

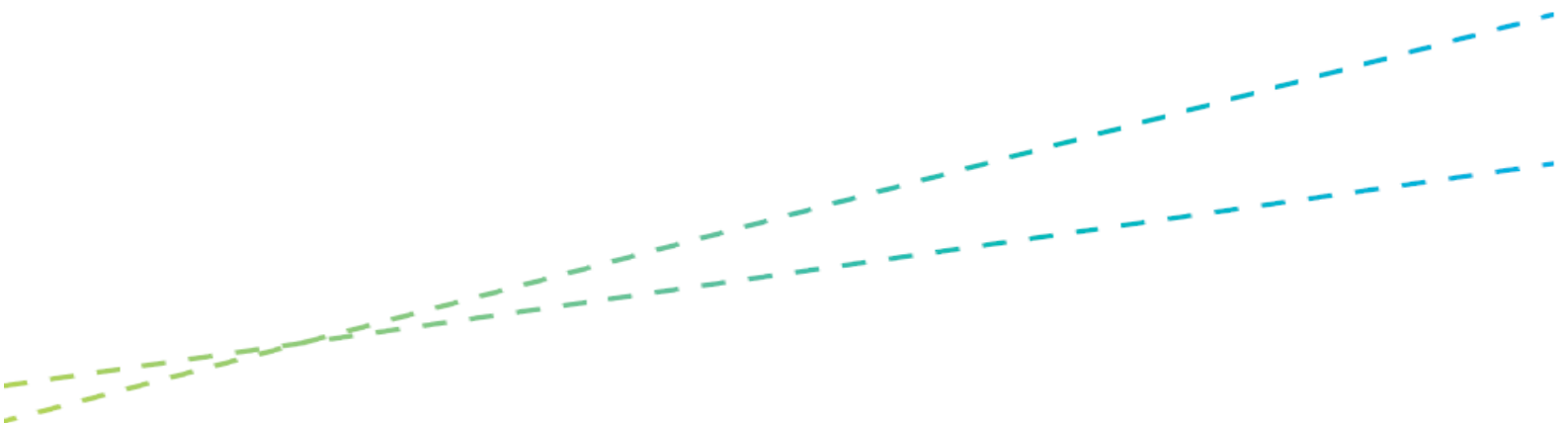


An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	081
Year:	2016
Lead inspector:	Sinead Diggin

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Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Sherrard House
Registered Capacity:	5x Young People & 1x Emergency Placement
Dates of Inspection:	7th, 8th & 9th June 2016
Registration Decision:	31st July 2016 to 31st July 2019
Inspection Team:	Sinead Diggin Eileen Woods
Date Report Issued:	

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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 27th May 2016. This full inspection took place on the 7th, 8th & 9th of June 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 and Deputy Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Eight of the care staff
 - b) Two young people residing in the centre
 - c) Three social workers with responsibility for young people residing in the centre.
 - d) Other professionals e.g. General Practitioner's and therapists.

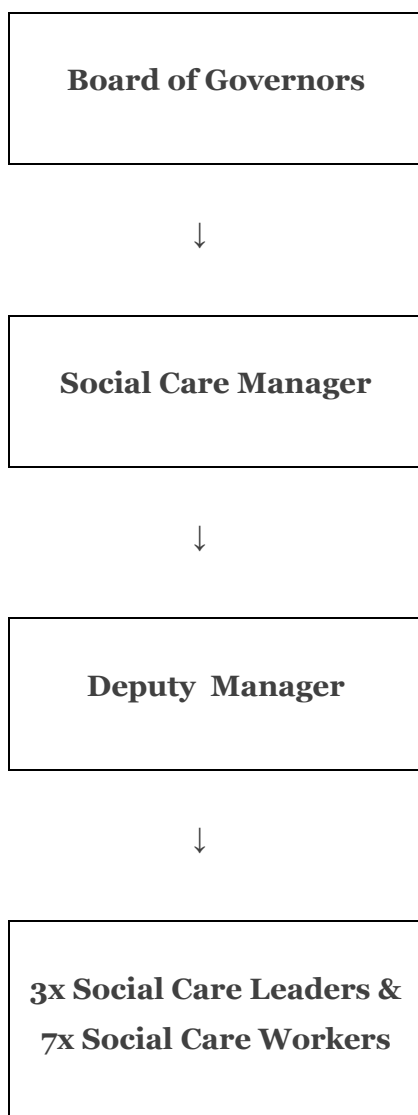
- ◆ An examination of the most recent report from the Monitoring Officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews 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 management
 - b) Three staff members
 - c) Three young people
 - d) The monitoring officer
 - e) Three social workers

