



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	060
<b>Year:</b>	2015
<b>Lead inspector:</b>	Sinéad Diggin

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2015</b>
<b>Name of Organisation:</b>	<b>Terra Glen Respite Services Ltd.</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Dates of Inspection:</b>	<b>10<sup>th</sup>, 11<sup>th</sup> &amp; 12<sup>th</sup> February 2015</b>
<b>Registration Decision:</b>	<b>Registered without conditions from 14<sup>th</sup> August 2014 until 15<sup>th</sup> April 2016</b>
<b>Inspection Team:</b>	<b>Sinéad Diggin Eileen Woods</b>
<b>Date Report Issued:</b>	<b>28<sup>th</sup> September 2015</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 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

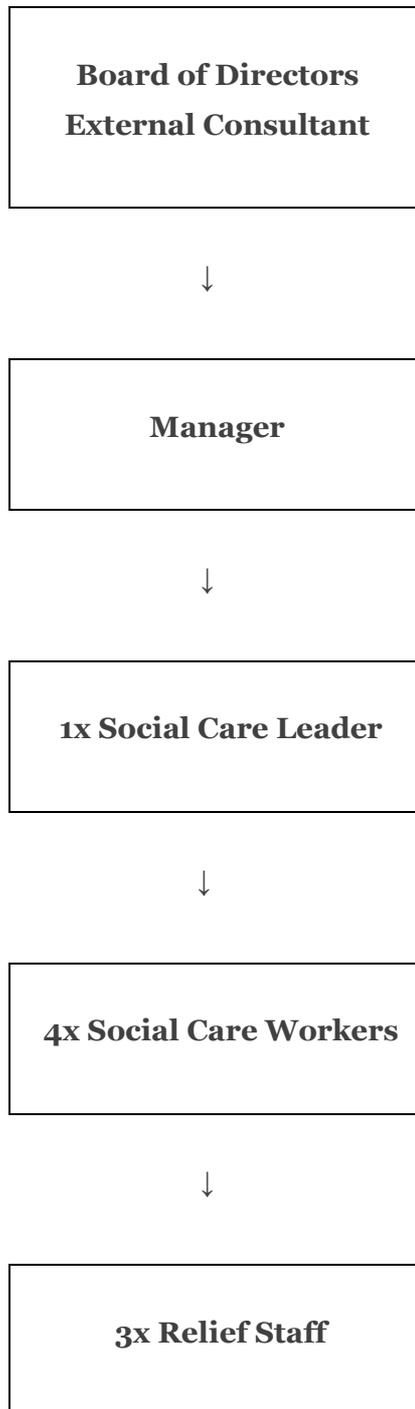
An application was duly made by the proprietors of this centre for continued registration on 27<sup>th</sup> January 2015. This announced inspection took place on 10<sup>th</sup>, 11<sup>th</sup> & 12<sup>th</sup> February 2015 over a three day period and this report is based on a range of inspection 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) Six of the Care Staff
  - b) The social workers with responsibility for young people residing in the centre.
  - c) Other relevant professionals.
  
- ◆ 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 HSE.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fida interest in the operation of the centre including but not exclusively
  - a) The Manager
  - b) Three of the care staff
  - c) The external Consultant
  
- ◆ Observations of care practices routines and the staff and 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 11<sup>th</sup> August 2015 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres. Therefore the centre is being permitted a specific period of time in order to implement all aspects of the action plan that as submitted. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 060, 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 14<sup>th</sup> August 2014 to the 15<sup>th</sup> of April 2016.**

## 3. Analysis of Findings

### 3.1 Purpose and Function

#### ***Standard***

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

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

The centre provides medium to long term care for up to two young people of mixed gender between the ages of 12-18yrs. Inspectors were provided with a copy of the purpose and function of the centre which describes the centre as working with young people based on their individual needs. The policy referred to providing a nurturing environment and incorporating a range of activities to support young people in achieving their goals. In interview with the Manager they stated they were working with young people using an attachment theory and pro social model of care. The Manager stated that this approach had only recently been introduced to the centre and that all staff had received training in the new model of care. Interviews conducted with staff confirmed that they had recently completed this training and were now naming the model of care and incorporating it into their daily practice. The centres' statement of purpose and function has been updated to reflect their new model of care. Written information is available for parents and young people and was identified during the inspection as needing to be updated. This matter was attended to subsequent to the onsite inspection. The centre has a comprehensive written policy document to support staff in carrying out their duties.

