summary of actions required. The young person in interview stated they were consulted prior to their care plan but advised they had not received a copy of the care plan once completed. Additionally inspectors indentified that care plans and review were not consistently signed or dated and recommend these issues are amended by the social work department.

The inspectors note improvement in the placement plan format since the last inspection and the monitoring officers report 2015 concurs with this assessment. The centre prepares placement plans for the young people and these are reviewed every six weeks and can be reviewed more frequently as required. However, inspectors reviewed two ex-residents placement plans and found that they had not been reviewed over an eight and six month period over 2013 and 2014. The policy on placement planning states "the centre will ensure that the placement plan is reviewed and evaluated on a regular basis". The inspectors recommend the care team review

why these placement plans were not in line with the stated policy for future practice. The inspectors observed from the files of the current young people residing in the centre that plans on file were in line with the policy and they reflected the overall plan for the young people during their placement in the centre. The inspectors note there was a link between the placement plan and the care plan/aftercare plan for young people.

However, the inspectors found the placement plans still lacked assessment of the improvement made by young people, clear outline of short and long term goals and timeframe for goal. The inspectors observed that many of the goals in the placement plans were too general without clear timeframe and there was no clear plan on how the care staff will engage young people. The inspectors note that there had been improvement with reflecting the external facilitator guidance within the placement plan format but this need to be further developed and more consistently reflected. The manager must ensure that the placement plan is revised and developed to capture clear goals, timeframes and guidelines for the care staff to implement.

3.5.3 Practices that did not meet the required standard

None identified.

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

3.5.4 Practices that met the required standard in full

Emotional and specialist support

Inspectors found in interview care staff are aware of the emotional and specialist needs of young people and endeavour through their relationships to address these where possible. There is a strong culture of respect and support in working with young people that acknowledges individuals as young adults. The centre has a key worker system in place and each young person has a dedicated key worker allocated on admission. Social workers and after care workers stated to the inspectors that the care staff have the ability to engage young people with their emotional needs and are able to identify behaviour patterns.

Young people also have links with specialist services outside of the centre. Inspectors found from the care files liaison between the care staff and the various services which is a further supportive factor for young people. The professionals consulted by the inspectors about the service being provided at this centre were complimentary of the work that care staff do and their commitment to young people.

The inspectors found from the care files and through interviews with care staff that young people had taken up on specialist services but did not engage consistently. The inspectors note that training specific to the individual needs of young people from external agencies was requested by the centre to assist care staff supporting young people resident and this need to be sourced by the centre.

Preparation for leaving care

The centre has a written policy in relation to preparation for leaving care. Given the centre's purpose and function all young people are required to begin to prepare to leave care once they are resident in the centre. The inspectors note that given the nature of the service i.e. separate apartments with young people living alone and the needing to pay rent, budget and cook for themselves that this in itself is preparing a young person for leaving care.

The inspectors found that the care staff had made efforts to support young people with independent living skills including budgeting, hygiene and cooking. A questionnaire returned by a young person stated that they had made improvements in relation to independent living skills while residing in the centre.

Independent living skills were being completed both formally and on an informal basis with young people. The inspectors noted that given the nature of the needs of the young people, engaging with young people's preparation for leaving care was challenging however the files indicated care staff had made efforts to engage the young people. In interview care staff stated that they must meet young people where they are at and building relationships is a key element to engage young people in preparing to leave care.

The inspectors observed all of the young people had child and family preparation for leaving care and aftercare plans on file. There was a link between these documents and the centre's placement plan document. The inspectors note these plans are assessed through a number of systems these include key workers, weekly support worker documents and discussion of placements at weekly team meetings in addition to formal reviews.

3.5.5 Practices that met the required standard in some respect only

Social Work Role

A young person under 18 years had an allocated social worker who in interview demonstrated a good knowledge of the young person's social history and needs. The social worker's had been satisfied that the centre provided a good level of care to the young person.