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

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

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

1.2 Organisational Structure



2. Findings with regards 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 28th November 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 31st July 2016 to the 31st July 2019.**

3. Analysis of Findings

1.1 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 short term care and accommodation for up to six young girls between the ages of thirteen and eighteen years. One of the beds is used as an emergency bed for the out of hour's service and is intended for one night only while another placement is being sought. At the time of inspection there were three young people resident in the centre. The centre has a written statement of purpose and function which was reviewed and updated in 2016. The purpose and function describes the role of the centre and how staff will work with the young people. The model of care is strengths based focusing on the positives in young people, building the young person's confidence and through mentoring, helping them establish positive relationships. While inspectors observed the model of care being used in the centre, some staff were not as specific in interview in describing how they use their approach with the young people.

The centre has a comprehensive policy and procedure documentation which the staff use as a guide in their work. There are information booklets available for professionals and parents. There is also a young person's booklet which incorporates information on routines, responsibilities and young people's rights as well as information on external supports and advocacy groups.

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 in the centre is appropriately qualified, is experienced in social care has been in this position for many years. The manager has effective systems in place for overseeing practice and displayed dedication to the service and strong leadership skills in interview with inspectors. The manager is supported in their role by a deputy manager. They both work Monday to Friday from 7.30am to 4.30pm up to 39 Hours weekly. The two share all of the responsibilities to ensure the centre is run efficiently. These include monitoring of centre records, staff supervision, providing debriefs to staff following challenging shifts, chairing of team meetings, managing the budget and updating policies. Inspectors reviewed minutes of internal management meetings where topics addressed related to the roles of the mentor groups, supervision, centre paper work and different tasks to be assigned to senior staff. Inspectors viewed the meetings to be beneficial to ensure consistency in the running of the centre. Inspectors found both the manager and deputy manager had good knowledge of the young people in the centre and were clear in the way in which they wanted staff to work with the young people. Inspectors spoke with the three young people in the centre who said that the manager and deputy manager were very approachable and they could go to them with any issues or requests they had.

The manager reports to the Board of Governors whom they meet with on a monthly basis between October and May inclusive and a written report is provided to them. Between June and October individual members of the board visit the centre and updates are given. Members of the board are available to the manager and deputy manager by phone if required. Inspectors reviewed minutes of these meetings and items discussed included staffing, financing and fundraising, the house and any maintenance issues that need attention as well as some of the needs of young people. An example of this may be the need for a school tutor. The manager also reports to the alternative care manager (ACM) separately on a monthly basis. The ACM monitors some of the centre paperwork and coordinates professional meetings therefore providing good oversight of the quality of care provided.

Register

The centre has a register which was reviewed by inspectors and all of the young people's details were found to be carefully completed including any archived details. There was evidence that the register was monitored by the manager and reviewed by the Child and Family agency monitor. A duplicate record of the register is held centrally by the Child and Family Agency.

