



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	055
<b>Year:</b>	2016
<b>Lead inspector:</b>	John Laste

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2016</b>
<b>Name of Organisation:</b>	<b>Fresh Start Ltd.</b>
<b>Registered Capacity:</b>	<b>4 Young People</b>
<b>Dates of Inspection:</b>	<b>26<sup>th</sup> &amp; 27<sup>th</sup> of April 2016</b>
<b>Registration Decision:</b>	<b>Registered from the 5<sup>th</sup> May 2016 to the 5<sup>th</sup> May 2019</b>
<b>Inspection Team:</b>	<b>John Laste Paschal McMahon</b>
<b>Date Report Issued:</b>	<b>23<sup>rd</sup> of September 2016</b>

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## 1. Foreword

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

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

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

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

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

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

## 1.2 Methodology

An application was duly made by the proprietors of this centre for continued registration on March 2016. This announced inspection took place on 26<sup>th</sup> April 2016 over a two day period and this report is based on a range of inspection techniques including:

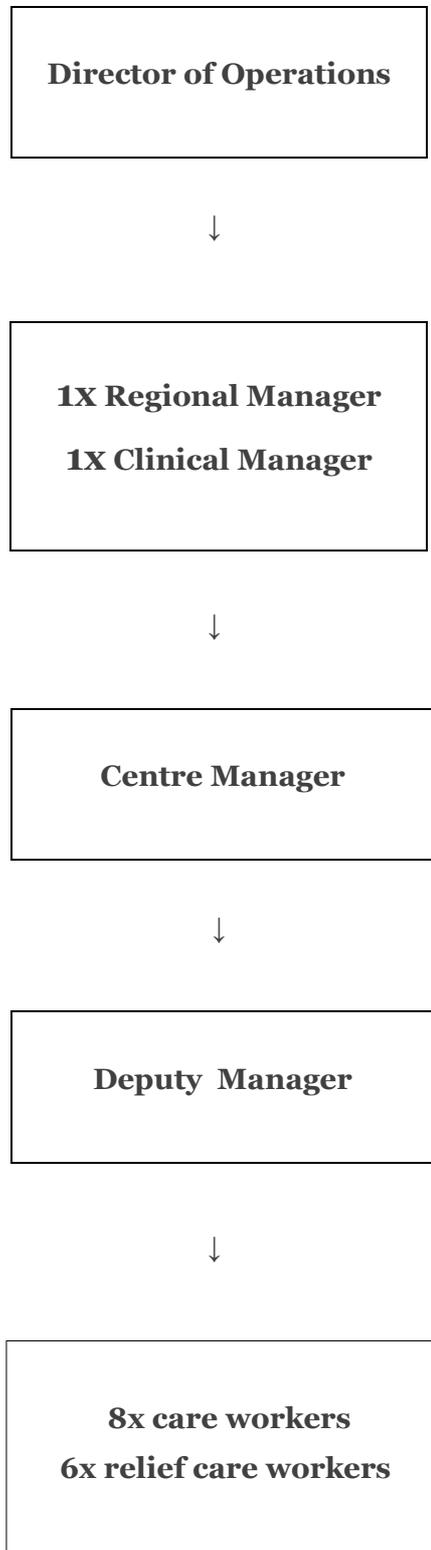
- ◆ An examination of the centre's application for registration
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
  - a) The care staff
  - b) The two social worker(s) with responsibility for young person/people residing in the centre.
  - c) Other professionals e.g. General Practitioner's and therapists.
- ◆ An examination of the most recent report from the Monitoring Officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of the former HSE.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively:
  - a) The centre management
  - b) Deputy Manager
  - c) Four staff members
  - d) Two social workers
  - e) One guardian ad litem
  - f) one young person
  - g) The Monitoring Officer
  - h) Therapist

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

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

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

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on this 29<sup>th</sup> July 2016 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres. As such it is the decision of the Child and Family Agency to register this centre ID 005, without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 5<sup>th</sup> May 2016 up to and including the 5<sup>th</sup> May 2019.**

## 3. Analysis of Findings

### 3.1 Purpose and Function

#### ***Standard***

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

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

The centre has a clear statement of purpose and function which accurately describes what the centre sets out to do for young people, and the manner in which care is provided. The centre provides short to medium term care, and can accommodate up to three young people male and female aged 13 to 17 years on admission. The proprietors/managers are responsible for keeping the statement up to date; the statement was last reviewed in 2015.