The social worker confirmed receipt and knowledge of key documentation regarding the young person at the centre including significant events, complaints, behaviour management and planning documents. A young person in the centre had significant periods of free time which had been used for contact with family. While both the social worker and care staff outlined the risk assessments and safeguarding planning for this young person this was not correctly recorded on file and they need to be developed further by professionals.

As identified earlier in this report the care plan and care plan reviews for a young person had not consistently taken place in line with regulation timeframes and this must be addressed by the allocated social worker's. Furthermore, key pre-admission information had not been provided to the centre. The Child and Family Agency social work department must ensure to provide sufficient information to the centre to inform the care of the young person.

Discharges

The centre has a policy on planned and unplanned discharges. There have been seven discharges from the centre since the last inspection in 2013. Five discharges were planned and two young people were discharged from the centre in an unplanned manner in line with centre policy. The decisions regarding discharges are taken by the centre manager and the director of services and are approved by the social work department of the young person. The centre manager and care staff stated post a discharge the young person's placement is discussed at team meetings however end of placement report are not completed by the centre. Inspectors require the manager must ensure that end of placement reports are completed post each discharge in line with best practice to assess the quality and effectiveness of the service provided by the centre. The inspectors recommend that the care team reflections on the young person's placement should also be incorporated into the end of placement report.

Aftercare

The Child and Family Agency has a national aftercare document '*National Policy and Procedure Document on Leaving and Aftercare Services*' (2011) that informs aftercare provision for young people in care. The inspectors observed that all of young people had aftercare workers assigned to them at the time of inspection. A young person was awaiting an aftercare plan but stated they had met with their aftercare worker.

The inspectors note there was a link between the aftercare plan and care plan/placement plan. The inspectors found inconsistency regarding the quality of aftercare plans. With regard to a young person both care staff and aftercare worker stated that due to non engagement this had hampered the professional's ability to support this young person with follow on placement. While acknowledging the difficulties with engaging young people the inspectors found this young person's aftercare plan and follow on placement had not been progressed, no consistent timeframe for completion of tasks or outline of what work the centre had completed with the young person. The manager must ensure that a follow-on placement is agreed with this young person and all professionals, a concrete plan with timeframe and transition plan as soon as possible. Given the age range and circumstances of young people resident the risk of homeless can be high and therefore robust aftercare planning is required to safeguard young people leaving care.

The centre manager and care staff stated that where appropriate they will work with young people after they had left the centre. From review of the inspection pack it noted six young people were discharged. From this population three were placed in other centre within the organization, two returned to their family of origin and one was discharged to a homeless service. The inspectors observed during a team meeting and hand-over discussions in relation to ex-residents and plans to meet with these young people. The inspectors note that this is best practice by the care team and shows a commitment by the care team to young people.

Children's case and care records

The young people's records are kept in a locked cabinet. Care records are kept in a way that facilitates care planning for young people. Care files contained records of reception into care forms and other relevant documentation relating to the young people's placement into the care of TUSLA Child and Family Agency. Inspectors note from the care files documents including care order, care plan, birth cert had not been consistently received by the centre prior to admission and as this needs to be addressed by the Child and Family Agency social work departments. Inspectors

observed there had been issues identified regarding misfiling of documents, documents not on file and documents incorrectly signed off when maintenance had not been completed. Also there were issues with a lack of consistent signing and dating of documents. The management must ensure that to support the quality of the centre records, an internal audit of centre files led by external management must be conducted consistently.

Also the inspectors note from review of centre documentation some evidence of guidance by the external facilitator but as outlined by the monitoring officer's report 2015 this needs to be developed further and the inspectors recommend that this is reviewed by the care team.

3.5.6 Practices that did not meet the required standard

None identified.

