

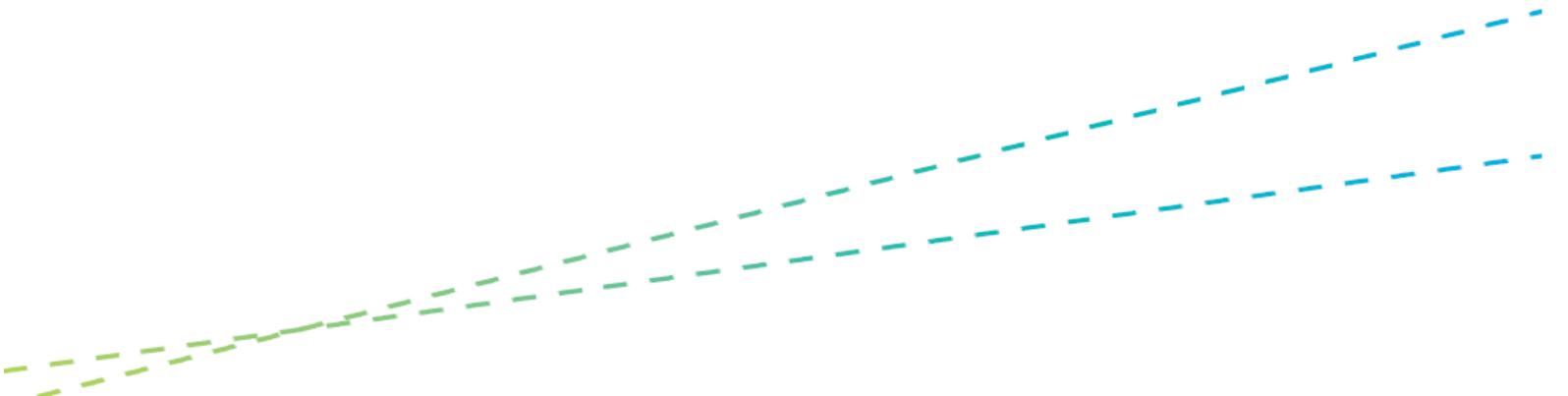


An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	075
<b>Year:</b>	2015
<b>Lead inspector:</b>	Paschal McMahon

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2015</b>
<b>Name of Organisation:</b>	<b>Solis MMC Children's Services</b>
<b>Registered Capacity:</b>	<b>Four Young People</b>
<b>Dates of Inspection:</b>	<b>30<sup>th</sup> of September and the 1<sup>st</sup> of October 2015</b>
<b>Registration Decision:</b>	<b>Registered without conditions from the 24<sup>th</sup> of September 2015 to the 24<sup>th</sup> of September 2018</b>
<b>Inspection Team:</b>	<b>Paschal McMahon Lorraine O'Brien</b>
<b>Date Report Issued:</b>	<b>19<sup>th</sup> of January 2016</b>

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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 8<sup>th</sup> of September 2015. This announced inspection took place on 30<sup>th</sup> September and 1<sup>st</sup> October 2015 over a two day period and this report is based on a range of inspection techniques including:

