



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	068
Year:	2016
Lead inspector:	Sinead Diggin

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Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Peter McVerry Trust
Registered Capacity:	Six Young People
Dates of Inspection:	20th, 21st & 22nd September 2016
Registration Decision:	Registered without conditions attached
Inspection Team:	Sinead Diggin Eileen Woods
Date Report Issued:	18 January 2017

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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.

1.1 Methodology

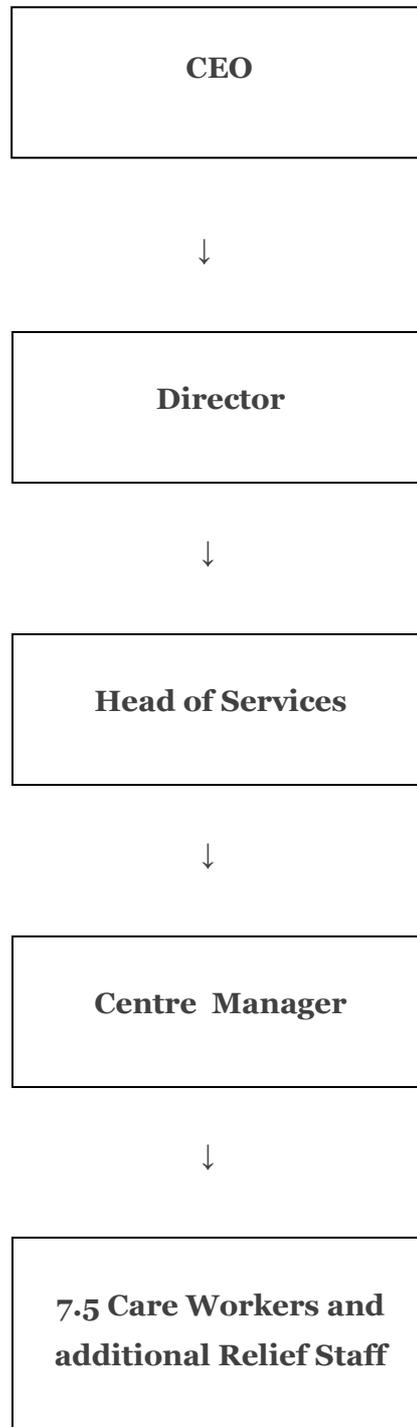
An application was duly made by the proprietors of this centre for continued registration on the 29th August 2016. This inspection took place on the 20th, 21st and 22nd September 2016 over a three day period and this report is based on a range of inspection techniques including:

- ◆ 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) seven of the care staff
 - b) The social worker with responsibility for the young person residing in the centre.
 - c) Other professionals e.g. General Practitioner's and therapists.
- ◆ An examination of the most recent report from the Monitoring Officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The head of services with responsibility for young people under eighteen years of age.
 - c) Three social care staff
 - d) One young person
 - e) The monitoring officer
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health 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 18th of January 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 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 30th of September 2016 to the 30th of September 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 provides semi-independent accommodation for up to six young males between seventeen and twenty one year's old. This is one of four registered centres for young people and is operated under a voluntary organisation. The purpose of this centre is to provide the young people with support while they are developing the necessary life skills to live independently. The purpose and function has been updated since the last inspection and management and staff are involved in this. Each young person has their own bed-sit which they are responsible for maintaining. There is a recreational space including a kitchen area in the centre where young people and staff can come together and spend time. Young people can remain in the centre for up to two years and extended if deemed appropriate. The centre have recently updated and developed their own life skills programme. This programme is relatively new and inspectors acknowledge that more time was required to assess how staff were engaging the young people in the programme. The manager stated in interview that they place a strong focus on community links and collaborative working with other agencies. A relationship based approach is used and staff use a strengths based model with the young people's to assist them in developing the life skills required for independent living. Inspectors found from the interviews conducted and questionnaires reviewed that there was a clear understanding from staff of the ethos of the organisation, and purpose and function of the centre and that it was reflected in practice.

The centre has detailed policies and procedures from which they work from. There was information available about the centre for professionals and booklets specific to this centre for the young people residing in the centre.