Notification of Significant Events

The centre has a policy for significant event notifications (SEN's). Inspectors found that they were generally well written, organised and there was evidence of follow up after an event had taken place. There was evidence that SEN's were sent to the young people's allocated social worker and the monitor. The alternative care manager (ACM) also receives the SEN's and makes suggestions in relation to an event. The centre holds a register of significant events which also records the name and date of a young person's event being reviewed at the significant event review group (SERG) meetings. There was a high number of SEN's regarding one of the young people in the centre. The significant events related to absences and substance misuse. There was evidence of multi-disciplinary strategy meetings taking place regarding the high risk behaviour of this young person and at the time of the inspection an alternative service best suited to meet this young person's needs had been identified.

Staffing

The staffing in the centre consists of three social care leaders and six social care workers one of whom works part time. There are also three additional relief staff to cover where required. The centre has a policy on students and the manager reports that the centre accepts students studying social care and a social care leader is responsible for mentoring and supervising them. The centre's rota allows for two staff to work a 24hr sleepover shift with a third staff member working a day shift. The social care leaders have responsibility for the shift and also had additional tasks associated with the more senior role. At the time of the inspection due to the risk taking behaviours of one of the young people, agency staff was being used to provide waking night cover during the evening and night time hours.

The majority of staff had been working in the centre for two years or more with only one staff commencing this year. New staff have to complete an induction period which takes place over two weeks and consists of familiarising themselves with all the policy and procedures and shadowing staff on shift. Inspectors reviewed a cross section of staff personnel files and found that they were well organised. They

contained curriculum vitas, qualifications that were verified with the associated colleges and references had been verbally checked. Garda vetting had been completed and updated for all staff.

Administrative file

Inspectors found that centre files were kept to a good standard and were well organised. There was evidence of management oversight in the records. For young people who no longer reside in the centre, files are archived and stored in the centre. An area of concern for the agency is the budget. The agency is part funded by Tusla, the Child and Family Agency. The centre has had significant budgetary cuts in recent years. The agency in order to financially meet the costs of the centre organise fundraising events where possible. The manager stated in interview that the weekly budget is adequate to meet the needs of the young people. The budget for the centre is overseen by the board of management.

3.2.2 Practices that met the required standard in some respect only

Training and development

Inspectors viewed the schedule of training completed in the last twelve months and the training required and booked for in 2016. Inspectors found that the core training required such as Child Protection was now becoming an issue in relation to training for staff. The manager highlighted to inspectors that this had been originally provided by Tusla, the Child and Family Agency. This is no longer the case and voluntary agencies including this centre are being affected by this. The agency has had significant budgetary cuts in recent years. If they have to fund the mandatory training themselves it will affect other areas of service provision. The centre use a recognised model of behaviour management. This training including refreshers was not completed for all staff. The manager stated to inspectors that staff had been booked in but training was cancelled. Management must ensure that essential core training including refreshers is provided to all staff. Training that has been completed includes fire safety and first aid.

Inspectors found that additional training sourced and provided for staff related to many aspects of young people's needs. Included in this was self harm, drug and alcohol awareness, eating disorders and cultural awareness.

Supervision and support

The centre has a supervision policy stating that supervision will take place approximately every six weeks. The manager, deputy manager and social care leaders provide supervision and inspectors found that it was taking place in line with the policy. The manager and deputy manager supervise the social care leaders while the social care leaders supervise the social care workers. All supervisors have been trained to provide supervision. Through reviewing the supervision records, inspectors found that they varied in content and there was no evidence to show that there was management oversight. Management must monitor the content and quality of supervision. While inspectors acknowledge that the social care leaders are still gaining experience in this area, management must ensure topics discussed include learning and development for the staff they are supervising. Inspectors found that actions and outcomes in relation to placement planning needs more focus ensuring the requirements in the young people's care plans are being met. The manager and deputy manager receive supervision approximately every six weeks by an external consultant. The manager reports that they find this beneficial and supportive in their role of managing the centre. There are records of the supervision sessions which include discussion of the general running of the house along with any staff issues.

Handovers occur daily and a member of management is generally present for this. There is time given in handover for reflective practice and any issues that occurred on shift are discussed. A debriefing is provided by the manager for staff if necessary following a challenging shift.