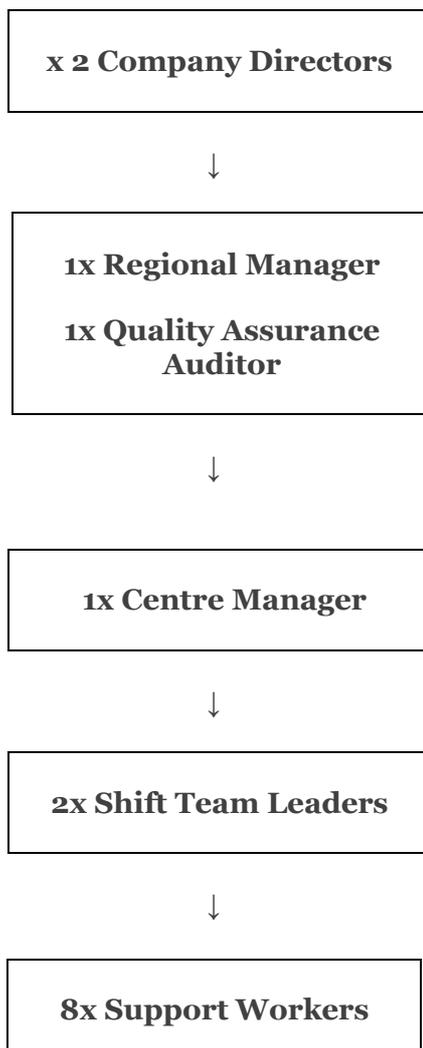
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) The Centre Manager
  - b) Seven of the care staff
  - c) The social workers with responsibility for two of the young people residing in the centre.
  - d) The parent of one of the young people
  - e) The regional manager of the organisation
- ◆ An examination of the most recent reports from the Monitoring Officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of the former HSE.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre manager
  - b) Four of the care staff
  - c) The organisations regional manager
  - d) Three young people
  - e) The Monitoring Officer
  - f) Two social workers
  - g) Two members of the Garda Síochanna
  - h) The parent of one of the young people

- ◆ 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 the 11<sup>th</sup> 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 ID Number 075 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 24<sup>th</sup> September 2015 to 24<sup>th</sup> September 2018.**

## 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**

None Identified.

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

The centre had a written statement of purpose and function. The purpose and function of the centre is to provide medium term care for young people aged between thirteen and eighteen years of mixed gender. The document describes the service as aiming to “provide a high quality standard of care that is responsive to the individual needs of young people, within a child centered, supportive and safe environment.”

Inspectors found that the centre did not always operate within its purpose and function and in practice a lot of placements in the year prior to inspection were short term placements. In addition to this there had been one short term emergency admission despite the fact that the centre’s purpose and function does not include the provision for emergency placements. Management should only admit young people in accordance with the centre purpose and function and admission policy. There was also no evidence that the statement of purpose and function had been reviewed and updated in accordance with the standards.

The centre is currently registered for four young people. While the centre has the physical capacity to cater for four young people, the admission of a fourth young person in practice would result in a change of use to one of the rooms currently being used as the manager’s office to a young person’s bedroom which is not ideal. Inspectors recommend that the capacity of the centre is reviewed.

On admission each young person receives a welcome booklet which provides information on the service in a child friendly manner.

A policy and procedures document was submitted for registration purposes and this met the requirements of the National Standards.

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

None Identified.

#### **Required Action**

- The centre must review the centre's statement of purpose and function. This must include a review of the intended duration of placements and the capacity of the centre.
- The centre must ensure that all admissions are in line with the centre's statement of purpose and function.

## **3.2 Management and Staffing**

### ***Standard***

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

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

#### **Management**

The current centre manager had been in post for 19 months at the time of inspection and had been the deputy manager for three months prior to this. The manager was appropriately qualified and there was evidence from interviews with staff and centre records that the manager was overseeing practice. Staff members who were interviewed reported that the manager was very supportive of their practice. External line management was provided by the organisation's regional manager who has a social care background. The regional manager was provided with daily updates on the young people living in the centre and staff confirmed that the regional manager visited the centre on a regular basis.

The organisation also had a quality assurance system in place and inspectors viewed a number of audit reports. There was evidence that the centre manager had taken action to address issues identified in these audits.

#### **Register**

A register of all those who live in the centre was maintained by the manager. The inspectors were satisfied that the register complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21; the admission details of the present residents were properly recorded.

#### **Notification of significant events**

The Inspectors examined the significant event records, and were satisfied that the significant events affecting young people living in the centre were promptly notified to the Child and Family Agency. This was confirmed by the supervising social workers and the monitoring officer. During the period under review there had been some serious significant events and these had been dealt with effectively.

## **Staffing**

The Inspectors found that all of the staff working in the centre were appropriately qualified. The centre was staffed by a committed team which included the centre manager, one team leader, eight residential social care workers, wake night staff and a panel of relief staff. At the time of inspection there was one team leader post vacant which the inspectors recommend is filled as soon as possible.

