



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

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| Centre ID number: | 061 |
| Year: | 2016 |
| Lead inspector: | Sinead Diggin |

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Registration and Inspection Report

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| Inspection Year: | 2016 |
| Name of Organisation: | Salvation Army |
| Registered Capacity: | Six young people |
| Dates of Inspection: | 12th,13th& 14th of January 2016 |
| Registration Decision: | Registered without conditions from the 22nd of Jan 2016 to the 22nd of Jan 2019 |
| Inspection Team: | Sinead Diggin Eileen Woods |
| Date Report Issued: | 26th May 2016 |

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1. Foreword

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

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

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

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

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

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

1.2 Methodology

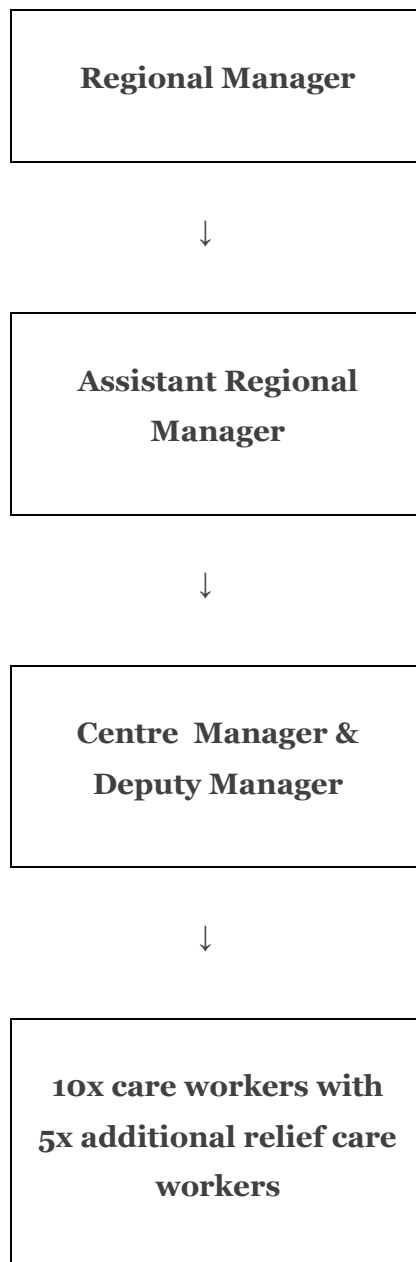
An application was duly made by the proprietors of this centre for continued registration on 27th December 2015. This Full inspection took place on January 12th, 13th & 14th over a three day period and this report is based on a range of inspection techniques including:

- ◆ 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) 17 of the care staff including relief staff
 - b) One young person residing in the centre
 - c) The social worker with responsibility for young person/people residing in the centre.
 - d) Other professionals e.g. General Practitioner's and therapists.
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Four staff members
 - c) One young person
- ◆ Observations of care practices routines and the staff/young person's interactions.

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on this date 27th of June 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 ** 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 22nd of January 2016 to the 22nd of January 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 in full

The centre is a specialised centre, operated by a voluntary organisation and accommodates young people from the age of 17yrs onwards. The service provides six semi- independent flats in which young people are prepared for independent living with the support of staff on a daily basis. The manager reports that the length of stay can be individualised for each young person and can vary from three months to a year. The staff team in the centre work with young people in preparation for independent living and the service can also provide an outreach service for a period of time if required. Young people are also supported by an aftercare service provided by Tusla, the Child and Family Agency. Referrals are accepted from the placement committee Dublin North East and with agreement, Dublin Mid- Leinster. The centre has a comprehensive written statement of purpose and function which describes the aim of the centre and the service they provide. The centre has written information available for professionals however a social worker interviewed stated that they were not provided with this. There is a detailed booklet for the young people which explains what supports are provided, and the rules within the centre. There are also contact details for professionals separate to the agency, should the young people want or need to make contact with them. Inspectors found from interviews conducted that the staff had knowledge of the purpose and function and the policies within the centre, and were working in accordance with it. Inspectors noted that substance misuse can be a reoccurring issue for young people in the centre. The agency should consider if they can meet these particular issues as it is outside of their 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 in full