Team meetings are held weekly which all staff are expected to attend. Inspectors reviewed a cross section of team meeting minutes and found that young people were discussed in detail. Some team meetings include time for team building and reflective practice which is conducted by the external consultant. Some staff have availed of one to one sessions from the external consultant following an incident. The manager informed inspectors that this is confidential unless there are any particular concerns.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

Required Action

- Management must ensure that essential core training including refreshers is provided to all staff.
- Management must monitor the content and quality of the supervision provided and ensure placement plans discussed place focus on actions required and outcomes for the young people.

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 Tusla, the Child and Family Agency conducted a formal announced visit on the 12th April 2016. The monitor conducted an audit of centre files, interviewed the management of the centre and met with the young people resident in the centre at the time. A report was prepared and forwarded to the centre management and relevant professionals in the Child and Family Agency. The inspectors noted that not all actions required such as recommendations in relation to supervision had been addressed.

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

Consultation

There was evidence that young people were consulted in the centre. Young people's meetings were held and minutes reviewed showed discussion regarding current issues that the young people had, rules within the centre and group living as well as planning for activities the young people would like to do. Feedback was given and recorded in the minutes. Inspectors met with the three young people currently resident in the centre. Two of the young people chose to meet with the inspectors together. Young people are each allocated two or three mentors whom the young person can go to with anything they wish to discuss. Overall the young people felt that the staff cared about them and that they were listened to and consulted about most things in the centre. There were information and contact details available in the young people's handbooks about the monitor and EPIC.

Access to information

Inspectors found that there were good systems in place for young people accessing their records. Any requests made were followed up by their mentors and there was evidence that young people were offered opportunities to read their daily logs.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre has a detailed policy on complaints. From interviews conducted inspectors found that not all staff were as clear as they should be in the complaints procedure and there was confusion around informal complaints made. Management must address this with all of the staff so that there is clarity and consistency when dealing with a complaint. Inspectors found that there was no evidence to see if social workers were made aware of any informal complaints. There is written information available to young people on how to make a complaint and young people were clear in

expressing to inspectors how to do so. Two of the young people in the centre had complained to staff about noise in the centre during the night and how they were often woken and still had to get up for school in the morning. A solution offered was moving bedrooms however the young people liked their bedrooms and didn't want to move. The young people told inspectors that it wasn't the staff's fault and that they did what they could. The young people were also aware that they could speak with their social worker if they were not satisfied with the response from the manager and staff.

3.4.2 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

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

Required Action

- Management must address the complaints procedure with staff to ensure clarity regarding informal and formal complaints and the way in which it should be recorded.

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 clear admissions procedure in line with their purpose and function. There were 27 admissions to the centre in the last year. Where possible there are opportunities for an induction period for the young person moving in. The three young people who spoke with inspectors knew why they were living in the centre. There were collective risk assessments on file and inspectors found that these were updated as new information became known. At the time of inspection there was one young person resident there who was not suitably placed. This became evident shortly after their admission. Due to their risk taking behaviours staff were unable to meet this young person's needs and a more specialised service was required. The manager informed inspectors; taking into account the current risks in the centre they were not in a position to accept any new admissions.

Statutory care planning and review

The three young people who were resident in the centre at the time of inspection all had care plans on file. Statutory child in care reviews had taken place in accordance with the Child Care (Placement of Children in Residential care) Regulations, 1995, Part IV, Articles 25 & 26. In the case of one young person professional strategy meetings were held on a regular basis due to their high risk taking behaviour. Two of the young people attended their reviews. The third young person chose not to attend but met with their social worker for consultation beforehand. In interview with the manager they stated that the young person was given a copy of the minutes following the review. Each young person had a placement plan. Inspectors found that these varied in quality and some required more detail to ensure there were clearly defined goals with achievable outcomes. More oversight from management should ensure consistency in the placement plans.