The Inspectors carried out an audit of staff personnel files and found that the staff team were suitably qualified and experienced, and all team members were properly vetted before taking up duties. The files were well organised and there was evidence that the centre manager had reviewed the files.

All of the staff interviewed by inspectors confirmed that they had received induction training.

## **Supervision and support**

The Inspectors examined the staff supervision records, and were satisfied that the team had received regular formal supervision. Supervision sessions were recorded and there was evidence of an effective link to practice. The manager and the team leader supervised the staff team. The team leader was supervised by the manager who in turn received supervision from the regional manager. Informal support was also available to the manager through regular contact with the regional manager who is provided with daily updates. There is an effective link between supervision and young people's placement plans.

## **Training and development**

There was evidence of ongoing training and development available to the staff team and both manager and staff members indicated that the organisation is supportive and facilitative of staff training and development needs. Staff training records inspectors viewed showed that a training schedule was in place and all staff had received core training such as Children First, behaviour management, fire safety and first aid.

## **Administrative files**

The recording systems in place were well organised and maintained to facilitate effective management and accountability. There was good evidence of oversight and records were signed by the manager and regional manager. Inspectors found that the management and staff team were not clear of procedures to follow when young

people access their care files. Inspectors are of the opinion that it would be beneficial for the staff team to receive training in data protection and freedom of information training.

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

None identified.

### **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 met 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*

### 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**

The centre was monitored by the child and family agency monitoring officer who visited the centre on five occasions in the twelve months prior to inspection. The monitor produced a number of reports and highlighted a number of issues requiring action including the review of unplanned discharges and a review of pre-admission risk assessments which are also addressed in this report. During the course of his visits the monitor has met with the management, staff and young people and was satisfied that he received prompt notification of significant events.

#### **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

##### **Consultation**

The Inspectors were satisfied that the three young people were consulted, and that their opinions and views were sought on decisions affecting their daily lives and future. The young people were individually consulted about their care and the staff team promoted consultation with young people through weekly house meetings. Records were kept of house meetings but it was unclear in some cases if issues raised had been followed up or addressed and responded to. Inspectors recommend that any actions taken in response to issues raised at house meetings are recorded once completed.

The Inspectors were satisfied that the young people were knowledgeable about their rights and responsibilities, and that the young people's rights were reflected in centre policies. Similarly the staff team had a good understanding of the rights of the young people. There was good evidence that each young person received user friendly information booklet upon admission to the centre.

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

The Inspectors were satisfied that there was a clear written procedure which sets out how young people can access information about themselves and the services available to them. Young people are afforded the opportunity to amend their personal records where personal information is incomplete, factually incorrect or misleading.

Inspectors viewed evidence of young people having accessed their daily log records.

Inspectors found that management and staff were unclear of procedures to follow when young people requested to see their file including third party information.

Freedom of information and data protection training is required for the staff team as highlighted previously in the report.

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

#### **Complaints**

The centre has a complaints policy to guide the staff and management team if a young person wants to exercise their right to make a complaint. The young people that spoke to inspectors understood the complaints process and identified their key workers as the person they would raise concerns with initially. The inspectors reviewed the complaints on file and noted that there were some deficits in the recording of a number of complaints. A number of complaint forms did not record outcomes, were not signed off by the young people and in some cases supporting documentation was not attached to the relevant complaint forms.

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

None identified.

### **3.4.4 Regulation Based Requirements**

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

#### **Required Action**

- The manager must ensure the outcome of all complaints is recorded, complaint forms are signed off by young people, and the relevant supporting documentation is attached.

## 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**

#### **Statutory care planning and review**

At the time of the inspection all of the young people had statutory care plan and reviews on file. Child in care reviews had taken place for two of the young people within the statutory timescales and a review for the third young person had been scheduled. The Inspectors were satisfied that the care plans in place outlined the aims of the placement, the supports required by the young people, and the arrangements for family contact. It was evident from interviews with two of the young people's social workers that they worked in partnership with the young people; families and the centre staff to achieve identified targets.