The inspectors found that the staff members were familiar with the statement of purpose and function, and the key policies and procedures. There was a user friendly booklet providing relevant information on the centre for young people and their families. There were two young males in residence at the time of the inspection; ages 16 and 17 years old. Admissions to the centre were in line with the statement of purpose and function.

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

None Identified.

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

None Identified.

## 3.2 Management and Staffing

### ***Standard***

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

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

#### **Management**

The inspectors found that the centre manager, who is the person in charge, was a suitably qualified person, and has extensive work experience in residential care. The manager has been in the current position for just over four months though has been with the company for over twelve years spending seven years as a services manager.

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

The inspectors found good evidence that the centre manager and operations manager were satisfying themselves that appropriate and suitable care practices are in place in the centre. There was good evidence that the centre records were regularly reviewed and signed by the managers. The operations manager was visiting the centre on a regular basis. The inspectors found that while there were clear lines of communication between the centre manager and the regional manager, the manager was not required to provide the senior management with regular reports or audits of centre events. For example, a weekly returns report which sets out all activities and incidents at the centre. The regional manager informed the inspector that such an audit report was in development. Management should ensure that a system of template audit reports of centre events is introduced to provide a more clinical oversight of the centres activities.

## **Register**

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

## **Notification of Significant Events**

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

## **Staffing & Vetting**

The inspectors reviewed the adequacy of staffing, and found that the deployment of staff was sufficient to address the needs of the two residents. Staff duty rotas were examined and there was good evidence that adequate numbers of staff were on duty at the key times. Inspectors raised an issue with the manager and the regional manager where staff members were required to travel to Dublin twice in a period of twenty four hours to collect a young person from a Garda station. While this was a rare occurrence it contravenes health and safety standards and the Organisation of Working Time Act 1997 PART II Minimum Rest Periods and other matters relating to Working Time (11). Management must ensure that staff members are sufficiently rested before carrying out long driving duties.

The inspectors found that staff were suitably qualified and experienced. The centre can access relief staff. The inspectors carried out an audit of staff personnel records - the required references, and Garda vetting were taken up for all staff (including the relief panel) prior to taking up their positions. This complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 6.

## **Supervision and support**

The inspectors examined the staff supervision records and found good evidence that the team received regular formal supervision during the period under review. The centre manager was supervised by the regional manager. The manager and deputy manager supervise the staff team members. There was a significant contrast in the way that both supervisors recorded their supervisions sessions. The deputy manager's records contained good evidence of the supervision process and the connection to the work with the young people. This was less evident in the manager's notes which were more in the form of headings and the lack of content did not show the substance or quality of the session. The inspectors brought this to the manager and regional manager's attention. The manager acknowledged that the notes should be more descriptive of the process.

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

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

## **Administration Files**

The administrative files were examined by the inspectors and the key records were in evidence. The recording system was well organised and accessible so that they facilitate effective management and accountability. There was good evidence that the manager and regional manager were monitoring the quality of records. Relevant records relating to the young people are kept in perpetuity and the management understand the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003. All historic files are suitably and securely files.

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

#### **Training and development**

The training records show that there were a number of staff members who required refresher training in first aid. Child protection training and fire safety training has taken place in the past year for all staff. All employees in the centre receive induction training on commencement of employment which includes being shadowed by an experienced staff member for some shifts. The staff team receive regular refresher training in an approved method of crisis prevention and physical intervention. The inspectors found that the company does provide for identified training on request from the manager and staff team such as, self harm and suicide awareness training.