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

None identified.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The manager of the centre has been working within the organisation for many years before taking on their current role in 2013. Since then they have had one leave of absence which was extended requiring the need for their post to be extended in the interim period, therefore requiring the need for their post to be filled during this period. The manager of the centre is suitably qualified with additional qualifications relevant to the needs of the young people in the centre. The manager displayed strong leadership skills and has clear systems in place to manage and oversee care practices within the centre, including monitoring of centre files and supervision of staff. Inspectors found the manager to be confident and committed to the service and the young people. The manager is supported in their role by three social care leaders who rotate the role of acting up for the manager as required.

The manager is supported and line managed by the head of services with special responsibility for the centres. The head of services has an audit system in place with mechanisms to address any actions required and the outcomes once completed. Inspectors found that the head of services had good knowledge of all young people in the centre as well as staff and any issues that might have arisen. There was evidence of regular communication between the manager and the head of services. The head of services stated that they spoke with the manager daily. The head of services chairs management meetings in which all managers within the organisation attend. Items discussed at these meetings include the model of care and its development, significant event reviews and risk planning as well as maintenance and health and safety issues.

Register

As required by the regulations the centre has a register of all young residing in the centre. Inspectors reviewed the register and found that all details required were recorded in full. There is no start date on the register and no signature from the manager who had completed it and this needs to be rectified. There was evidence that the head of services had viewed the register. Duplicate records of young people in the centre are kept centrally by the Child and Family Agency.

Notification of Significant Events

The centre has a system in place for notifying all significant events. All significant event notifications are sent to the social workers for the young people, the monitor with the Child and Family Agency and the head of services. Significant events for young people over the age of eighteen are only notified to the monitor if there is an impact on the young people under eighteen. The manager informed inspectors that this was decided in collaboration with the monitor. Young people are aware of who is notified if there is a significant event and there is information regarding this available in their handbooks. There was only one young person under the age of eighteen resident at the time of inspection. The allocated social worker informed inspectors that there had been no events with this young person warranting notification, however inspectors found that this person had been absent without authority on three occasions, all of which were overnight. The organisation has a significant event review group (SERG) which is chaired by the head of services and all four managers attend. The purpose of the review group is to discuss and reflect on all significant events and to look at possible alternatives to prevent the same incident occurring in the future.

Staffing

The staffing consists of seven full time staff and a half post, three of which are social care leaders, the remainder social care workers. The organisation has a panel of relief staff to cover annual leave. The majority of the staff has been working in the centre long term and so are a well established team. For newer members of the team the staff should be mindful that although new, a different perspective can be a positive both for the young people and the staff team. From observations during the onsite inspection, interviews conducted and reviewing centre files, inspectors found the staff to be strong advocates for the young people and were committed to the service. There was evidence that an induction was in place for new members of staff with social care

leaders providing support. New staff are also inducted in to the wider services of the organisation.

Inspectors reviewed the personnel files of the newest members of staff and found that they were appropriately vetted with references on file and evidence that they had been verbally checked.

Supervision and support

The manager provides supervision to all of the staff team. Inspectors reviewed the supervision records and found that it was taking place within the guidelines of their supervision policy of six to eight weeks. The supervision records were typed and covered areas relating to their model of care, young people and their placement plans, training and staff development as well as any issues that a staff member may have. Inspectors found that the manager through supervision provided support, challenged staff on practice if necessary and identified practice areas to be improved on. From staff questionnaires reviewed and interviews conducted staff found supervision to be beneficial and supportive.

Social care leaders do not provide supervision however inspectors recommend that they undertake supervision training for their own development and future progression.

The manager is supervised by the head of services approximately every eight weeks. The records reviewed reflected discussion on the model of care, referrals and the current young people. Some supervision sessions also included areas such as staff accountability and the need to delegate more responsibility to senior staff.

Handovers occur daily which the manager is usually present for. Team meetings are held weekly. Minutes reviewed displayed that there is good attendance by staff. Young people are discussed in detail with a focus on planning for each young person, key working, actions required and aftercare. One inspector was present for a staff meeting and found there was good advocacy from staff, on behalf of the young people. The manager advised and gave direction accordingly.

Team facilitation is provided to staff by an external consultant once a month. Questionnaires and staff interviews conducted indicated that this was welcomed by all staff. One staff member felt that it would benefit the team if this time could be dedicated solely to the staff rather than any discussion on the young people. There is

also a staff support service, separate to the manager that is available to staff should they require it.