#### **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**

##### **Register**

The centre has a register of young people in place as required by the regulations. Inspectors found the register to contain all the necessary information. A duplicate copy of the register is also kept by Tusla the Child and Family Agency.

##### **Notification of Significant Events**

The centre utilises a standardised recording system for recording significant events notifications (SEN's). All SEN's are signed by the Manager before they are sent to the relevant professionals. The social worker and the Monitor receive a copy of all SEN's. The Monitor and Social Workers are satisfied with the timeframe in which they are sent. Inspectors viewed a cross section of SEN's and found that a number of them had no staff signatures. While the content contained sufficient detail, Inspectors noted that some SEN's referred to opinions rather than factual observations and staff should be mindful of how they phrase their recording. Inspectors found that that staff made good efforts in carrying out life space interviews (LSI'S).

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

##### **Management**

The centre was first registered in August 2014 and there has been a change in management since. The current Manager of the centre had only been in post one month at the time of inspection. They were suitably qualified and had a number of years experience working in residential settings with other agencies. Previous to this, the centre had been managed in an acting capacity by a Social Care Leader from another centre within the agency. The Manager is supported in his/her role by a Social Care Leader who had commenced working in the centre at the same time as the Manager. Both the Manager and Social Care Leader stated that they had received an induction prior to taking up their posts. Inspectors did not find any records to

support the induction which they stated they had received. In interview with the Social Care Leader they stated that that they were emailed an induction booklet and role description and then came to a team meeting and was introduced to the Manager. Inspector's are of the view that two staff whose role was to manage the centre should have had a comprehensive induction that included management training. The Manager works on shift once a week, the remainder of the week are day shifts. The Social Care Leader works on shift as part of the staff rota. In interview with the Manager, Inspectors found that the Manager utilises their own training as a frame work to working with staff within the centre. While this can be positive for staff and acknowledging that the Manager is new to this role Inspectors are of the view that at this stage, more emphasis is required in establishing their role in terms of effective leadership, and in ensuring that the suitable and appropriate governance and operational practices in place are adequately robust.

At the time of inspection the Manager was line managed and supervised by an external consultant. The external consultant had also only recently commenced working for the agency. Since the onsite inspection the external consultant informed Inspectors that their role will be changing to Director of Services in August 2015. The external consultant has a wide range of experience and qualifications relevant to their current assigned role. The external consultant visits the centre regularly, meets with the Manager and the young people, reviews centre paperwork and significant events and provides guidance and training to the team. From reviewing a cross section of centre paperwork Inspectors found evidence that the external consultant had read and signed paperwork since they joined the agency. In interview with the external consultant, they stated to the Inspectors that they have monthly management meetings to include the Managers of both centres and all of the Directors. The agenda for these meetings includes all aspects of the young people's care as well as staffing, training requirements, budgeting and maintenance issues.

### **Supervision & support**

The centre has a supervision policy in place which states that supervision will take place every four to six weeks. Since the new Manager commenced work in the centre all of the current staff had a supervision contract on file and each staff member had received supervision once. The Manager informed Inspectors it was the intention that responsibility for carrying out supervision would be shared with the social care leader. They have each trained in the provision of supervision. The Manager is new to the post and the staff team. Given that there is a small team, Inspectors are of the view that the Manager carry out all of the supervision initially, to familiarise themselves with all staff ensuring that suitable care practices are in place. Supervision records observed by the current Manager displayed little reference to the

model of care or to placement plans. Going forward, the Manager needs to include both in each supervision session. Previous to the current Manager taking up post, supervision had not taken place in line with the centre's supervision policy. Supervision was irregular and there was little reference to young people or placement plans.