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

None identified.

### **3.2.4 Regulation Based Requirements**

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

*Regulations 1995*

*Part IV, Article 21, Register.*

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

*-Part III, Article 5, Care Practices and Operational Policies*

*-Part III, Article 6, Paragraph 2, Change of Person in Charge*

*-Part III, Article 7, Staffing (Numbers, Experience & Qualifications)*

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

#### **Required Action**

- Management should develop a system of template audit reports of centre events to provide a more clinical oversight of the centres activities.
- Management must ensure that staff members are sufficiently rested before carrying out long driving duties.
- The centre manager must ensure all supervision records are kept to a standard where the issues dealt with in the supervision process can be clearly identified and contain an effective link with the work with the young people.
- The centre management must ensure that all staff are up-dated in occupational first aid Training.

### 3.3 Monitoring

#### **Standard**

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

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

This Standard is met in full. The authorised person - Tusla Child and Family Agency monitoring officer had regular contact with the centre. The centre routinely notifies the monitoring officer of all significant events at the centre. The monitoring officer had visited the centre on a regular basis and there was evidence on file that the monitor had reviewed the centre files and logs. In the most recent monitoring report the monitor found that the centre was mostly in compliance with the regulations and standards. The significant event reporting was in accordance with the regulations and significant event reports about the young people at the centre were being promptly notified to the relevant people.

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

None identified.

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

None identified.

#### **3.3.4 Regulation Based Requirements**

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

## 3.4 Children's Rights

### **Standard**

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

### 3.4.1 Practices that met the required standard

#### **Consultation**

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

#### **Complaints**

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

The inspectors reviewed the complaints register and were satisfied that complaints were properly investigated in line with procedures. This was confirmed by the monitoring officer and supervising social workers. The staff members interviewed were very clear about complaint procedures. There were no outstanding complaints on file at the time of the inspection

#### **Access to information**

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

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

None identified.

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

None identified.

### **3.4.4 Regulation Based Requirements**

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

### 3.5 Planning for Children and Young People

#### ***Standard***

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

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

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

This Standard is met in full. The inspectors found that the admissions to the centre were planned and in line with the statement purpose and function. There were two young people in residence at the time of the inspection; 17 and 16 year-old boys. The most recent admission was finding it difficult to settle but was beginning to form relationships with staff members. The young person has had a very troubled history and has spent time in a secure setting. This young person has had a number of missing in care incidents in a very short period. Inspectors spoke to the young person's therapist who spoke very highly of the caring approach taken by the staff toward this young person. It was early days in this placement it remains to be seen if he can adapt to his surroundings and build significant trusting relationships in the centre. The second young person having come through a very difficult period is very focused on preparations to leave the centre and his aftercare programme.

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

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

## **Statutory Care Plans**

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

## **Statutory care plan reviews**

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

## **Contact with families**

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

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

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

## **Social work role**

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

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

None identified.

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

None identified.

#### **Regulation Based Requirements**

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

##### **Regulations 1995**

**-Part IV, Article 23, Paragraphs 1and2, Care Plans**

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

**-Part V, Article 25and26, Care Plan Reviews**

**-Part IV, Article 24, Visitation by Authorised Persons**

**-Part IV, Article 22, Case Files.**

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

**-Part III, Article 17, Records**

**-Part III, Article 9, Access Arrangements**

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

#### **Standard**

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

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

Standards for Children's Residential Centres criteria 5.29 states 'All children in care should have early access to the specialist services they may require'. The inspectors confirmed that the young people had access to the specialist services they require at the time of the inspection. The centre has access to the company consultant psychologist who meets regularly with the staff team to discuss issues arising with the care of the young people. The consultant provides insight and clinical guidance to the staff team in meeting the needs of the young people. The external psychologist is available for consultation by phone or e-mail with the centre manager and made occasional visits to the centre.

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

time of the inspection. The young people had access to specialist services on an individual basis which could be accessed through the local and regional health services.