Training and development

Inspectors found the organisation to be pro-active in ensuring that all staff has completed mandatory core training required such as first aid, fire safety, their chosen model of behaviour management training and ‘ Children’s first National Guidance for the Protection and Welfare of Children’ 2011. Other relevant training provided included substance misuse, motivational interviewing and mental health issues.

3.2.2 Practices that met the required standard in some respect only

Administrative files

Inspectors found that there was a large amount of files kept on the young people who were over eighteen years of age. The manager must re-examine the high level of recording for young people who are over eighteen years of age as they are now young adults. Inspectors did find that handover log books contained detailed information pertaining to all young people. A lot of this information is recorded in the young person’s personal daily log book or individual file and therefore there is an overlapping of information recorded. No collective information should be recorded as personal information needs to be taken in to account when it comes to the archiving of files. Management must review the handover recording system to ensure that no detailed collective information is recorded.

There was evidence of oversight in centre files from internal and external management. The manager reports that the budget is adequate to meet the needs of the service. Young people under the age of eighteen receive an allowance from the centre to cover their weekly grocery shopping. Young people over the age of eighteen receive an aftercare allowance or a training allowance. From this they have to pay their rent for their bed-sit and budget the remainder of their money for groceries and other expenses.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

Required Action

- The manager must re-examine the high level of recording for young people who are over eighteen years of age.
- Management must review the handover recording system to ensure that no detailed collective information is recorded.

3.3 Monitoring

Standard

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

3.3.1 Practices that met the required standard in full

The monitor from the Child and Family Agency visited the centre in June 2015 and a report was issued. Some issues identified requiring action from the report was supervision not taking place within the timeframes of their supervision policy and notifying the monitor of complaints promptly. From this inspection, inspectors have noted improvements and management has taken steps to address the issues highlighted in the monitors report. There was information available to young people on the role of the monitor.

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

Complaints

The centre has a policy on complaints and there is information available in young people's handbooks on how to make a complaint. A young person who met with inspectors was clear in their knowledge of how to make a complaint but stated they had not made any to date. This young person informed inspectors that the only thing they were unhappy about in the centre was not having access to WI-FI. Inspectors brought the young person's view to the head of services and they said that they were considering this but as yet had made no definite decision. Inspectors found that there were not many complaints made by the young people but there was evidence that any complaints made were responded to promptly. In reviewing the centre paperwork there was no evidence to suggest that the young people were satisfied with the outcome and their response to this needs to be reflected.

Access to information

The centre has a policy on access to information and there was evidence that staff offer the young people opportunities to read their daily log books and their placement plans. As stated earlier in the report management must review how handover information is recorded to ensure that young people's information is not held collectively.

3.4.2 Practices that met the required standard in some respect only

Consultation

Inspectors found that staff were pro-active in consulting with the young people in the centre. Young people had allocated key workers who met with them individually on a regular basis. From a team meeting that an inspector attended during the inspection it was evident that young people's views were ascertained. One young person who

met with inspectors was satisfied that they could approach staff and felt their views were heard. Young people's meetings were not held as they preferred to meet with the staff or manager individually. From a review of young people's files inspectors found a lack of evidence that some young people were not always consulted by their social worker or aftercare worker about decisions that may impact on them. The placing social work department must ensure that young people's views are considered in matters pertaining to them. Staff in the centre linked with empowering young people in care (EPIC) and they have visited the centre. Inspectors found there was information on EPIC and other external advocates in the communal areas of the centre.

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 not 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 Child and Family Agency placing social work department must ensure that young people's views are considered in matters pertaining to them or their families.

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 and admissions

The centre has a detailed policy on suitable placements and admissions which refer to both planned and unplanned. The head of services consults with the alternative care manager and the manager meets with the young person's social worker or aftercare worker. A risk assessment including impact risk assessment is completed. If the placement is deemed suitable an individualised transition plan is put in place and the manager reports that the team are flexible in this, to suit the needs of the young person. As it is a semi-independent placement, young people are informed that it is their choice in whether they accept the placement. The organisation acknowledges that in some circumstances it may be necessary for a young person to be admitted in to the centre in an unplanned way and they have a process for this. The manager was satisfied that the current residents in the centre were all suitably placed. One young person was confident in expressing to inspectors the purpose of their placement and how it was helping in preparing them to live independently.