3.5.7 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

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 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

- Social work department must provide all required documentation on young people to the centre prior to the competition of the pre-preparation programme.
- The manager must ensure that pre admission collective risk assessment evaluates how a young person risk taking behaviour will impact on current residents and outline how care staff will manage these competing needs.
- The social work department must ensure that care plans are in compliance with the statutory requirement timeframes with copies of the care plan forwarded to all involved.
- The manager must ensure that the placement plan is revised and developed to capture clear goals, timeframes and guidelines for the care staff to implement in line with best practice.
- The manager must ensure that end of placement reports are completed post each discharge in line with best practice to assess the quality and effectiveness of the service provided by the centre.
- The manager must ensure that a follow-on placement is agreed with a young person and all professionals, a concrete plan designed with timeframe and transition plan as soon as possible to be in line with best practice.
- The management must ensure that to support the quality of centre records, an internal audit of centre files led by external management must be conducted consistently.

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

Due to the purpose and function of this centre there are limited opportunities for group living. The nature of service provision at this centre is very much aimed at meeting the individual needs of each resident wherever they may be at in their lives. The care staff link in with young people and are flexible in terms of the level of support for each young person. There was evidence on file of relationships with the young people and care staff are aware of the emotional needs of young people.

The young people have their own key workers who focus on the individual needs identified in the young people's placement plan. The inspectors did view a link between key working sessions, weekly support work forms and the placement plan goals. However, the weekly support work form did not evidence how care staff engages with young people, goals were broad and young person's voice was not consistently recorded. Date and signing by care staff was not consistent, cut and paste of information over periods of time and consistent reference to placement plan was not in place. As stated in this report this mirrors issues outlined in the placement plan and the inspectors recommend the care team review the weekly support work forms to better evidence the implementation of individual placement plans.

The inspectors note from the care files key working sessions being completed with young people. The inspectors note that the majority of key working was opportunity led. In interview the care staff stated that this is the most effective way of engaging young people. The inspectors acknowledge the value of opportunity led work but note from review of a young person care files that they were engaging with the care staff regularly. Even though this young person had been engaging with care staff key working remained opportunity led and a structured plan had not been considered by the care staff and this needs to be reviewed by the care team

The inspectors note from care files of another young person and supervision files that a need for a structured programme had been identified but had not been progressed by the staff team for over three months. In interview care staff stated difficulty with engagement of this young person. Again the inspectors acknowledge the difficulties with lack of engagement by young people however structured programmes need to be sourced in a timely manner and engaged with the young person. The inspectors recommend that this need to be reviewed by the care team.

The inspectors observed from the files and in interview with care staff that young people are supported in their interests and young people can participate in activities based in another centre within the organization. From interviews with care staff and review of files young people are supported with any issues with hygiene in a sensitive manner. The centre has a policy on visitors which clearly states when young people are under 18 years they must meet with their visitors in the common areas of the house. When the young person turns 18 they may have over 18's visit them in their room.

Provision of food and cooking facilities

The centre offers shared meals on set days during the week for all young people. The young people can choose to participate in this aspect of the community life if they wish. Young people are expected to provide their own food and cook for themselves to develop their semi-independent living skills. The inspectors observed from the care files care staff supporting young people with a healthy diet, cooking and budgeting. The meal time observed by inspectors had been treated as a social event where the care staff had positive interactions with young people.

Race, culture, religion, gender and disability

The centre has a policy on recognising diversity as part of the standardised policy and procedure document. The care staff are aware of and operates this in their daily practice. The centre supports young people in understanding the reasons why they are living in the centre and respects their ongoing relationships with their family. Religious practice is very much at the discretion of the individual bearing in mind their age. Staff encourage young people to be independent in their daily lives and to have, where possible, similar opportunities and experiences to those of their peers. The premises are not wheel chair accessible and are therefore not suitable for a young person with a significant mobility issue.

Absence without authority

The centre has a written policy on absence without authority informed by the TUSLA Child and Family Agency and Garda joint protocol on reporting young people missing from care. There have been four absences of young people from this centre over the last year.