### **Preparation for leaving care**

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

### **Discharges**

There had been three discharges in the previous twelve months. Two of these young people went to detention centres follow court appearances. These discharges were due to the young people not engaging in any meaningful or consistent way with the centre.

### **Aftercare**

The provision of aftercare services were in place for one young person at the centre who had been allocated an aftercare worker and had an aftercare plan. The inspectors interviewed the young person's social worker and were informed that arrangements were being made to provide supported lodgings for this young person though these places are very scarce and difficult to source.

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

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

### **3.5.4 Regulation Based Requirements**

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

*-Part IV, Article 23, Paragraphs 1&2, Care Plans*

*-Part IV, Article 23, paragraphs 3&4, Consultation Re: Care Plan*

*-Part V, Article 25&26, Care Plan Reviews*

*-Part IV, Article 24, Visitation by Authorised Persons*

*-Part IV, Article 22, Case Files.*

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

*-Part III, Article 17, Records*

*-Part III, Article 9, Access Arrangements*

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

## 3.6 Care of Young People

### ***Standard***

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

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

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

The inspectors found the atmosphere in the centre to be friendly and hospitable. They observed that the staff treated young people with respect and as individuals. Young people in turn were observed to be respectful towards staff in their interactions with them. The inspectors found that the young people have the opportunity to develop their interests and hobbies.

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

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

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

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

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

## **Managing behaviour**

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

There was a clear sanctions policy in place. Sanctions were only administered when there was unacceptable conduct, and the Inspectors found that no inappropriate sanctions were administered during the period under review. Where a sanction was applied it was a natural consequence for the young person.

## **Restraint**

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

## **Absence without authority**

The inspectors found that the centre was following the Joint Protocol between Child and Family Agency and An Garda Síochána and each young person had an Individual Absent Management Plan under the protocol. One of the young people was having difficulty in settling in the centre and in the period since admission in January 2016 to the end of March 2016 there were 23 absences recorded. Nine of these were overnight with the longest being 26 hours. The manager and social worker must continue to review these absences from the centre and liaise with An Garda Síochána on the matter.

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

None identified.

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

None identified.

### **3.6.4 Regulation Based Requirements**

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

*-Part III, Article 11, Religion*

*-Part III, Article 12, Provision of Food*

*-Part III, Article 16, Notifications of Physical Restraint as Significant Event.*

### **Required Action**

- The manager and Tusla Child and Family Agency social worker must continue to review these absences from the centre and liaise with An Garda Síochána on the matter.

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

#### ***Standard***

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

#### **Safeguarding**

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

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

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

None identified.

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

None identified.

#### ***Standard***

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

#### **Child Protection**

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

The inspectors interviewed a number of staff and found that they were familiar with their role and responsibilities under Children First: National Guidance for the Protection and Welfare of Children 2011. The team had been refreshed on child protection in the past year. The staff members interviewed stated that they were familiar with the centre policy and they identified the Clinical Manager as the person responsible for child protection concerns. The Clinical Manager is not based in the centre and inspectors queried as to why this person was the designated person rather than the manager or another person who worked in the centre. Both the manager and

regional manager explained that the clinical manager has the brief around child protection matters including training. It was evident from interviews that the staff were very clear about their procedures and that the manager is informed of all child protection matters as well as the clinical manager.

### **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.

### **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**

Both young people had achieved Junior cert level. The inspectors found that one of young people was attending a special education programme which was specifically catering for their needs. This young person was doing well and in the process of preparing to leave the centre in the coming months. The manager informed the inspectors that they would be sourcing an education programme for the other young person. This young person was new to the centre and was having difficulties settling in.

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

None identified.

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

None identified.

## 3.9 Health

### **Standard**

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

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

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

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

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

None identified.

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

None identified.