The Manager receives supervision from the external consultant and supervision has taken place since they took up their role. There were detailed notes on file and topics covered included the young person, files, record keeping, training and the role of the Manager.

Weekly team meetings are held in which all staff are expected to attend. Training can sometimes take place at team meetings. The Manager informed Inspectors that relief staff do not always attend but can if they wish. One Inspector was present for a team meeting. Some staff were unable to attend so there were only four in attendance including the Manager and Social Care Leader. Updated placement plans and absence management plans were discussed in detail at the meeting. Handovers are held daily and the Manager or Social Care Leader are generally present.

The staff can avail of a counselling service should they request it and contact details for this service are displayed in the office.

### **Training & development**

Staff interviewed confirmed they received an induction prior to working on the rota and one staff member requested to do two shadow shifts prior to working as part of the rota. Staff had completed training in Therapeutic Crisis Intervention (TCI), Fire safety and the revised training in 'Children's First National Guidance for the Protection and Welfare of Children' (2011). Some staff had completed First Aid training and the Manager informed Inspectors that the remainder of staff would be trained as soon as possible. This training took place in September 2015. The external Consultant had recently completed training with staff on the new model of care, Pro Social Modelling and Attachment Theory. Inspectors would recommend assessing the issues for young people as they occur and what training could be completed in order to support young people.

### **Administrative files**

As previously mentioned, the centre utilise a standardised recording system. Through reviewing centre records Inspectors note that there have been changes in the recording systems since the new Manager commenced work in the centre. Despite these changes, the system still requires improvement and more commentary

is needed by the Manager in centre paperwork. Inspectors did find evidence of external oversight in from the external consultant.

The Manager reports that the budget is adequate to meet the needs of the centre and the young person in the centre.

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

#### **Staffing**

At the time of the inspection the centre had a compliment of one social care leader, three social care workers and three relief staff as well as the Manager. The Manager informed Inspectors that two staff had recently left the centre and they were awaiting Garda vetting for three new members of staff before they could commence work in the centre. The current staff team all have experience in residential care and qualifications relevant to social care. Inspectors were informed that the new staff due to commence work in the centre were also experienced. Inspectors viewed the staff personnel files and found that one staff member commenced work before their Garda vetting was received by the organisation. For another staff member, one written reference of the three required were on file and there was also three Garda vetting forms for one staff member in which addresses did not appear to match. The references for the Manager were only verified after they commenced managing the centre. Not all qualifications on the personnel files were verified.

### **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**

- The centre Manager must establish their role in managing the staff and practices within the centre so as to ensure effective governance.
- Centre management must ensure that all Significant Event Notifications have full names and signatures attached.
- Centre management must ensure that Significant Event Notifications contain factual observations.
- The centre Manager must ensure that the model of care in the centre and the young people's placement plans are prioritised in supervision.
- The centre Manager must ensure continuous improvement in centre records by the inclusion of more commentary.
- Centre management must ensure that no staff member commences work in the centre until their Garda vetting has come through.
- Centre management must ensure that all written references are received and on file for existing staff and in advance of commencement of employment for future recruitment.
- Centre management must ensure that all qualifications are verified with the college.

### 3.3 Monitoring

#### **Standard**

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

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

##### **Monitoring**

The Monitoring officer for the Child and Family Agency carried out a monitoring visit on the 20th November 2014. The centre was issued with a report from the Monitor in which they responded to. The report contained a number of issues and recommendations, which had been implemented at the time of inspection. Recommendations highlighted by the Monitor related to updating their purpose and function, regular supervision, completion of mandatory training. The Manager of the centre stated that they are regularly in touch with the Monitor and all significant events are forwarded to them.

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

None identified.

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

None identified.