Management

The manager of the centre has an appropriate qualification has been employed by the agency for thirteen years, the last five of which has been in their current position. There are two services within the centre, each individual but operated by the current manager. They are supported in their role by a deputy manager and two social care leaders, one of whom was currently on extended leave at the time of the onsite inspection. The manager and deputy manager work 9 to 5 pm or later if required while the social care leaders work as part of the rota which includes day and night shifts. Inspectors found the manager to be confident in their role, and in managing the centre effectively. The manager and deputy manager share the tasks and responsibilities of managing the centre, and had established good systems to ensure that the centre was operating efficiently. Some of the shared managerial responsibilities include developing a training plan, monitoring of significant events, supervision of staff, vetting of staff and the manager also has responsibility of overseeing and managing the budget.

The external management of the agency consists of a regional manager and an assistant regional manager. The regional manager was on extended leave at the time of inspection. The assistant regional manager has been employed by the agency for a number of years and has had responsibility for an alternative service within the agency. They are new to this particular service and so were in the early stages of acquainting themselves with the centre. The assistant regional manager informed inspectors that their role is to oversee operational issues for all of the agency services. They will be responsible for the monitoring of service delivery as well as providing direct line management to the centre manager. The assistant regional manager informed inspectors that they intend to have regular contact with the manager and plan to visit in the centre on a monthly basis.

Register

The centre maintains a register of all young people resident from the date of admission. The register contains all relevant information applicable to the young people. A duplicate record is held centrally by Tusla Child and Family Agency.

Notification of Significant Events

The centre has a detailed policy in place for notifying all significant events. (SEN's) This includes guidelines for staff on what is a significant event, how it is to be recorded and the professionals in which it is to be copied to. Some examples of SEN's included incidents involving drug misuse, missing from care or property damage. A social worker interviewed confirmed that they are notified in a timely manner of all significant events. For young people over the age of 18yrs, significant event notifications are still recorded and the young person can choose whether to give consent or not as to who an SEN can be sent to if at all. Inspectors found that the system was managed well and that management used the significant events process to inform practice and address individual risks where evident. Inspectors cross referenced a selection of significant event notifications along with the significant event register and found them to be accurate in detail.

Supervision and support

The centre has a policy on supervision. The manager, deputy manager and social care leaders share the task of providing supervision. All supervisors have received training in providing supervision. Inspectors found that in general supervision takes place within the agreed timeframes of the policy. The supervision records reviewed by inspectors included a detailed focus on the young people and their needs as per the placement plans. Professional development was also reflected and inspectors found that staff were also challenged on practice if necessary. There are daily handovers and staff meetings held weekly. One inspector was present for a staff meeting and young people were discussed and plans for the following week were decided. The inspectors found that views or issues that were brought to young people's meetings were also discussed. The meeting also included peer training on a topic relevant to a current issue in the centre. Additional supports are put in place for staff to avail of if needed.

Administrative file

Inspectors found that overall the centre had a good filing system but some areas such as the life skills section needed more evidence of work completed. Inspectors also noted that although there was evidence of management signatures, there was no commentary or analysis of the quality of the records completed. It is recommended that for internal monitoring purposes management should reflect this as they review the centre paperwork. The manager has responsibility for the budget allocated with oversight from external management. The manager reports that with budget cuts over recent years, careful consideration is required in order to meet the demands of the day to day running of the centre.

3.2.2 Practices that met the required standard in some respect only

Staffing

The staffing of the centre consists of 10.5 core staff. Additional staff makes up a relief panel which is used as necessary. Three of the core team includes the deputy manager post and two social care leaders. Inspectors found that the majority of the staff team were experienced and had a wide range of qualifications relevant to their role. From reviewing the staff personnel files inspectors found that there were deficits in part of the vetting of some staff. As there were deficits found on the last inspection of personnel files, inspectors found this to be unacceptable practice. Two staff members references arrived after they commenced work in the centre and these were verified at a later stage. For another staff member, a more recent reference is required. A curriculum vitae for another staff member needs to be amended to reference other work areas as college placements and not employed work. Inspectors found that appropriate Garda vetting had been carried out prior to staff commencing work in the centre.