#### **Contact with families**

There was evidence that staff in the centre support young people in maintaining family contact and existing links. Staff outlined to the inspectors ways in which they supported young people to have contact with their families which included driving young people to and from access visits. Staff were knowledgeable about specific access arrangements for young people and these were appropriately detailed within young people's files.

#### **Supervision and visiting of young people**

Inspectors found evidence of regular visits by allocated social workers to young people in the centre in accordance with the expected requirements. One young person's social worker is based a significant distance from the centre therefore visits to the young person were not as frequent. Social workers have also read records in the centre relating to the young people.

## Social Work Role

### **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.

Two of the young people had allocated social workers at the time of the inspection and both were interviewed by inspectors. The third young person's social worker was on leave and a team leader was managing the case. Following the inspection the young person was allocated a new social worker and an inspector conducted a telephone interview with him. The two social workers interviewed by inspectors stated that they had a good relationship with the management team and staff and were notified in a timely manner of significant events including child protection issues. They were aware that there were challenges in relation to managing the young people's needs and were satisfied with the responses from the centre in addressing presenting issues.

### **Emotional and specialist support**

Inspectors found from interviews with staff and reviewing keywork records that staff had a good awareness of the emotional needs of the young people and that individual work was being undertaken with the young people.

The staff team received support in the form of regular psychological consultation from a senior clinical psychologist contracted to the organisation. The senior clinical psychologist reviews young people's care and placement plans had attended staff team meetings and had worked directly with the young people on occasions.

The inspectors were informed by the centre manager that while access to specialist services was generally good when required, there can be delays in accessing some services such as the Child and Adolescent Mental Health Service.

Supervising social workers stated they were satisfied with the individual work staff undertook with young people.

### **Preparation for leaving care**

As the majority of the most recent placements in the centre had been for short durations the primary focus was on achieving short term placement goals. The monitoring officer confirmed that two residents who resided in the centre for over a two year period were prepared adequately for leaving care. Both young people

participated in individual life skills programmes and moved on from the centre in a planned manner.

### **Aftercare**

The centre had a policy on aftercare preparation for young people over sixteen years of age. At the time of inspection one of the young people was over 16 years of age and he had a designated aftercare worker.

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

The content and organisation of care files, log books and other records was of a very high standard. Care files were sub-divided into sections and the key documentation was clearly in evidence. The records examined were filed in chronological order and were kept up to date.

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

### **Suitable placements and admissions**

The centre is currently registered to accommodate four young people aged between thirteen and eighteen years. The inspectors found that the centre had a clear written admissions procedure. All referrals were received from the national central referrals committee. The decision to admit a young person is based on an assessment by the centre manager in consultation the regional manager and pre-admission risk assessments and impact risk assessments were undertaken prior to admission.

At the time of inspection there were three young people residing in the centre, all of whom had been admitted in the three months prior to the inspection. The centre manager and two of the young people's social workers interviewed during the course of the inspection were satisfied that these young people were appropriately placed. At the time of the inspection the placement of the third young person was under review as the young person's behaviour had deteriorated following the admission of a new resident. There were concerns in relation to the suitability of the placement, whether the centre could meet the young person's needs and the impact on the other young people in the centre. Inspectors were subsequently informed that following consultation with the young person's social work team a decision had been made to transfer the young person to one of the organisations other centre's nearer the young person's home.

During the period under review there were a number of placement breakdowns. One young person who had been placed in the centre engaged in disruptive and destructive behaviour and assaulted other young people and staff. The young person's behaviour had a destabilising effect on the placements of other residents and on staff which resulted in a period of single occupancy for the young person. The young person was subsequently discharged to a single arrangement set up by the organisation on a more permanent basis.

The mix of young people placed together was also an issue in the months prior to inspection when another young person's placement broke down due to their behaviour and negative impact on the two other young people in the centre.

The level of placement breakdowns indicates that the current risk assessment process is not effective and needs to be reviewed and closer attention needs to be paid to the mix of young people. The three young people in the centre at the time of inspection were admitted over a ten week period, two of whom were admitted within ten days of one another. The centre should allow young people a longer settling in period. The admission of young people in quick succession allows a short time for young people to build relationships with staff and provides the centre with limited information to inform risk assessments. The inspectors requires the centre to review its admission process and ensure that pre-admission risk assessments are more robust given the disproportionately high number of unplanned discharges.