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

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

### **3.4 Children's rights**

#### ***Standard***

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

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

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

The centre has a policy on access to information and there is information regarding this in the young person's booklet. The Manager told Inspectors that young people are made aware that they can their daily logs but has shown no interest in this to date.

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

##### **Consultation**

Inspectors found that young people were consulted about all aspects of their care. The staff endeavour to do a weekly plan in consultation with the young people but were having difficulty with the young people engaging with this. Inspectors viewed the records of young people's meetings and did not find clear evidence of responses to the young people's requests being recorded. The records of the meetings were not signed by staff present and Inspectors recommend that they should be, and that the young person should be encouraged to sign.

##### **Complaints**

The centre has a policy on complaints. There is also a booklet for young people that explains how to make a complaint. Included in the centre's policy is a section on who can make a complaint and parents were named in this. Inspectors reviewed the centre's daily records and found a number of complaints from the parent of a young person. These complaints were recorded in daily records but there was no information recorded on if the parent had been offered to officially fill in a complaint form or if any of the external Managers had met with them. Inspectors found information on file in relation to one complaint. The previous Manager said they would investigate a complaint and would issue a letter to them. Inspectors did not find any letter on file in relation to this and asked Management to follow up on this.

### **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.*

#### **Required Action**

- The centre Manager must oversee that staff ensure that there is clear recorded evidence of young people being responded to following the young person's meeting.
- The centre Manager must oversee that the young people's meeting book contains signatures of all staff present and if possible, the young people who attended.
- Centre management must ensure that where a complaint has been made by a parent, they are given the opportunity to make a complaint in writing.

### **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**

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

Referrals to the centre are accepted from the Child and Family Agency National Placement Team. The centre has an admissions policy which includes a transitional move of visits and overnights for young people prior to them moving in to the centre. Inspectors viewed the pre-admission paperwork for one of the young people admitted to the centre and although initially deemed to be a suitable placement, this young person's behaviour became extremely concerning to both the centre staff and the social work department. As a result of this it was decided that the young person needed more than what this residential centre could reasonably provide and a more suitable placement option was sought.

##### **Statutory care planning & review**

There were statutory care plans on file that were completed in consultation with young people. There were also minutes of statutory review meetings on the young people's files. There were placement plans on file which included short and long term goals. The short term goals focused on re-engaging the young people in education and working on skills necessary for independent living. Inspectors noted that these plans were updated regularly to reflect small changes.

##### **Contact with families**

Inspectors found evidence on the young person's file that staff contact the family and inform them of any issues that have arisen.

As stated earlier in the report, there was no response or outcome given to the family regarding a complaint in which they had made and efforts should be made to resolve this matter.

## **Social Work Role/ Supervision & visiting of young people**

### ***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.

The Manager informed Inspectors that the social worker visited the centre and that a plan was in place for visits to take place monthly for the duration of the placement. The social worker confirmed that they have the opportunity to meet in private if the young person was willing to meet with them.

### **Emotional & specialist support**

There was evidence of the staff team trying to engage young people with specialist services external to the centre. Two key workers are assigned to each young person and there was evidence on file of staff attempting to engage young people in individual pieces of work in line with their placement plan.

### **Discharges**

There were two discharges recorded in the register but there were no end of placement reports completed. Inspectors recommend that an end of placement report is completed for each young person who has left the care of the centre. Management should establish a forum to look at the outcomes for each young person and what supports are necessary for future referrals to the centre.

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

Inspectors reviewed the centre's care files and found that in general they were written to a good standard. They contained all the relevant information and documentation including birth certificates and photographs. Archived files are stored in another centre within the agency.

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

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

A Child and Family Agency aftercare worker has been assigned to a young person in the centre however their engagement with the aftercare worker had been limited. There was no life skills needs assessment on file in accordance with the Child and Family Aftercare Policy (2011). Staff within the centre completed their own needs assessment for the young person in the absence of this. There were efforts made by staff to work with the young people in preparation for leaving care. The staff had completed a plan to include the planning of meals and managing a weekly food budget to assist young people in managing their money. Inspectors would recommend that if the young people are not engaging with an allocated aftercare workers, the staff continue to link with the aftercare workers to ensure that the young people are aware of the service and what supports are available.