Training and development

Inspectors found that not all training was up to date. New staff had not received core training such as Therapeutic crisis intervention (TCI) and 'Children's First National Guidance for the Protection and Welfare of Children' 2011 until after they commenced work in the centre. The manager informed inspectors that the agency has a training officer who reviews the training plan every six months. Inspectors were provided with a copy of the training schedule that had taken place and dates in which all the remaining core training was booked for. The agency can avail of some training through Tusla, the Child and Family Agency, the remainder is sourced and provided

by their own agency. The centre also looks at what training is available in the local community to support them in their work. Inspectors found that staff utilise their skills from the different areas they have studied in and share this knowledge with the team. Inspectors found that an ongoing issue of drug and alcohol misuse among young people in the centre was a common factor. Additional training needs identified to support all staff working with young people include Drug and alcohol awareness, Assist, Safetalk, RAP and managing self-harm.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

Required Action

- Management must ensure that all the vetting requirements have been completed prior to staff taking up their post.
- Management must ensure that staff requiring core training is completed as soon as possible.
- Substance misuse is a current issue within the centre and additional training such as drug and alcohol awareness must be provided to all staff.

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

None identified.

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

The centre has not had an official monitoring visit since the last inspection in 2013. As this is a specialised service the majority of young people resident are young adults. The manager reported that there is regular contact from the monitor in relation to the overall service and the monitor is informed of all significant events for any young person under the age of 18yrs and for any serious incident involving an over 18yr old.

3.3.4 Regulation Based Requirements

The Child and Family Agency has not 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.*

Required Action

- The monitor must provide an annual report to the Child and Family Agency to ensure its practice is in compliance with the National Standards for Children's Residential Centres.

3.4 Children's Rights

Standard

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

3.4.1 Practices that met the required standard in full

Consultation

Each young person in the centre has a key worker allocated to them. Inspectors found that staff in some cases, are key worker to more than one young person. Young people's meetings are held weekly and staff encourage young people to attend. A meal is planned and provided for young people on the evening of the residents meeting. Given the nature of the service, young people can be out of the centre for extended periods of time and staff report that it can be difficult to have all young people present. Inspectors viewed a cross section of the minutes of resident meetings and found their views/requests are heard at the meetings with immediate response if possible. The meetings are also used for talks or sessions from outside agencies such as a representative from the Ombudsman for Children office and a representative from empowering young people in care. (EPIC) Inspectors spoke with one young person who said that the staff does their best to help them and teach them different things.

Young people are visited in the centre by their social workers or aftercare workers or the young people can meet them elsewhere.

Complaints

The centre has a policy on complaints which gives a detailed procedure for staff and the manager to follow should any young person make a complaint. Inspectors reviewed the complaints register and the complaint forms on young people's files. In line with the centre's policy, complaints were dealt with within three days with a response given to the young person. Inspectors found the manager to be proactive in their approach to hearing and acting on the young person's concerns. The complaint's records were clear and included the young person's views of the outcome.

Access to information

The centre has a policy on the young people's right to access information pertaining to them. Inspectors found the manager and staff to have a positive approach to this and encouraged and supported young people both under and over 18yrs with this.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.2 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

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

3.5 Planning for Children and Young People

Standard

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

3.5.1 Practices that met the required standard in full

Statutory care planning and review

There was one young person under 18yrs who had been resident in the centre for one month. There was a care plan on file for this young person and a review was scheduled to take place in the week following the inspection. From reviewing the young people's files there was evidence of reviews taking place internally as part of their placement plan. These generally took place at intervals of six weeks or three months depending on the length of placement. In some circumstances an emergency review takes place sooner if deemed necessary. Social workers and aftercare workers are also invited to these meetings and there was evidence of this on file. In a questionnaire completed by an aftercare worker, they stated that to date, they had not been invited to the young person's statutory review.