The inspectors found in general agreements on file with regard to absence management plans and they took account of the age and personal circumstances of each young person. The inspectors observed the files of one young person where the centre was unsure of what status to report the young person missing. In interview the care staff clearly outlined the procedure of reporting a young person missing. The inspectors recommend that the individual absence management plan of this young person is amended. Social workers interviewed by the inspectors stated that they were happy with the strategies in place to risk assess when young people are reported absent.

3.6.2 Practices that met the required standard in some respect only

Restraint

The centre has a detailed written policy on the use of physical intervention that states physical intervention can only take place as a last resort in managing a crisis situation by suitably trained staff using recognised methods of restraint. The use of restraint is structured by individual crisis management plans that are developed for each young person and contain clear contra-indicators to restraint. As stated in this report not all the care staff had up to date training in a recognised and reputable model of crisis prevention, management and physical restraint and this need to be amended.

At the time of inspection no physical intervention had taken place over the last 12 months. The manager and staff had a robust understanding that restraint does not take place for young people aged eighteen and over.

Managing behaviour

The centre has a number of policies on behaviour management. The care staff manage the behaviour of young people by using a variety of methods. The inspectors found clear evidence from interviews with the centre manager, care staff and the young people that positive relationship building and individualised care is the foundation of the care teams practice methods. As stated previously in this report

some care staff must complete refresher training in a recognised and reputable model of crisis prevention, management and physical restraint.

From the outset of the placement young people are informed that they are making a choice to reside in this centre and agree to comply with a set of broad expectations in terms of their behaviour. All young people had an individual crisis management plans which had been developed based on the collective risk assessment and previous placement reports. The inspectors note that contra indications for physical intervention were stated in the young people's individual crisis management plans. The inspectors suggest that the care staff needs to continue to encourage young people to sign their individual crisis management plans.

The inspectors found that the care files documents practice guidelines reflected that the centre strived to maintain a routine for young people to support them with managing their behaviour. The inspectors observed during a team meeting discussions on what behaviour management techniques worked with young people and updating of individual crisis management plans. However, the inspectors viewed from the current young people and ex-residents care files that life space interview were not consistently recorded post incident and this need to be amended.

The inspectors found that professional meetings are implemented by the care team to inform decision-making relevant to behaviour management. In interview the care staff were clear on the risk associated with the young people resident. However, the inspectors note that risk assessments are not consistently recorded both with the current residents and two ex-residents files viewed by the inspectors. The manager must ensure that the risk assessment process is reviewed by the care team and risk assessments are completed in line with centre policy. The inspectors also require that formal risk assessments are completed by the social worker and centre for a young person resident when they are on access.

The inspectors viewed from the centre documentation that ex-residents who attend the centre at times can present with at risk behaviour. In interview care staff stated issues with ex-residents attending the centre are discussed in team meetings and verbal risk assessments are completed. The inspectors require given the purpose and function of the services with under and over 18 years residents the manager must ensure that the care team complete written risk assessment when there are issues with ex-residents attending the centre.

The centre policy incorporates a formal warning system and the inspectors observed from ex-residents care files that the centre manager implemented the warning system

as per policy. The inspectors observed from the files that young people had been given time out of the centre (for over 18 years only) in relation to making the house unsafe and reflective time out for not engaging with the centre. There is a written policy in the centre regarding drug and alcohol use. The centre manager stated that members of the care staff had been trained in the community reinforcement approach to inform their work with young peoples who are engaged with drug/alcohol use. Care staff through interview presented as having an understanding of this model but stated it is not implemented fully as it was done verbally and not in a written format.

In relation to sanctions the centre adopts a practice where the young people had consequences for their behaviour and view this as a learning experience for both the young people and the care staff. The centre manager stated that the centre employ natural consequences in regards to sanctions. Through interviews with care staff and the review of files the inspectors viewed the consequences applied to behaviours as appropriate.

The centre has a written policy on bullying and harassment. The inspectors found from review of the care files that bullying is not currently an issue with young people resident. In interview both the centre manager and care staff gave a clear outline on how issues of bullying are to be managed.