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

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

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

### **3.10 Premise and Safety**

#### ***Standard***

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

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

##### **Accommodation**

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

##### **Safety**

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

##### **Maintenance and repairs**

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

##### **Fire Safety**

Management provided evidence that building control and fire requirements were met. Fire prevention and evacuation procedures were being carried out. The last two fire drills were carried out on 20<sup>th</sup> January and 2<sup>nd</sup> April 2016. A fire safety register was maintained however, some of the documentation is filed separately in different files. The inspectors recommend that the fire safety certifications, installation and maintenance records be kept together with the fire register for easy inspection. There

was evidence that the fire alarm system, emergency lighting and general fire safety equipment were regularly serviced and inspected. The annual service inspection of the fire alarm system to certify that it meets the requirements of IS 3218 and the annual testing of the emergency lighting to certify that it meets the requirements of IS3217 were found in evidence and was carried out by a competent and suitably qualified person.

The majority of staff members attended fire training in the past year however inspectors found that some of the staff still required refresher training in this area. The proprietor/management should ensure that all staff members are updated in fire safety training as soon as possible.

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

None identified.

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

None identified.

### **3.10.4 Regulation Based Requirements**

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

*-Part III, Article 8, Accommodation*

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

*-Part III, Article 15, Insurance*

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

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

### **Required Action**

- The Management should ensure that that the centre Health and Safety officer is given training in Health and Safety.
- The Management should ensure that that some staff members are trained in Hazard Analysis and Control Points with regard to food and hygiene.
- The proprietor/management should ensure that all staff members are updated in fire safety training as soon as possible.
- The Manager should update the fire register as a single document with all fire safety certifications and installation and maintenance records being kept together with the fire register for easy inspection.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
<p><b>3.2</b></p>	<p>Management should develop a system of template audit reports of centre events to provide a more clinical oversight of the centres activities.</p> <p>Management must ensure that staff members are sufficiently rested before carrying out long driving duties.</p> <p>The centre manager must ensure all supervision records are kept to a standard where the issues dealt with in the supervision process can be clearly identified and contain an effective link with the work with the young people.</p>	<p>A monthly checklist/monitoring form has been put in place. This document is sent to the services Manager monthly by the house Manager.</p> <p>This is to be avoided when possible and the staff team have been asked to risk assess all long distance travel with either the House Manager or the on call manager.</p> <p>The House Manager has taken note of the recommendations and is mindful of writing more extensive notes during supervision.</p>	<p>Action Complete.</p> <p>Ongoing.</p> <p>The monitoring officer will keep under review.</p>

	The centre management must ensure that all staff are up-dated in occupational first aid Training	A National training plan has been put in place by Fresh Start. Staff will be provided with Occupational First Aid training as soon as possible.	September 2016.
<b>3.6</b>	The manager and Tusla Child and Family Agency social worker must continue to review these absences from the centre and liaise with An Garda Siochana on the matter.	There are regular conference calls put in place to discuss and review these incidents. Reviews will take place in line with the Joint Protocol for Children Missing from Care.	Immediate and ongoing.
<b>3.10</b>	<p>The Management should ensure that that the centre Health and Safety officer is given training in Health and Safety.</p> <p>The Management should ensure that that some staff members are trained in Hazard Analysis and Control Points with regard to food and hygiene.</p> <p>The proprietor/management should ensure that all staff members are updated in fire safety training as soon as possible.</p>	<p>Training for the H&amp;S officer for the centre will be sourced as soon as possible.</p> <p>Training in this area will be sourced for staff as soon as possible.</p> <p>Fire Safety training will be sourced and provided to all staff members as soon as possible.</p>	<p>August 2016. The monitoring officer will verify.</p> <p>September 2016 The monitoring officer will verify.</p> <p>22<sup>nd</sup> August 2016.</p>

	<p>The Manager should update the fire register as a single document with all fire safety certifications and installation and maintenance records being kept together with the fire register for easy inspection.</p>	<p>The Fire Register will be sent to the company's Health and Safety consultant for review.</p>	<p>August 2016 the monitoring officer will review once complete.</p>
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