Contact with families

Staff are in contact with families where permission is granted by young people over the age of eighteen. Efforts are made by staff to promote and encourage young people to remain in contact with family where appropriate. Families of young people are welcome to visit them in their flats. Staff recognise that young people may have no option but to return to the family home as there can be limited accommodation options upon leaving the centre. Staff make efforts in individual work sessions to focus on family work. For young people under the age of 18yrs, staff in consultation with social workers, engage with family members and keep them informed of young people's progress.

Emotional and specialist support

Young people have access to external specialist supports, such as addiction and counselling services and staff encourage and support young people to attend and engage with the identified service. Staff have knowledge of the local area and the services within it. They have established links with the different support agencies in the area which they use as a source to enable them in their work with the young people. The young people each have key workers assigned to them. The key workers under the supervision of social care leaders devise individual work sessions based on their placement planning needs at this time. One young person described the work as helpful and told inspectors that the staff worked with them on relationships, drug misuse and in finding an educational course. They stated that the staff also helped them with practical skills and the young person felt that they were now ready for independent living.

Discharges

There is a detailed discharge policy outlining the procedures of how a discharge may take place. The types of discharge in which a young person will leave the centre are listed as planned, unplanned and an emergency discharge. The centre aim for a planned discharge with ongoing support from the young person's key worker for a period of time. In the event that inappropriate behaviour may be a cause for a possible discharge, the centre have in place a warning system to give young people an opportunity to work within the rules of the centre.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The centre has a policy on admissions which includes the procedures in which a young person will move into the centre. Young people can visit the centre and there is a planned transitional move based on the individual needs of the young person. There is written information available to young people explaining the process of admission and the rules within the centre. Young people have to agree to take part in a programme based on their individual needs such as education and attending specialist services as required. The centre has a policy on risk assessments and both collective and individualised risk assessments must be completed prior to any new admission. No collective risk assessments were on file and the management must be clear with the placement committee of the current issues of drug misuse with young

people resident in the centre and the impact that these issues may have on any new admission of a young person.

Preparation for leaving care

The purpose of this centre is to prepare young people for leaving care and support them in achieving the skills necessary for independent living. Inspectors found that not all young people had a needs assessment or a preparation for leaving care plan completed which is the responsibility of Tusla, Child and Family Agency. Inspectors found evidence when reviewing centre files that individual work was taking place however there were no identified structures or outcomes recorded. While there was evidence from interviews, general paperwork and placement plans that work was undertaken, there was a gap in the life skills section of the files. Staff should have an identified structure in how they plan to work with the young people and evidence the work they are completing. Given the current issues of drug misuse with young people in the centre, there should be an increased emphasis on what the agency can do to support the young people.

Aftercare

All but one young person had an allocated aftercare worker. Two of the young people did not have an aftercare plan on file at the time of inspection. In line with the Tusla, National Aftercare Policy (2011) all young people leaving care must have an aftercare plan. There was evidence of aftercare workers meeting with the young people and attending meetings. In interview with one staff member they stated to inspectors that it is not unusual for young people to be without an aftercare plan or life skills needs assessment and in its absence, they develop their own plan based on the information they receive in the referral information.

Children's case and care records

Inspectors found that overall the centre's filing system was good however some areas such as the life skill section required more development. There were no birth certificates on some file's which would prove difficult for young people when trying to obtain a passport. Inspectors also noted that full medical histories from the social work department were also absent from files.

3.5.3 Practices that did not meet the required standard

None identified.

Standard

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

3.5.4 Practices that met the required standard in full

Supervision and visiting of young people

Each young person resident in the centre had either an allocated social worker or aftercare worker. Some social workers or aftercare workers visited the young people in the centre or met with them at appointments in other locations. There was evidence of frequent visits from aftercare workers in preparation for when the young people would be living independently. EPIC have also visited the centre to meet with the young people.