Contact with families

Inspectors found that the manager and staff team realised the value of family contact and there was evidence from staff interviews and in centre paperwork to support this. Families were welcome to visit the young people in the centre and there was ample room in the centre for family and friends to visit. Staff communicated on a regular basis with the families of young people and kept them updated on all aspects of the young people's care. Family members who completed questionnaires were positive about the centre and the care that young people received.

Supervision and visiting of young people

There was evidence that young people were visited regularly by their social workers. One of the young people didn't have an allocated social worker and the social worker team leader was responsible for the young person until a new social worker was allocated. Young people were linked to external advocacy agencies such as EPIC and YAP (youth advocacy programme).

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.

Inspectors found that the social workers for each of the young people had met their statutory obligations. The social workers for all of the young people were interviewed as part of the inspection process. In each case the social workers were satisfied with the quality of care being provided to the young people. Social workers interviewed referenced the commitment and positive relationships that staff and the management build up with the young people.

Emotional and specialist support

Inspectors found the staff to have a good knowledge and awareness of the emotional and psychological needs of the young people in the centre. There was evidence of staff undertaking individual pieces of work relating to the current needs of the young people. Inspectors found that the manager and staff link in with local specialist support services for advice and guidance in supporting the young people with their current issues. Recommendations from the services were incorporated in to the young people's placement plans. Young people are referred to external specialist services as required. One young person was in need of a specialist service for which there was a waiting list. There were several professional strategy meetings held regarding this young person and all were agreed in terms of the specialist service required.

Preparation for leaving care

Inspectors found good practice from staff in preparing young people for leaving care. Life skill needs assessments were completed and on file. The staff use programs such as the 'Right Stuff' and 'Pathways' as a guide when working with the young people. Individual work can be planned or opportunity led and topics such as budgeting, accommodation, rights and responsibilities, drug and alcohol awareness and health programs are completed and included as part of their placement plans.

Discharges

The centre has a policy on discharges and aim for each young person to have a planned discharge. There have been 25 discharges in the last year all of which were planned. Inspector found that the discharge of a young person is managed well by the centre. Staff engage with the relevant people to ensure a smooth transition for the young person.

Aftercare

The young people who were approaching the age of leaving care had aftercare plans on file in accordance with Tusla's national aftercare policy 2011. The aftercare plans included future accommodation options including semi-independent accommodation. One young person had an aftercare worker. For the young people who don't have an aftercare worker, the social worker takes on the role until a dedicated aftercare is allocated. EPIC (Empowering Young People in Care) had visited with the young people in the centre.

Children's case and care records

Inspectors found that the care files were of a good standard and easy to navigate. Inspectors found that they contained birth certificates, care orders, photograph for identification purposes, social histories and consent forms. Care files are archived and stored on the premises. The manager informed inspectors that they are seeking to outsource archived files however the costing for this would have to be allowed for in the overall budget.

3.5.2 Practices that met the required standard in some respect only

None identified.

3.5.3 Practices that did not meet the required standard

None identified.

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 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)

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

Inspectors found evidence that the manager and staff were aware of the value in encouraging and maintaining young people's individuality. Each young person had their own mentors who did individual pieces of work with them identified from their placement plans. Young people each had their own bedroom and were encouraged to add their own personal touches to it. Young people could engage in activities of their choice outside of the centre. When the young people first move in to the centre they are provided with a comfort box with some treats or items which can be added to during their time there. Birthdays and other festive occasions are planned for and celebrated as they occur.

Provision of food and cooking facilities

The centre has a domestic style kitchen large enough for the young people and staff to share a meal together. Inspectors had the opportunity to have dinner with the young people and found the food to be healthy and nutritious. Young people had a say in the menu, including cultural food preferences and could do their own cooking or baking if they chose to do so.

Race, culture, religion, gender and disability

The centre has a policy on recognising diversity and respecting young people's ethnic and cultural practices. Young people are encouraged and facilitated to attend religious services or activities should they wish to do so. In staff interviews inspectors found that any racial comments made were addressed by staff and management in a direct and prompt manner.