Contact with families

The centre has a policy on contact with family. For young people under the age of eighteen years they are guided by the young person's social worker but are also respectful of the young person's view and advocate on their behalf if requested. For young people over the age of eighteen there is information in their handbook which informs them that family will be contacted if something significant happens. Family members are welcome in the centre and to visit young people in their bed-sits. This is risk assessed and in particular where a much younger family member may be visiting. For young people who do not see their family regularly, contact is facilitated through

telephone or the use of the office Wi-Fi. Friends are welcome in the centre following a risk assessment.

Standard

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

Supervision and visiting of young people

There were five young people resident in the centre at the time of inspection. There was only young person under eighteen years of age and they had a newly allocated social worker. The social worker has only met with the young person once and the social worker stated that the young person is hard to engage. The social worker stated that they would be in regular communication with the staff or manager of the centre. The social worker did state that they had visited the centre for a pre-arranged meeting with the young person's key worker however the key worker was not there and they met with the manager instead. The other four young people all have allocated aftercare workers. From reviewing the care files, inspectors found that the level of contact with either the young person or staff from aftercare workers varied which could impact on the current needs of the young person.

Social Work Role

The social worker for the young person under eighteen years of age was interviewed as part of this inspection. As stated earlier they were newly allocated and had only met with the young person once. A child in care review had been held since they had been allocated however the social worker was on leave at the time. The social worker stated that a report had been prepared in advance of the review and that the young person had been consulted.

Emotional and specialist support

Inspectors found that the staff had a good knowledge of the emotional needs of the young people in the centre. They had completed training courses in areas specific to the needs of the young people and used the knowledge along with their experience to engage the young people in individual pieces of work. The inspectors noted that some of the work completed was on topics such as mental health, anger management and

drug misuse. Young people were also referred to external specialised services such as mental health services or drug outreach programmes as required. Through the wider organisation staff can refer young people to the services linked to the organisation and encourage and support young people in attending.

Preparation for leaving care

Inspectors found from reviewing young people's files that life skills needs assessments had been completed. As stated earlier in the report the manager has recently developed and updated a life skills programme. At the time of inspection this had been newly introduced. Placement plans identified life skill work to be completed, and key working and individual work reports evidenced the work carried out along with the outcome. Staff encourage the young people to take on practical tasks such as shopping, laundry and maintaining their bed-sits while at the same time, providing the young person with the support they may require. One young person told inspectors that the staff were always there to help and teach you things. A positive for young people when they leave is that they are able and do visit staff for advice or guidance.

Discharges

The centre has a policy on discharges which includes both planned and unplanned. The centre aim for a planned discharge in line with the young person's aftercare plan and placement plan. This includes what supports the staff in the centre can offer during the transition period. The manager stated that there had been one unplanned discharge of a young person in the centre since the last inspection. The organisation was able to support the young person until an alternative placement became available.

Aftercare

There were aftercare plans on each of the young people's files. In line with the Tusla, Child and Family National Aftercare Policy 2011, young people have allocated aftercare workers. One young person had only recently been assigned an aftercare worker. The manager stated to inspectors that up until then the centre had insisted that the young person continued to have a social worker until an aftercare worker was assigned. Acquiring accommodation for young people leaving care is becoming increasingly difficult. One young person had been resident in the centre for almost three years and was awaiting accommodation from the local housing authority. This

young person had been on a waiting list for a considerable period of time and without suitable accommodation will be at risk of becoming homeless. Young people who had left the centre often returned to visit, some on a frequent basis and a record is kept of this. The staff offer support to the young people should they require it. The centre have had to put in place set times in when the young can call to the centre has they have to keep in mind the current residents.

Children's case and care records

From reviewing the young people's files inspectors found that they contained birth certificates, passport or age identification cards as well as medical cards. There is a cover sheet for young people to sign in and out any identification documentation they may require. Other certificates relating to education are also kept on file until a young person is leaving the centre. Files of ex-residents are archived and stored by the organisation.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

There was only one young person under the age of eighteen years. They had been resident in the centre for five months and the care plan on file was from the previous year and did not refer to their current placement. The manager informed inspectors that a care plan review had just taken place and the centre were awaiting the updated care plan and minutes of the review. In interview with the allocated social worker following the inspection, inspectors were informed that minutes of the review had been forwarded to the centre. The social work department must ensure that a care plan is updated and pertains to the immediate placement and not a previous placement. The key workers had developed an individual placement plan for the young person and the plan was detailed with achievable goals and regularly reviewed and updated. The social worker for this young person stated that they are not involved in drawing up the placement but would be provided with a report. The other young people in the centre were over the age of eighteen years and had aftercare plans on file.