Social Work Role

Out of the five young people in the centre, only one was under the age of eighteen and had an allocated social worker. There was a care plan on file and a final review was planned following the onsite inspection to complete the aftercare plan. The social worker stated that they attended any meetings which were held at the centre in relation to the young person and inspectors found evidence of this on file. The manager informed inspectors that pre-admission information on the young people can vary and the staff often have to follow up on documents such as reception in to care paperwork or birth certificates.

3.5.5 Practices that met the required standard in some respect only

None identified.

3.5.6 Practices that did not meet the required standard

None identified.

3.5.7 Regulation Based Requirements

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

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

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

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- Management must ensure that collective risk assessments in consultation with social workers are completed and on file taking in to account the current issues within the centre.
- The Child and Family Agency must ensure that each young person has a life skills needs assessment completed and a preparation for leaving care plan.
- The Child and Family Agency must ensure that young people upon leaving care have an aftercare plan completed and that the centre are provided with a copy.

3.6 Care of Young People

Standard

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

3.6.1 Practices that met the required standard in full

Individual care in group living

The staff in the centre can choose to join individual activities of interest to them. Group activities are also arranged in consultation with the young people should they choose to partake in them. There is a communal area with television, video games and computer where young people, visitors and staff can meet in. Young people can also avail of a pool table at certain times in the centre. Each young person has their own individual flat with a television and they can also have approved visitors to their flat. Occasions such as birthdays and holidays are also celebrated.

Provision of food and cooking facilities

Each young person has a weekly food budget. Young people can prepare and cook their own food in their own flats. There is also an opportunity on Sunday's for staff and young people to cook and share a meal together. There is a communal flat in the centre that is used for staff to work with young people on life skill work and part of this involves nutrition and teaching young people to prepare meals within a budget.

Race, culture, religion, gender and disability

The agency has a christian culture and has values that the team share through providing a caring and nurturing environment. There is spiritual guidance available to young people and staff should they wish to avail of it. The agency does not discriminate against any young person regardless of their race, culture or religion.

Managing behaviour

The young people in the centre are a vulnerable group and can be at risk of homelessness. The impact of drug and alcohol misuse can play a part in challenging behaviour both within and outside of the centre. The centre has a system they use to manage inappropriate behaviour. The approach they use has developed from a combination of training techniques. In interview with the manager, they stated that staff are expected to challenge young people on unacceptable behaviour. Staff interviewed informed inspectors that sometimes there can be inconsistencies in how staff manage certain behaviours and inspectors recommend that management address this at team meetings. The centres use a warning system for breaking specific rules in their contract from young people. If a young person receives three warnings then they could lose their accommodation within the centre, although they are given an opportunity to have this reviewed if there is an improvement in behaviour. The manager informed inspectors that the centre are trying to source training in restorative justice and move away from the warning system they have in place. The centre has a policy on sanctions and examples that may be used are not being allowed to use the computer room or not being allowed visitors in that day. Inspectors did not find much evidence of young people receiving sanctions. The manager informed inspectors that the use of sanctions needed adapting as they found that it did not work in some cases. In serious incidents of violence the Gardai may be called however as a rule this only applies if deemed absolutely necessary. Inspectors reviewed a cross section of individual crisis management plans (ICMP) and found that they were detailed and updated regularly.

Absence without authority

The centre has a policy on young people missing from care. The policy includes the procedures to be followed for both young people under and over the age of eighteen. Curfews are agreed in consultation with the young person's social worker. For young people under eighteen they follow the Joint Garda and Tusla, Child and Family Agency Protocol. For young people over eighteen years of age they develop their own policy based on risk assessments carried out and follow the Garda missing person's protocol as necessary. There were twelve unauthorised absences in the last twelve months. All young people have individual absence management plans (IAMP) on file as well as risk assessments. Inspectors found that in general these were well developed with clear guidelines for staff to follow.