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 ensure that all care staff has up to date training in a recognised and reputable model of crisis prevention, management and physical restraint.
- The manager must ensure that that life space interviews are consistently recorded post incident.
- The manager must ensure that the risk assessment process is reviewed by the care team and risk assessments are completed in line with centre policy.
- The manager must ensure that formal risk assessments are completed by the social worker and centre for a young person resident in line with best practice.
- The manager must ensure that the care team complete written risk assessment when there are issues with ex-residents attending the centre in line with best practice.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

Safeguarding

The centre has a written policy on safe practice in the centre which emphasises the implementation of appropriate safeguarding measures and creating a safe culture. The statement on safe practice makes reference to a range of other policies and practices within the centre including admissions, complaints, bullying, consultation and staff employment and these are discussed in the report.

The inspectors found through interviews that the centre manager and care staff team had a good awareness of safeguarding practices. Care staff cited communication between care staff and the knowledge of young people's whereabouts in and outside the centre as good safeguarding practices. Inspectors recommend improving safeguarding practice risk assessments need to be reviewed by the care team.

Empowering People in Care had visited the centre post the previous inspection in 2013 attended part of the staff team meeting to advise on the advocacy of young people's rights. On that occasion none of the young people wished to meet with the Empowering People in Care advocate.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

Standard

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

3.7.4 Practices that met the required standard

Child Protection

The centre has a written policy and procedures on child protection which is in line with the 'Children First - National Guidance for the Protection and Welfare of Children' (2011). All of the care staff had received training in Child Protection in line with children first. The care staffs when interviewed were clear of the procedures to follow in the event a young person disclosed some form of abuse. There is a designated child protection officer. The centre holds a register of child protection notifications in the significant event register. At the time of this inspection there were no outstanding child protection concerns.

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

The centre has a policy on young people attending education/course. Young people are supported throughout their placement by care staff in overcoming any challenges they may experience in accessing education or employment and in their personal lives. The centre manager stated the centre places a high value on education and continually encourage all young people residing in the centre to attend either formal education or an appropriate course. However, at the time of inspection not all of the young people residing were in full-time education or an appropriate course. The inspectors viewed from the care files that the care staff enacted the centre policy with

continued efforts to engage young people in educational programmes with the support of external professional and were continuing to do so.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

3.9 Health

Standard

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

3.9.1 Practices that met the required standard in full

None identified.

3.9.2 Practices that met the required standard in some respect only

None identified.

The centre has a policy on health and wellbeing. The young people had medical cards on file. The young people were all aged seventeen and over and therefore can give consent for their own medical treatment. Those over eighteen can keep their own medications in their apartments including prescribed drugs that are in the controlled substance category. For those under eighteen the arrangements are that the care staff store the medications and record the administration.

The inspectors found from review of the care files that young people had refused a medical assessment on admission to the centre and care staff had continued to support young people to attend relevant medical appointments. The inspectors recommend that the care team continue to have a purposeful focus on supporting young people with attending medical professionals. The centre is registered with a local G.P. practice however young people can remain attending their family G.P. if they so wish.

The inspectors noted from the care files of the young people that they did not contain full medical histories. The centre manager stated that upon referral the centre requests medical history of young people from the social workers and the inspectors evidence this from the care files. This continues to be an issue from previous inspections and monitoring audit where social work departments do not provide full medical histories on admission or thereafter. Social work departments must ensure provides a complete record of all medical and health information from birth for young people.

The inspectors found from the files evidence of key workers giving young people appropriate information regarding their own health care, sexual health and development.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

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

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

Required Action

- Social work departments must ensure that the centre receives a complete record of all medical and health information from birth for young people

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 house in which this service is located is an urban area. It is close to relevant support services, including good education and transport links. The building is adequate to the statement of purpose the organisation wishes to deliver. The centre was styled and decorated in a homely manner. The centre was clean and maintained to a good standard. The centre manager stated the centre windows had been double glazed, old carpets replaced and the bathrooms had been refurbished since the last inspection. Young people had responsibility for maintaining the cleanliness of their apartments with weekly monitoring from the care staff. The inspectors were provided with a schedule of insurance confirming that the service was adequately insured.