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 3and4, Consultation Re: Care Plan

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

The Child and Family Agency has not 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 V, Article 25and26, Care Plan Reviews

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

3.6 Care of Young People

Standard

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

3.6.1 Practices that met the required standard in full

Individual care in group living

The young people each had identified key workers who worked with them on an individual basis. Staff encouraged and supported young people to engage in activities of interest to them. The young person who met with inspectors was very positive about the centre and the support they received from the staff. As this is a semi-independent centre young people choose how much time they spend in their bed-sits. They have each have televisions in their rooms but can choose to spend some time in the recreational room with the other young residents and staff. The manager reports that this can vary depending on the young person.

Provision of food and cooking facilities

Young people each have their own cooking facilities in their bed-sits. They do their own grocery shopping with support from staff if required. Staff encourage young people to plan their meals reminding them to shop for healthy food. The recreational room has a kitchen which can be used for staff and young people to cook together. A meal is prepared in the evening however young people are encouraged to cook their own meals in their flats as part of their independence. On Saturdays a cooked breakfast is prepared and on Sundays there is the opportunity for staff and young people to prepare and enjoy a roast dinner.

Race, culture, religion, gender and disability

The organisation has a policy on recognising diversity and staff respect any cultural practices the young people resident in the centre may have. The manager informed inspectors that no training in cultural awareness has been provided and staff source

information on different cultures from the internet. Inspectors recommend that the organisation consider sourcing cultural awareness training so as to inform practice.

Restraint

Physical intervention is a part of the centre's behaviour management model however as part of their policy the centre do not use restraint. The staff apply intervention techniques from their training in their behaviour management model. The manager stated that the last time staff had to request assistance from the Gardaí was approximately twelve months ago.

Absence without authority

The centre has a policy on absence without authority which refers to young people under and over the age of eighteen years. Each young person has an individual absence management plan (AMP). For young people under the age of eighteen years the staff are aware of the Joint Garda and Tusla Child and Family Agency Protocol and follow as necessary. For a young person over the age of eighteen who stays away overnight without informing the centre, staff will complete a risk assessment. The staff will consult the Gardaí if deemed necessary on completion of the risk assessment. At the time of inspection, the current young person under the age of eighteen had an AMP and had been absent from the centre without authority four times in the last six months, three of which were overnight. Discussions on absences were discussed at team meetings and AMP's were then reviewed.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The staff work with the young people using a relationship based approach and promote the positives and strengths in the young person when addressing unacceptable behaviour. Staff in the centre are also trained in a specific model of behaviour management and the intervention techniques from this model compliment their approach. Each young person has an individual crisis management plan (ICMP) which is updated regularly. If a young person's behaviour is deemed unacceptable then staff are pro-active in addressing the issue. A formal meeting may be deemed necessary which would also include the manager. The centre draws up a contract with the young person and they also rely on a warning system if necessary. On receipt of three formal warnings the young person is at risk of losing their placement; however

the manager reports there is opportunity to re-enter the centre, if there is a commitment to respect the rules and commit to the programme as per their placement plan. On reviewing a written warning, inspectors found no evidence or record of the young person's view, timeframe on how they can earn back or the outcome from the warning. Management should ensure that this information is included if a young person receives a warning. There is a sanctions register in place in the centre. An example of a sanction applied may be not allowing the young person to have visitors in their bed-sits. Inspectors found the sanctions applied to young people were fair and appropriate to specific behaviours. Inspectors found that records and the register failed to capture the young person's view of the sanction or the outcome from the sanction and this must be addressed by management.

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 ensure that centre records and the register capture the young person's view of any sanction applied and the outcome from the sanction.

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 in place that includes safeguarding and child protection procedures. Inspectors found that staff interviewed had good knowledge and an awareness of keeping young people safe in the centre. Questionnaires reviewed by inspectors displayed a clear understanding in what to do in the event of an allegation made about a member of staff. Meeting books and handovers displayed evidence of good communication between staff and supervision records evidenced accountability of staff when on shift. Each young person has their own bed-sit and the manager reports that staff would rarely be in a young person's bed-sit unless to help with cooking in which case the door would be left open.

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.