3.6.2 Practices that met the required standard in some respect only

Restraint

There have been two incidents involving physical intervention since the last inspection which were reported to the relevant professionals. The agency has a specific training in behaviour management which includes the method of restraint. Not all staff were fully up to date with either full or refresher training and the training officer must ensure that this is completed as soon as possible. Restraint is carried out only if the risk of injury is unavoidable and all other interventions have been exhausted.

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

- Management must address with all staff how behaviour is managed to ensure consistency with all young people.
- Management must ensure that staff have completed the full or refresher training in the use of restraint.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

Safeguarding

The centre has a detailed policy on safeguarding young people in the centre with guidelines for staff to follow. Staff are vetted prior to taking up post and there is an induction process. Reflective practice for staff forms part of supervision and there is a lone working policy. C.C T. V cameras are installed on internal corridors and externally to the building. Due to issues relating to substance misuse both within and outside of the centre, friends visiting young people in their flats must be approved and photo identification is required. Young people's flats are checked once each night by two staff members as a safety precaution and more regularly if there is a concern that a young person may be under the influence of a substance.

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

3.7.2 Practices that met the required standard in some respect only

At the time of inspection not all staff had completed training in 'Children First National Guidance for the Protection and Welfare of Children' 2011. Management provided inspectors with a schedule of training booked to ensure that the remainder of staff will have completed it.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- Management must ensure that the remainder of staff complete training in ‘Children First National Guidance for the Protection and Welfare of Children’ 2011.

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

Young people are expected to attend an educational or work placement as part of their placement plan. Four young people had an educational placement. One young person had a date for when they would commence a course and one young person currently did not have any educational placement. Inspectors found staff are proactive in helping young people source educational or work placements. If young people are not engaged in a course for a period of time then they must partake in an in-house programme.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

3.9 Health

Standard

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

3.9.1 Practices that met the required standard in full

The young people are all registered with a G.P. They are encouraged by staff to attend the G.P for a medical assessment on admission to the centre. If they are not attending their local G.P then efforts are made to obtain their previous medical histories. As the majority of the young people are over 18yrs they can choose to attend appointments independently or on their request, staff will accompany them. Young people are also supported by staff in applying for medical cards and with referrals to other specialist services they may require. Young people are able to keep charge of their own medication however this is based on a risk assessment completed by staff. Key workers undertake individual work with young people to include sexual health education. Drug misuse is an ongoing concern in the centre and staff continue in their efforts to address and educate young people on the risks associated with this. Inspectors view that more could be provided by the agency such as having an addiction counsellor meet with the young people in the centre.

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

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

Maintenance and repairs

There is a maintenance person for the centre and they carry out all minor repairs as they arise in the flats. The centre has a maintenance book in which all maintenance requirements are logged with a record of dates in which repairs are completed. From reviewing the maintenance book inspectors found that any repairs necessary were completed in a timely manner.

Safety

The centre has a health and safety statement which was reviewed in July 2015 and all staff have signed that they have read it. Manual handling training had recently been completed by the majority of staff. Medication is stored in a locked cabinet in the office.

Fire Safety

The centre has written confirmation from a certified engineer that all requirements relating to fire safety and building control have been complied with. The manager informed inspectors that there had been two fire marshals and both have recently left so they are looking at training other staff to take on this role. Fire drills take place regularly and a record of these are recorded. Fire safety training is held yearly and is compulsory for all staff.

3.10.2 Practices that met the required standard in some respect only

Accommodation

The accommodation for the young people consists of six flats. Young people can decorate their flat to their own taste should they wish to do so. There is a flat that is used for life skill work with the young people. There is a communal room that young people have the use of for leisure activities or to meet with friends or professionals. The building that contains the flat is old and requires extensive work at present. The work required concerns replacing the roof and all of the windows. The manager informed inspectors that funding has been secured by the agency and the building work had been due to commence last year but this fell through and the agency had to source another company. There is now a schedule in place for when the building work will take place. The manager informed inspectors that one of the flats had a recent water leak and a resident had to be moved to another flat. Inspectors viewed this particular flat and advised management that it was not to be used until the repair work had been completed. The leak has been repaired for the time being and it is envisioned that once the work on the roof has been completed there will be no future problems with leaks. Following on from the onsite inspection one inspector went to revisit the flat and observed that the flat was now fit for purpose. A copy of insurance records was forwarded to the inspectorate.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

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

-Part III, Article 15, Insurance

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

-Part III, Article 13, Fire Precautions.