## **Discharges**

The centre had a policy on discharges from the centre. In examining the discharge records there was evidence that some young people were discharged in a planned manner in line with their care plans. The first two admissions to the centre when it opened in 2012 made great progress in the centre. One young person returned to foster carers and the other moved onto an independent living arrangement.

The inspectors were concerned that a number of discharges had not taken place in a planned manner in the twelve months prior to inspection. In a number of cases placements broke down due to young people's behaviour becoming unmanageable in posing a risk to themselves and/or other residents and staff which resulted in young people being moved on from the centre swiftly in some instances. The inspectors did not find any evidence of a review of these unplanned discharges. The centre should also ensure, as much as it is practically possible, that young people are discharged from the centre in a planned way.

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

None identified.

### **3.5.5 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**

- The centre must review its admission process and ensure that pre-admission risk assessments are more robust.
- The centre must ensure, as much as it is practically possible that young people are discharged from the centre in a planned way.
- The centre must review all unplanned discharges to assess if they could have been prevented in order to determine where future changes could be made that would minimise the likelihood of further unplanned discharges from the centre.

## 3.6 Care of Young People

### ***Standard***

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

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

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

The individual care of young people was very good. Young people in the centre were treated as individuals by staff. They each had their own bedroom and were encouraged to decorate this to their own taste. Staff were proactive in assisting young people pursue their interests and two of the young people were involved in sports clubs. Staff also arranged work experience in a garage for a young person who expressed an interest in cars and becoming a motor mechanic.

Staff were very aware of the emotional needs of each young person and endeavoured to support them where possible. Birthdays and festive occasions were marked in a manner similar to their peers.

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

Young people in the centre were involved in menu planning in the centre and their individual dietary preferences and requirements were given due consideration. Young people had easy access to food and there was an adequate supply of nutritious food available. Staff were creative in exposing the young people to a wider range of foods by arranging "culture nights" in the centre. On a pre-inspection visit to the centre inspectors had highlighted deficiencies in relation to the storage of food which had been addressed by the time the inspection took place.

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

In their work with young people staff endeavoured to enable them to enjoy the same opportunities as their peers without being subject to discrimination and this is evident in the centre. Young people were helped to understand the reasons for being in care and to deal with this in a way that does not adversely affect their social experiences. Staff recognised the importance of family in young people's lives and supported them in maintaining contact. Young people were afforded the opportunity to attend religious services as appropriate.

## **Restraint**

There had been four physical interventions in the twelve months prior to inspection. The Inspectors were satisfied that an appropriate restraints policy was in place and that all restraints were recorded, and monitored by management. All staff team were trained in an approved behaviour management model.

## **Absence without authority**

The three young people had Individual Absence Management Plans on file. There were forty one recorded unauthorised absences from the centre in the twelve months prior to inspection. Twenty six of these were in relation to one young person who had a history of absconding prior to admission and the young person's placement subsequently broke down. The inspectors found that absences were reported promptly to the relevant social workers, external managers, parents and An Garda Síochána. The inspector found that the centre was adhering to HSE Garda protocol for children missing from care.

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

#### **Managing behavior**

The centre had a policy on managing behaviour which is based on an approved behaviour management model and provided guidance to the staff team on how to manage challenging behaviour. Each young person had an up-to-date individual crisis management plan and staff demonstrated that they were aware of underlying causes of inappropriate and challenging behaviour.

At the time of inspection the centre was experiencing some difficulties in managing the behaviour of one young person in the centre and the dynamic between the three young people was not always good. There had been a number of incidents of bullying and harassment and there was evidence that strategies were in place to manage this behaviour and that individual work had been carried out with the young people. One of the measures taken by the centre was to increase the level of staff supervision along with an increase in the male compliment of staff. A review was also scheduled to review the suitability of the young person's placement.