3.10.2 Practices that met the required standard in some respect only

Maintenance and repairs

A maintenance record is kept at the centre and the inspectors found that the detail maintained did account for specific work needing to be completed on the centre. This document incorporates an audit of the apartments prior to a young person placement. This inspection found that the maintenance record did not consistently give dates of when work was completed or signed by the centre manager so it can reflect if repairs are carried out promptly. The manager must ensure that dates of completion of repairs are consistently recorded in the maintenance log.

Safety

The centre has a health and safety statement in the policy and procedures which was last reviewed in February 2015. The centre has an assigned health and safety officer within the care staff team.

The inspectors observed from the files that health and safety audits are being conducted but they have not been consistent. The manager must ensure that health and safety audits are being conducted consistently. The centre had a system for recording health and safety hazards in the accidents and injury log however, as stated in the report the purpose of this document requires review in line with its function. As stated previously not all staff members have attended core training in first aid and the centre manager reported this will be requested. Medication is stored securely but given the purpose and function of the service young people can be fully responsible for their own medication.

Fire Safety

The centre has a written policy in relation to fire safety. The centre has written confirmation that the building is in compliance with the fire and building regulations. The inspectors observed that fire safety systems were in place in the centre such as fire blankets, fire extinguishers and fire alarm. The inspectors noted there were adequate fire signage and detectors throughout the centre. There is a designated fire safety representative. The monitoring officer's report 2015 outlined issues with fire drills not being completed within the policy guidelines. The inspectors evidenced that post the monitoring officer's audit fire drills were being completed within the stated policy.

However, inspectors found evidence nightly fire equipment checks were not consistently recorded despite evidence that young people had been in the centre. Also fire safety checks had been inadequately carried out or incorrectly recorded in regards to damage to a fire box in the kitchen. The inspectors found that recording of emergency lighting tests was last performed on the 21.07.14. The manager must ensure that the policy on fire safety is reviewed by the care team and that fire precaution checks are consistently and correctly completed. The inspectors note that the fire alarm system test certificate expired on the 27.06.15 and the manager must ensure that the fire alarm system is tested and the inspectorate receive a copy of the updated certificate.

The staff team had received fire safety training but are due refresher training and the centre manager is in the process of organising same. This was highlighted in the monitoring report 2015 and the inspectors require a timeframe for when this training will be completed.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

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

-Part III, Article 15, Insurance

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

3.10.4 Regulation Based Requirements

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

-Part III, Article 13, Fire Precautions.

Required Action

- The manager must ensure that dates of completion of repairs are consistently recorded in the maintenance log.
- The manager must ensure that safety audits are being conducted consistently.
- The manager must ensure that all care staff has up to date training in first aid.
- The manager must ensure that the policy on fire safety is reviewed by the care team and that fire precaution checks are consistently and correctly completed.
- The manager must ensure that the fire alarm system is tested and the inspectorate receives a copy of the updated certificate.
- The manager must ensure that all care staff has up to date training in fire safety.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
<p>3.2</p>	<p>The manager must ensure that monthly management reports are re-enacted and organisational management meeting minutes are reviewed as outlined in the monitoring report 2015.</p> <p>Management must consistently record the meeting with the external facilitator to evidence how the external facilitator will provide both short and long term support to the centre.</p>	<p>The manager will provide a monthly report beginning May 2016 to organisational management. Issues arising from the report will be addressed at the management meeting and recorded accordingly. The management will update management meeting minutes with a synopsis on each young person resident in the service.</p> <p>The manager will arrange quarterly meetings with external facilitator and director of services to explore and develop short and long term support for the centre. These meeting will be recorded and begin from the 30th of June 2016.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>