Required Action

- Management must ensure that the maintenance work required on the roof is completed to ensure that the building is in good structural condition.

4. Action Plan

| Standard | Issues Requiring Action | Response | Inspectors Commentary |
|-------------------|---|--|---|
| <p>3.2</p> | <p>Management must ensure that all the vetting requirements have been completed prior to staff taking up their post.</p> <p>Management must ensure that staff requiring core training is completed as soon as possible.</p> | <p>Management has implemented a standard reference form and have reviewed internal processes to ensure that all references are checked prior to employment commencement. This is an immediate action.</p> <p>Currently core training is offered twice a year and all staff members with this requirement are placed on this training. Currently every permanent member of staff bar one are all booked on refresher and core training as required.</p> | <p>The Inspectors were satisfied with this response.</p> <p>The Inspectors were satisfied with this response.</p> |

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| | <p>Taking into account the current issues within the centre, additional training such as drug and alcohol awareness must be provided to all staff.</p> | <p>Another option is currently being explored and proposed is that we are trained to deliver the TCI refresher training and children's first. Review Training needs with the staff team and individual training needs and organise the most appropriate training. To be arranged and implemented for Sept 2016.</p> | <p>The Inspectors were satisfied with this response.</p> |
| <p>3.3</p> | <p>The monitor must provide an annual report to the Child and Family Agency to ensure its practice is in compliance with the National Standards for Children's Residential Centres.</p> | <p>Monitoring visit booked in for 21st June 2016.</p> | <p>The Inspectors were satisfied with this response.</p> |
| <p>3.5</p> | <p>Management must ensure that collective risk assessments in consultation with social workers are completed and on file taking in to account the current issues within the centre. Other actions apply to Tusla and the centre will continue to advocate.</p> | <p>Current practice is that collective risk assessment is completed by a member of the management team/scl with the social worker and this is then filed with the care plan and admission information. This is currently in place and will continue as practice at the time of inspection this was not evidenced in the filing and the management have assured this is the case.</p> | <p>The Inspectors were satisfied with this response.</p> |

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| <p>3.6</p> | <p>Management must address with all staff how behaviour is managed to ensure consistency with all young people.</p> <p>Management must ensure that staff have completed the full or refresher training in the use of restraint.</p> | <p>Behaviour management and individual interventions discussed in staff meeting, review meetings and handovers are recorded as such. These interventions are also discussed with young people and risk assessments updated. Consistency has been a topic on the staff meeting agenda's since the inspection. This has been dealt with however with changing groups needs to stay a live issue.</p> <p>All staff are booked on refresher or core training and the reason for lapse of refresher was cancellation from the children training unit of dates. Exploration of organisation into training trainers in TCI. This has begun and we are at the stage of gathering all the relevant information to cost training. We are also exploring with other voluntary agencies in relation to sharing interagency supports.</p> | <p>The Inspectors were satisfied with this response.</p> <p>The Inspectors were satisfied with this response.</p> |
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| <p>3.7</p> | <p>Management must ensure that the remainder of staff complete training in ‘Children First National Guidance for the Protection and Welfare of Children 2011’</p> | <p>All staff who had not received training have completed children’s first training From the 31st of May except for one and we are awaiting a further date. We are exploring the possibility of train the trainers in children’s first training also and having trainers within our wider organisation.</p> | <p>The Inspectors were satisfied with this response.</p> |
| <p>3.10</p> | <p>Management must ensure that the maintenance work required on the roof is completed to ensure that the building is in good structural condition.</p> | <p>Time scale to be forwarded to the inspection time when schedule is received. Currently is at tenure and a contractor has not been identified as of yet.</p> | <p>The Inspectors were satisfied with this response.</p> |