The format for reviewing significant events was at team meetings and at a significant event review group which met every three months. This group comprised of the centre manager, the area manager, a number of other centre managers and reviews significant events that have had taken place within a number of centres in the previous three months. Inspectors had concerns in regards to the effectiveness of this process and felt that a more immediate review of serious incidents would be of more benefit to the team. The inspectors found that the organisation should put a more robust system in place to review significant events in a shorter time frame, which includes an element of external management.

The centre manager and staff told the inspectors that they had a good working relationship with the local Gardaí. The inspectors interviewed two Gardaí who were visiting the centre following an incident to meet with a young person. The Gardaí stated that they were satisfied that the staff were capable and there was not an over reliance on the Gardaí to assist in situations where young people exhibited challenging behaviour.

There was a sanctions policy in place on the use of sanctions for inappropriate /challenging behaviour. Inspectors reviewed the sanctions records and found the use of sanctions was appropriate. There was also evidence that positive behaviour was rewarded. While staff told inspectors had experienced difficulties at times, inspectors observed positive interactions between them and the young people.

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

None identified.

### **3.6.4 Regulation Based Requirements**

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

*-Part III, Article 11, Religion*

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

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

**Required Action**

- The organisation must put a more robust system in place to review significant events within a shorter time frame, which includes an element of external management.

### **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**

##### **Safeguarding**

The centre had a safeguarding policy in place. The manager and staff interviewed by inspectors had a good understanding of child protection procedures and safeguarding. Prior to the inspection there had been incidents of intimidation and harassment of a resident which were responded to in an appropriate manner. A bullying workshop with the residents had been carried out a number of months prior to the inspection and the advocacy group EPIC had also visited the centre. The monitoring officer had also met with the young people during his visits to the centre.

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

One of the measures taken to safeguard young people following a recent incident was the replacement of the locks on the young people's rooms. Inspectors had concerns that the replacement locks used were not secure and allowed for easy access to the young people's rooms and bathroom. Inspectors recommend that these locks are replaced with more secure locks immediately.

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

None identified.

## 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.

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

None identified.

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

Training records inspector's viewed confirmed that all of the staff in the centre had received training in Children's First. The centre manager was the centre's designated liaison protection person for reporting child protection concerns and staff interviewed were aware of the procedures for reporting concerns. In the period under review a number of child protection reports had been made to the social worker departments. From a review of the files there were a number of instances in which it was unclear of the actions taken by the relevant social work departments. The centre manager must request feedback from the relevant social work departments in relation to all child protection notifications and social workers must provide written responses of the outcomes of child protection concerns.

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

None identified.

### **Required Action**

- The centre manager must ensure that the locks on young people's bedrooms and the bathroom are replaced with more secure locks immediately.
- The centre manager must request feedback from the relevant social work departments in relation to all child protection notifications.
- Social Workers must provide written responses of the outcomes of child protection concerns.

### **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**

The three young people resident in the centre had all been admitted in the previous three months prior to the inspection and had arrangements in place for education. Records were kept on file of educational assessments, meetings with schools/training agencies and educational achievements.

The three young people had recently commenced their educational placements but their attendance was poor. At the time of inspection staff were making efforts to encourage the young people to attend their placements, exploring ways of more regular attendance and need to continue this.

#### **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**

The care files of each young person had a medical assessment upon admission to care. Two of the young people were registered with a local general practitioner and the third young person continued to attend the general practitioner they attended prior to admission. There were signed medical consent forms on the young people's files and records of appointments with the GPs and other health professionals were maintained. Centre staff demonstrated a good awareness of the health needs of the young people.

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

Inspectors noted that immunisation records were absent in the medical histories on the three residents files. The Child and Family Agency must ensure that every effort is made by the supervising social workers to ensure that immunisation records are provided

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

None identified.

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

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

*Part IV, Article 20, Medical Examinations.*

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

#### **Required Action**

- The Child and Family Agency must ensure that every effort is made by the supervising social workers to ensure that immunisation records are provided.