	<p>The manger must ensure that the admissions and discharges register is to include all relevant information.</p> <p>The management must ensure that all notification of significant events are recorded in the significant events register regardless of the young person’s age</p> <p>The manager must ensure that qualifications are verified, vetting for a care staff member who resided out of state are in place and staff personnel files are complete.</p>	<p>Admissions and discharge register updated May 2016.</p> <p>The team will ensure all significant events are notified to all professionals. The significant event register has been updated from May 2016. The policy has been reviewed by manager and social care leaders and this will be discussed and reviewed further with the care team at team meeting by June 2016. Over 18s will be aware that significant events notifications relating to them are recorded in the register. The accident book will be used for minor accidents. Log books will record everyday activity to inform our interventions.</p> <p>Management will continue to address and update personnel files. The organisation is exploring hiring a company that specialises in vetting individuals who have lived/worked outside of the republic of Ireland. The organisation is pursuing this urgently.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors will request TUSLA, Child and Family Agency monitoring service to confirm this through monitoring audit.</p>
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	<p>The manger must ensure that supervision contracts are in place for all staff members and that supervision consistently evidence follow up from pervious decisions and timeframes for completion or goals.</p> <p>The director of services must ensure that supervision records of the centre manager reflect action and outcomes of management decisions.</p> <p>Management must present an up to date training audit and schedule of training to the inspectorate.</p>	<p>The manager met with social care leaders to ensure all contracts are updated and filed in the manager’s office. The manager has met with social care leaders to review the supervision policy, goals of supervision, document progress in supervision. The manager will discuss supervision in team meetings on a monthly basis. This has been in place since May 2016.</p> <p>Director of services will ensure that supervision records of the manager reflect action and outcomes of management decisions.</p> <p>A training audit will be updated and in place for 26th of May 2016. The inspectorate will be furnished with the up to date training audit by 3rd June 2016.</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. The inspectors will review same once it has been furnished to the inspectorate.</p>
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<p>3.5</p>	<p>Social work department must provide all required documentation on young people to the centre prior to the completion of the pre-preparation programme.</p> <p>The manager must ensure that pre admission collective risk assessment evaluates how a young person risk taking behaviour will impact on current residents and outline how care staff will manage these competing needs.</p> <p>The social work department must ensure that care plans are in compliance with the statutory requirement timeframes with copies of the care plan forwarded to all involved.</p>	<p>Collation of relevant documentation pertaining to children in care is part of the HIQA action plan. Social workers will share relevant documentation with the centre prior to pre-preparation programme.</p> <p>Manager will detail the young person’s risk taking behaviors impact on residents. Staff team will outline a plan to manage the concerns. The manager will use updated pre-admission CRA forms from now on. New referrals will be discussed at team meeting and the impact on existing resident will be explored and a plan for managing the risk/concern will be put in place and recorded in the collective risk assessment document.</p> <p>The social work department will continue to strive to ensure that statutory timeframes are adhered to regarding statutory reviews but acknowledge that this is resource dependent. The social work department will also undertake statutory reviews and care plan in accordance with practice matters, issue No:</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 must ensure that the placement plan is revised and developed to capture clear goals, timeframes and guidelines for the care staff to implement in line with best practice.</p> <p>The manager must ensure that end of placement reports are completed post each discharge in line with best practice to assess the quality and effectiveness of the service provided by the centre.</p> <p>The manager must ensure that a follow-on placement is agreed with a young person and all professionals, a concrete plan designed with timeframe and transition plan as soon as possible to be in line with best practice.</p>	<p>5/2016.</p> <p>The placement plan has been reviewed to include time frames. The placement plan has been updated. This was done by group of staff consisting of social care leaders and social care workers and reviewed by the manager.</p> <p>The manager will add post-discharge report to our present practice of reviewing our work with each young person.</p> <p>The manager will strive to identify follow on placements in line with the needs and wishes of the young people, in conjunction with other professionals. Follow on placement was agreed for a young person resident at the time of the inspection.</p>	<p>The inspectors have received a copy of the amended placement plan and 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 management must ensure that to support the quality of centre records, an internal audit of centre files led by external management must be conducted consistently.</p>	<p>Director of services will oversee the quality of centre records and internal audit conducted. A social care leader will conduct internal audits and these will be quality assured by the director of services. An internal audit template is currently being designed.</p>	<p>The inspectors are satisfied with this response.</p>
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<p>3.6</p>	<p>The manager must ensure that all care staff has up to date training in a recognised and reputable model of crisis prevention, management and physical restraint.</p> <p>The manager must ensure that that life space interviews are consistently recorded post incident.</p> <p>The manager must ensure that the risk assessment process is reviewed by the care team and risk assessments are completed in line with centre policy.</p>	<p>All care staff will receive up to date training in a recognised and reputable model of crisis prevention, management and physical restraint. This will be evidenced in the training audit to be sent to the inspectorate by the 3rd of June 2016.</p> <p>The care staff will ensure life space interviews are recorded where appropriate. The manager reviewed the use of life space interviews in accordance with the training in a recognized and reputable model of crisis prevention, management and physical restraint with the care staff at a team meeting.</p> <p>All risk assessments will be reviewed at staff meetings. The manager met with each care staff member and discussed practice in relation to risk assessments. The manager highlighted the need to document all verbal risk assessments where appropriate and implement the policy in full.</p>	<p>The inspectors will review same once it has been furnished 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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	<p>The manager must ensure that formal risk assessments are completed by the social worker and centre for a young person resident in line with best practice.</p> <p>The manager must ensure that the care team complete written risk assessment when there are issues with ex-residents attending the centre in line with best practice.</p>	<p>All young people seeking a placement have a collective risk assessment carried out by the manager and assigned social worker with staff team input where appropriate. The risk assessment of a young person resident at the time of inspection has been reviewed at a review meeting.</p> <p>When there are concerns with ex-residents, a written risk assessment will be completed. Witten risk assessments will be documented in ex-residents book. This will begin from June 2016.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
3.9	<p>Social work departments must ensure that the centre receives a complete record of all medical and health information from birth for young people.</p>	<p>The social work department will strive to ensure compliance with this action but acknowledges that this information may not always be available to the social work department.</p>	<p>This is an issue which has been stated consistently in inspection reports and inspectors recommend that TUSLA, Child and Family Agency must consistently review same.</p>