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

None identified.

### **3.5.4 Regulation Based Requirements**

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

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

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

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

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

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

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

*-Part III, Article 17, Records*

*-Part III, Article 9, Access Arrangements*

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

### **Required Action**

- The Child and Family Agency must ensure that a Life Skills Needs Assessment is completed from the age of sixteen for each young person in accordance with the Child and Family Agency Aftercare Policy (2011).
- The centre Manager must oversee that staff continue to link with the aftercare worker on behalf of the young person.
- The Child and Family Agency social work department and centre staff must investigate what adult services are available to the young person as part of the Aftercare Plan.

## 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

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

Young people can choose whether to eat meals with the staff or prepare their own meals. They are given a weekly budget to do their own food shopping in preparation for independent living. While this is a positive, the staff team will need to ensure that there is consistent recorded attention to planning the menu and allocated grocery budget.

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

Inspectors found that the centre has a policy on culture, disability and diversity. The young person is offered the opportunity to practice their chosen religion. Staff have endeavoured to offer the young people similar opportunities as their peers including recreation interests and education.

#### **Restraint**

All staff are trained in a recognized model of physical intervention. There have been no restraints carried out since the centre was first opened. There were individual crisis management plans (ICMP) on file.

#### **Absence without authority**

The centre follows the joint protocol between the Child and Family Agency and the Gardaí for reporting young people missing from care. There was an individual absence management plan (IAMP) on file which is reviewed monthly and done in conjunction with the social workers. There had a number of absences from the centre and from reviewing files; Inspectors found that these were reported to the relevant

professionals in a prompt manner. There was evidence that the centre have a good working relationship with the Gardaí and that they keep each other updated accordingly.

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

#### **Managing behaviour**

From reviewing the ICMPs Inspectors found that these would benefit from greater detail to expand on the various interventions that would be useful in managing any behavioural issues that the young person may present with. More planning is needed when reviewing ICMP's, to ensure that there are clear guidelines in place for staff. The centre has a policy on sanctions and the Manager stated to Inspectors that the staff use a positive approach to encourage good behaviour. Consequences noted by Inspectors from reviewing centre paperwork, displayed both positive and negative consequences appropriate to the age of the young person.

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

None identified.

### **3.6.4 Regulation Based Requirements**

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

*-Part III, Article 11, Religion*

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

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

#### **Required Action**

- The centre Manager must ensure that staff identify clear interventions in how to manage behavioural issues that may present.

### 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**

##### **Child Protection**

#### **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.

All staff have completed the 2011 'Children's First National Guidance for the Protection and Welfare of Children' training. There is a designated person named in their Child Protection Policy. The designated person works in another centre within the agency and Inspectors recommend that the Director of Services takes responsibility for overseeing this.

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

##### **Safeguarding**

The centre has a written policy on safeguarding. Practice in the centre needs to be more robust as mentioned earlier in the report there were deficits in some of the staff vetting and this needs to be addressed by management.

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

None identified.

##### **Required Action**

- Centre management must ensure that adequately robust safeguarding systems are in place in advance of future admissions to the centre.
- Centre management must ensure that all staff are fully vetted before commencing work in the centre.

## **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**

Education is valued by the staff and young people are supported and encouraged to attend educational placements. Where young people had lost educational placements the Inspectors found evidence from care files and placement plans that staff were seeking and encouraging the young people to re-engage in their educational placement or seek an alternative. Inspectors would urge that they continue this practice.

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

Care files contained medical histories and evidence of young people attended GP appointments. Young people can attend a GP of their choice and have their own medical card. As per the young people's placement plan staff endeavour to engage them in individual pieces of work to address issues such as drug misuse, sexual health and mental health. From reviewing the young person's file, Inspectors found evidence that a young person required medical intervention on one occasion however there was not clearly recorded on their file. There was also a record of a staff member phoning a GP requesting them to prescribe medication for a young person. Staff should be aware that the GP will not prescribe medication based on a request from staff and without seeing the young person.