Absence without authority

Each young person had an individual absence management plan (IAMP) on file. In the case of one young person there were a number of absences. Inspectors found that these absences were managed well. The staff are aware of the Joint Garda and Tusla Child and Family Agency protocol on reporting young people missing from care and follow as necessary. Strategy meetings with all the relevant professionals had taken place in respect of this young person. Inspectors noted that in some cases such as decisions to make about family or peer contact, there was an over reliance from the centre on the social work department. Inspectors view that on the whole there was an experienced number of staff on the team, capable of making decisions without the need to contact the social work department for all decisions.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The centre has a policy on managing inappropriate behaviour and have a specific behaviour management model in which all staff must be trained in. Inspectors found that some staff were not fully trained in the model. Staff who had completed the training were using the intervention techniques from this as a way of preventing inappropriate behaviour. If there are some staff not trained this could lead to an inconsistent approach with the young people. Refresher training in this model is required every six months and due to cancellations or lack of places, the centre were having difficulty in keeping within the timeframes of twice yearly. Management must ensure that this refresher training in behaviour management takes place within the agreed timeframes. The centre has a policy on sanctions and also use a reward system as a way of acknowledging positive behaviour. A written record of sanctions and rewards is maintained for all young people. Each young person had an individual crisis management plan (ICMP) which were regularly updated or as required. One young person in particular had challenging and often at risk behaviour. Inspectors acknowledge that the manager and staff were committed to maintaining this young person in their placement until a more suitable placement became available. In the interim, the centre had developed a good safety plan for this young person to enable staff to manage often extreme challenging situations.

Restraint

There have been no restraints of young people in the centre since the last inspection. Physical restraint is part of the centre's model of behaviour management and is only to be used as a last resort. An explanation of their model of behaviour management is referenced in the young person's hand book including the possibility of holding a young person if they are at risk of harming themselves or others. Not all staff are trained including refreshed in the model of behaviour management which includes the use of restraint. Management must ensure that all staff are fully refreshed in this training before if deemed necessary, restraint can be carried out. Management must ensure that it is clearly identified in young people's ICMP's any contraindications in the use of restraint and state clearly when a young a young person is not to be restrained.

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 refresher training in the chosen behaviour management model takes place within the required timeframes.
- Management must ensure that it is clearly identified in young people's ICMP's any contraindications in the use of restraint and state clearly if a young person is not to be restrained.

3.7 Safeguarding and 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.

3.7.1 Practices that met the required standard in full

Child Protection

There was only one staff member who had not completed training in 'Children First National Guidance for the protection and Welfare of Children '2011. This is part of the core training required and the manager must ensure that this training is prioritised. The manager has raised the issue of core training with the board of governors as alternatives will have to be considered and funding put aside for this.

3.7.2 Practices that met the required standard in some respect only

Standard

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

Safeguarding

The centre has a detailed written policy on safe guarding young people. They have good systems in place including reporting procedures for child protection concerns and allegations. They also have a policy on lone working. There were good risk assessments and plans on files and inspectors found that these were updated regularly. Garda vetting had been completed for all staff and a comprehensive induction was in place for all new staff. Included in their safeguarding policy is the supervision of young people. Inspectors did not get a strong sense of staff supervision in the centre as two of the young people who spoke with inspectors said that they wished staff were around more in the evening time. Staff must be reminded that safeguarding is as important in the centre as well as external to the centre.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- Management must review with staff their role in supervising the young people and always being aware of where they are.

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

Staff in the centre place real value on education and training for young people. The team are proactive in sourcing educational placements to meet the needs of the young person. Young people are facilitated to remain in their current school if at all possible. Two of the young people in the centre are engaged in an educational/training placement. A real positive for the centre is the availability of a tutor three to four times a week to support the young people with their work.