Inspectors found that the centre had good systems in place to ensure the safety of younger family members visiting in the centre. Risk assessments are carried out and young people are given clear rules concerning all visitors. All staff had completed training in 'Children First National Guidance for the protection and Welfare of Children' 2011. The manager reports that upcoming training will be available to refresh and update all staff.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

The centre has a policy on education which includes a young person in education, a young person who has difficulty attending education and a young person who refuses to attend their educational placement. Staff in the centre are pro-active in assisting young people to find an educational placement. Four of the young people were in training or educational placement and one young person was in the process of starting a new course. There was one young person not in an education at the time of inspection and staff were following their placement plan as agreed with relevant professionals in the interim period.

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

All of the young people were registered with a G.P of their own choice or a G.P in the local area of the centre. Young people are encouraged to make their own appointments as necessary or staff will assist them if requested. All of the young people each had their own medical cards which were held on their files for safe keeping. Inspectors found that staff had a good awareness of the mental health of young people. Discussions and key working sessions with the young people included topics on sexual health or drug and alcohol misuse and referrals to specialised services were made as required. One young person was waiting on a specialised medical appointment and in interview with their social worker; they confirmed that they were following up on this. Through key working sessions and assisting young people plan their meals, nutrition and healthy eating is addressed. A risk assessment is completed to determine if a young person can hold their own medication. If there are any concerns or risks then staff will hold and administer to the young person as prescribed.

3.9.2 Practices that met the required standard in some respect only

None identified.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

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

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

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

Accommodation

The accommodation is a large house which consists of the young people's individual bedsits, recreational room and office space. One of the bedsits has an ensuite and there are two shared bathrooms for the other bedsits. Laundry facilities are stored separate to the main house. There is a garden/patio area to the rear of the property which had outdoor seating and colourful plants. The recreational room has a small kitchen and inspectors found this homely with residents availing of this space to spend time with the staff. The centre has recently been painted with some of the flooring newly replaced to a high standard. Young people's bed-sits are painted on admission of a new resident. Inspectors found the centre was clean throughout. There is C.C.T.V external to the property for security reasons and the young people were aware of this. The centre is situated close to local shops and services and has good transport links.

Maintenance and repairs

The centre have a health and safety file which is divided into months and risks and maintenance issues are identified with actions required. The organisation has a maintenance team and inspectors found that repairs in the centre were carried out promptly.

Safety

The centre has a health and safety statement and there is a designated health and safety officer with the manager having overall responsibility. All staff has completed first aid training. Young people's bed-sits are checked on a weekly basis and the young people are aware of this. Young people are not allowed in each other's bed-sits overnight and staff carry out a check each night to ensure this doesn't happen. If a

young person returns to the centre under the influence of drugs or alcohol then they are checked regularly through the night.

Fire Safety

The inspectorate was provided with a copy of the centre's compliance with the building regulations including fire safety. All staff has received fire safety training. The fire register states that the fire alarm is serviced quarterly but the last service recorded was August 2015. The manager reported to inspectors that the fire alarm to be serviced in the week of the inspection took place. Communal corridors and exits are checked daily by staff to ensure there are no obstructions. Fire drills recorded in the register were for January, April, August and September 2016 in line with centre's policy.

3.10.2 Practices that met the required standard in some respect only

None identified.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

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

-Part III, Article 15, Insurance

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

-Part III, Article 13, Fire Precautions.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.2	<p>The manager must re-examine the high level of recording for young people who are over eighteen years of age.</p> <p>Management must review the handover recording system to ensure that no detailed collective information is recorded.</p>	<p>This will be reviewed by the manager over the next two weeks and a planning meeting held by the 1st of February to consider requirements and a process to agree recording structure put in place by the 1st of March.</p>	<p>The Inspectors are satisfied with this response.</p>
3.4	<p>The Child and Family Agency placing social work department must ensure that young people's views are considered in matters pertaining to them.</p>	<p>The Manager and team will continue to work with The Child & Family Agency Social Work Departments in relation to consideration of young people's views in matters pertaining to them.</p>	<p>The Inspectors are satisfied with this response.</p>

<p>3.6</p>	<p>Management must ensure that centre records and the register capture the young person's view of any sanction applied and the outcome from the sanction.</p>	<p>Management in consultation with DHOS has inputted an additional section into the sanction register for PMVT U18 Belvedere to ensure that the young person's view and outcome of sanction is recorded.</p>	<p>The Inspectors are satisfied with this response.</p>
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