### **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**

##### **Accommodation**

The property was a five bedroom detached bungalow on three quarters of an acre in a rural area. The accommodation consisted of a sitting room, a conservatory, a kitchen and dining area, a utility room, an office and two bathrooms. There were four bedrooms, one of which doubled up as the manager office. The centre was adequately lit, heated and ventilated and the cooking and laundry facilities were domestic in nature. On the pre-inspection visit to the centre inspectors identified some areas of the house that required redecoration and refurbishment. At the time of inspection a number of measures had been taken to address this with some electrical work and replacements of carpet. The monitor confirmed to inspectors that since the inspection further redecoration has taken place which has contributed to a more homely feel in the centre.

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

Routine maintenance and repair work was carried out promptly, and the manager maintains a log of all maintenance and repair items.

##### **Safety**

The centre has a dedicated health and safety representative and an up-to-date Health and Safety statement. All staff were trained in first aid.

During a pre inspection visit inspectors had concerns in relation to the storage of medication. Inspectors found that all medicine for the three residents was stored together in open containers in a locked filling cabinet in the staff office. Inspectors recommended that medication for each young person is stored separately and securely and this matter had been addressed by the time of the inspection.

## **Fire Safety**

The centre provided the inspectors with written confirmation that the statutory requirements relating to fire safety and building control were complied with. There was good evidence that detection equipment and fire safety equipment was maintained and the necessary fire prevention and evacuation procedures were carried out. Staff had received fire training and fire drills had been carried out on a regular basis.

### **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
<p><b>3.1</b></p>	<p>The centre must review the centre’s statement of purpose and function. This must include a review of the intended duration of placements and the capacity of the centre.</p> <p>The centre must ensure that all admissions are in line with the centre’s statement of purpose and function.</p>	<p>The Centre's Purpose and Function was reviewed by management on the 2/12/15. The duration of placements and capacity will be retained but reviewed again in 12 months.</p> <p>All future admissions will be in line with the centre's statement of purpose and function.</p>
<p><b>3.4</b></p>	<p>The manager must ensure the outcome of all complaints is recorded, complaint forms are signed off by young people, and the relevant supporting documentation is attached.</p>	<p>The centre manager has taken steps to rectify outstanding matters in relation to complaints.</p>

<p><b>3.5</b></p>	<p>The centre must review its admission process and ensures that pre-admission risk assessments are more robust.</p> <p>The centre must ensure, as much as it is practically possible, that young people are discharged from the centre in a planned way</p> <p>The centre must review all unplanned discharges to assess if they could have been prevented in order to determine where future changes could be made that would minimise the likelihood of further unplanned discharges from the centre.</p>	<p>The centre admission process remains in line with the organisational procedures. However, additional scrutiny will be exercised in regards to pre-admission risk assessment planning.</p> <p>Where practically possible young people will be discharged in a planned way.</p> <p>The centre has reviewed those young people who were discharged in an unplanned manner to consider learning outcomes.</p>
<p><b>3.6</b></p>	<p>The organisation must put a more robust system in place to review significant events in a shorter time frame, which includes an element of external management.</p>	<p>New measures have been introduced to ensure that post-incident response to significant events occurs in a timely manner. This includes the regional TCI trainer attending the centre to debrief staff and develop action plans, more frequent SEN review group meetings and guidance from external psychological consultancy services.</p>

<p><b>3.7</b></p>	<p>The centre manager must ensure that the locks on young people’s bedrooms and the bathroom are replaced with more secure locks immediately.</p> <p>The centre manager must request feedback from the relevant social work departments in relation to all child protection notifications.</p> <p>Social Workers must provide written responses of the outcomes of child protection concerns.</p>	<p>This is now complete.</p> <p>This has been requested from the relevant social workers. The monitoring officer will follow up on this recommendation.</p> <p>The centre manager has requested written responses to the outcomes of outstanding child protection concerns from the young people’s social workers. The monitoring officer will follow up on this recommendation.</p>
<p><b>3.9</b></p>	<p>The Child and Family Agency must ensure that every effort is made by the supervising social workers to ensure that immunisation records are provided.</p> <p>The Child and Family Agency must ensure that every effort is made by the supervising social workers to ensure that immunisation records are provided.</p>	<p>The centre manager has requested these records from the young people’s social workers.</p> <p>The centre manager has requested these records from the young people’s social workers.</p>