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

There is a named G.P with whom the centre is registered with. An emergency medical card is held for any young person who is awaiting their own. All of the young people were registered with a G.P. Young people are encouraged to attend the G.P for a medical assessment on admission to the centre. There was evidence that staff follow up on any requirements such as dental and ophthalmology and specialist appointments. There were medical cards and medical consent forms on the young people's files. Immunisation records were not on file and the manager informed inspectors that they can have difficulty obtaining these records from the allocated social workers. The staff avail of the 'right stuff programme' to educate young people on topics such as nutrition, exercise, sexual health and drug and alcohol misuse. There is a no smoking policy in the centre. Medication is held in a locked cabinet in the office and there are records of any medicines administered.

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 centre is a combination of two established houses converted into one. It is large inside with ample space for the young people to have privacy when family or friends visit. Despite the property being very large inspectors found it to be homely and welcoming. Each young person has their own bedroom which can be decorated to their taste. One of the young people invited the inspectors to view their room and it was warm with lots of space for their belongings. As stated earlier in the report, there was a difficulty with noise levels from another resident and although the young person was given the option to move rooms, they understandably did not want to leave their current bedroom. There is a patio area to the rear of the property which is well maintained. There are cameras external to the front and back of the centre. The centre has adequate insurance and a copy of this was forwarded to the inspectorate.

Maintenance and repairs

The centre had a maintenance person up until recently and they are currently sourcing a new person to carry out minor repairs in the property. Inspectors reviewed the maintenance folder and found that all repairs required were carried out promptly. There has been extensive work done to the property in recent months including electrics and redecorating.

Safety

The centre has a health and safety statement which was updated in February 2016. All of the staff team have signed the statement. Health and safety tasks are assigned with the manager having overall responsibility. There is also a specialist safety consultant available to the centre. Three members of staff were identified as first aiders. There were two first aid kits and medication was kept individually in a locked

cabinet in the office. There was a small fridge for other medication that required a set temperature.

Fire Safety

The inspectorate was provided with a copy of the centre's compliance with the building regulations. The fire safety folder contained detailed procedures and evacuation plans. The fire alarm system was serviced in April 2016. Exit signs were clearly visible throughout the centre and doors were magnetised so they would open automatically. Staff had been provided with fire safety training. Night time checks are carried out for fire safety. Fire drills recorded were quarterly with details of times and persons present.

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.

2. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
<p>3.2</p>	<p>Management must ensure that essential core training including refreshers are provided to all staff.</p> <p>Management must monitor the content and quality of the supervision provided and ensure placement plans discussed focus on actions required and the outcomes for the young people.</p> <p>Management must address the complaints process with all of the staff so that there is clarity and consistency when dealing with a complaint.</p>	<p>Management will continue to book staff onto core training including refreshers as the need arises. All staff are currently trained in Children’s First.</p> <p>Management will draw up a more robust method of recording the monitoring of all staff’s supervision.</p> <p>Management have addressed the complaints process with all of the staff both in team meetings and supervision and will continue to do so.</p>	<p>The Inspectors are satisfied with this response.</p> <p>The Inspectors are satisfied with this response.</p> <p>The Inspectors are satisfied with this response.</p>

	<p>Management must ensure that that refresher training in their chosen behaviour management model takes place within the required timeframes.</p> <p>Management must ensure that it is clearly identified and stated in young people's ICMP's if a young person is not to be restrained.</p>	<p>Management will ensure that all staff are booked into refresher training as required.</p> <p>Management will continue to ensure that this is included in the icmp of all the young people.</p>	<p>The Inspectors are satisfied with this response.</p> <p>The Inspectors are satisfied with this response.</p>
3.7	<p>Staff must be reminded that safeguarding is as important in the centre as well as external to the centre.</p>	<p>Discussion with staff around the importance of safe guarding the young people in the centre takes place at staff meetings and supervision on a regular basis.</p>	<p>The Inspectors are satisfied with this response.</p>