<p>3.10</p>	<p>The manager must ensure that dates of completion of repairs are consistently recorded in the maintenance log.</p> <p>The manager must ensure that safety audits are being conducted consistently.</p> <p>The manager must ensure that all care staff has up to date training in first aid.</p> <p>The manager must ensure that the policy on fire safety in reviewed by the care team and that fire precaution checks are consistently and correctly completed.</p>	<p>The maintenance log is updated from May 2016.</p> <p>The safety audits will be conducted every 8 weeks or as needed and/or required. The manager has completed health and safety training in March 2016. The manager is in the process of reviewing the health and safety policy. This is to be completed by August 2016.</p> <p>The manager will ensure that all staff are trained in First Aid. Updated training audit to be sent on 3rd June 2016, evidencing when training occurred or pending training.</p> <p>Managers will address this policy with the care team on May 19th 2016. Fire Safety company Aqua is to provide date for training for team. This is to be completed by September 2016.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors will review same once it has been furnished to the inspectorate.</p> <p>The inspectors will review same once it has been furnished to the inspectorate.</p>
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	<p>The manger must ensure that the fire alarm system is tested and the inspectorate receives a copy of the updated certificate.</p> <p>The manager must ensure that all care staff have up to date training in fire safety.</p>	<p>Manager to ensure a copy of updated certificate is in place. Fire certificate to be forwarded to Inspectorate on 31st May 2016.</p> <p>Manager will put a plan in place to provide the team with fire training. Training to be provided by Aqua, date pending.</p>	<p>Inspectors received a copy of the fire certificate and are satisfied with this response.</p> <p>The inspectors will review same once it has been furnished to the inspectorate.</p>
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