Medication was stored in a locked cabinet in the office.

The Inspectors viewed the medication log and there was a record of all medication administered and signatures of two staff members.

Smoking is prohibited in the centre and for those who do smoke; there is a designated smoking area.

#### **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**

- The centre Manager and staff must ensure that there is an outcome recorded on file for medical emergencies or any appointments that staff attend with the young person.
- The centre Manager must ensure that staff do not request medical prescriptions for young people without a GP assessing a patient.

### **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 & 13 of the Child Care Regulations, 1995.

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

##### **Accommodation**

The centre is a detached house located in the outskirts of a busy town. There is a small garden in the front and a paved area to the rear. The downstairs area consists of a sitting room, kitchen/diner and a bathroom. Upstairs contains three bedrooms, a bathroom and an office with en-suite. Efforts were made to make the centre homely, but it presents as needing some modernisation in areas, to bring the property up to date. The patio area to the rear of the property was enclosed with a large wall area, had no outside recreational facilities and was dull and uninviting. The Inspectors found that the centre is adequately insured and details of this were provided to the inspectorate.

##### **Safety**

The centre has a Health and Safety statement and a copy of this was submitted to the inspectorate. Not all staff had completed First Aid training at the time of the onsite inspection however this was subsequently attended to. The centre has a Safety and Hygiene folder which includes weekly audit checks. Medication kept in the centre is stored in a locked cabinet in the office.

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

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

The agency has a designated maintenance person to oversee any repairs. The Manager reports that all maintenance issues are sent to the Director and that requests are dealt with in a timely manner. Inspectors viewed the maintenance log book and noted that there was no date of completion recorded and this matter requires ongoing attention.

## **Fire Safety**

The Inspectorate was provided with the centres compliance with Fire Safety and building regulations. Fire Safety Training had recently taken place with the staff team. The Manager informed staff that the young person resident at the time of inspection had partaken in this training. This was not noted in their Fire Safety folder however was recorded in the staff training book. Fire drills are conducted on a regular basis however Inspectors noted that more detail is required regarding the length of time the fire drill took, problems identified and steps to rectify these.

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

None identified.

### **3.11.3 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 centre Manager must oversee that all maintenance issues recorded have a date of entry as well as an outcome of completion.
- Centre management must ensure that all detail regarding fire drills is recorded.

## 4. Action Plan

Standard	Issues Requiring Action	Response
3.1	Centre management must update the written information booklet for parents and young people to reflect their model of care.	Management will complete this by 21 <sup>st</sup> of August in conjunction with Director.
3.2	<p>The centre Manager must establish their role in managing the staff and practices within the centre so as to ensure effective governance.</p> <p>Centre management must ensure that all Significant Event Notifications have full names and signatures attached.</p> <p>Centre management must ensure that Significant Event Notifications contain factual observations.</p>	<p>The Manager is of the view that they have established their role in terms of managing the staff within the centre, in particular through regular supervision with the Director. However Inspectors feel that this is a piece of work and development that requires ongoing attention and requested additional evidence of the implementation of this role which was provided.</p> <p>All SEN's are monitored by Management prior to forwarding them to the relevant professionals to ensure they contain factual observations. This is a work in progress. An SEN workshop was also completed on 5<sup>th</sup> of August 2015 reflecting on same.</p>

	<p>The centre Manager must ensure that the model of care in the centre and the young people’s placement plans are prioritised in supervision.</p> <p>The centre Manager must ensure continuous improvement in centre records by the inclusion of more commentary.</p> <p>Centre management must ensure that no staff member commences work in the centre until their Garda vetting has come through.</p> <p>Centre management must ensure that all written references are received and on file for existing staff and in advance of commencement of employment for future recruitment.</p> <p>Centre management must ensure that all qualifications are verified with the college</p>	<p>Centre management expressed the view that both the model of care and the young people’s placement plan are continuously prioritised in supervision however this was not the finding of Inspectors having examined the supervision notes on file and so should be in future.</p> <p>The Quality of the centre records is addressed at team meetings and supervision. Management also provides a written commentary on the young person’s daily log, individual work, key-working etc.</p> <p>Management will under no circumstance permit staff to work in the centre without Garda vetting.</p> <p>Management will have three written references on file for each staff member employed in the centre.</p> <p>Management to ensure that all qualifications provided by staff are verified with the college.</p>
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<p><b>3.4</b></p>	<p>The centre Manager must oversee that staff ensure that there is clearly recorded evidence of young people being responded to following a young person’s meeting.</p> <p>The centre Manager must oversee that the young people’s meeting book contains signatures of all staff present and if possible, the young people who attended.</p> <p>Centre management must ensure that where a complaint has been made by a parent, they are given the opportunity to make a complaint in writing.</p>	<p>Young people are encouraged to write up the minutes of their meeting and then to sign it. Management indicated that staff also sign it however the records examined by Inspectors at the time did not evidence this practice. All items on the agenda are then brought to the team meeting for discussion. Decisions made at team meeting are communicated to the young person and documented in their meeting book. Both SCW’s and young people then sign it.</p> <p>Ongoing: this was addressed at team meeting on 16<sup>th</sup> of Feb, March 4<sup>th</sup> and August 7<sup>th</sup>.</p> <p>Young person parents’ was given the opportunity on the 10.3.15 to make complaint however refused same.</p>
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<p><b>3.5</b></p>	<p>The Child and Family Agency must ensure that a Life Skills Needs Assessment is completed from the age of sixteen for each young person in accordance with the Child and Family Agency Aftercare Policy (2011).</p> <p>The centre Manager must oversee that staff continue to link with the aftercare worker on behalf of the young person.</p> <p>The Child and Family Agency social work department and centre staff must investigate what adult services are available to the young person as part of the Aftercare Plan.</p>	<p>The centre noted that they have a life skills assessment for all young people however Inspectors did not receive a formal response to this issue from the relevant social work department.</p> <p>Ongoing</p> <p>Review of young person’s placement has been completed at team meetings to identify areas of learning and development for future referrals.</p>
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<p><b>3.6</b></p>	<p>The centre Manager must ensure that staff evidence that they have planned the grocery menu with the young person based on a realistic future budget upon leaving care.</p> <p>The centre Manager must ensure that staff identify clear interventions in how to manage behavioural issues that may present.</p>	<p>Evidence of a planned grocery shop is included in young person’s weekly plan.</p> <p>Clear interventions on how to manage behavioural issues that may present have been identified.</p>
<p><b>3.7</b></p>	<p>Centre management must ensure that safeguarding systems are in place for future admissions.</p> <p>Centre management must ensure that all staff are fully vetted before commencing work in the centre.</p>	<p>Director of services is currently the child protection officer.</p> <p>Impact Risk Assessment to be conducted prior to other young people moving into the centre.</p>

<p><b>3.9</b></p>	<p>The centre Manager and staff must ensure that there is an outcome recorded on file for medical emergencies or any appointments that staff attend with the young person.</p> <p>The centre Manager must ensure that staff do not request medical prescriptions for young people without a GP assessing a patient.</p>	<p>Ongoing.</p> <p>This was addressed at the team meeting for all SCW's to be aware off.</p> <p>Ongoing.</p>
<p><b>3.10</b></p>	<p>The centre Manager must oversee that all maintenance issues recorded have a date of entry as well as an outcome of completion.</p> <p>Centre management must ensure First Aid training is organised for the remainder of the staff team. Centre management must ensure that all detail regarding fire drills is recorded.</p>	<p>Issue addressed and is ongoing.</p> <p>This is scheduled for 8<sup>th</sup> and 9<sup>th</sup> of Sept.</p>

