



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	110
<b>Year:</b>	2016
<b>Lead inspector:</b>	Bernard Dooley

Registration and Inspection Services

Tusla - Child and Family Agency  
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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2016</b>
<b>Name of Organization:</b>	<b>Positive Care Ireland</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Dates of Inspection:</b>	<b>2<sup>nd</sup> and 3<sup>rd</sup> of February 2016</b>
<b>Registration Decision:</b>	<b>Registered from the 18<sup>th</sup> of August 2015 to the 18<sup>th</sup> of August 2018.</b>
<b>Inspection Team:</b>	<b>Bernard Dooley John Laste</b>
<b>Date Report Issued:</b>	<b>21<sup>th</sup> of June 2016</b>

# Contents

## **1. Foreword**

- 1.1 Methodology
- 1.2 Organisational Structure

## **2. Findings with regard to Registration Matters**

## **3. Analysis of Findings**

- 3.1 Purpose and Function
- 3.2 Management and Staffing
- 3.3 Monitoring
- 3.4 Children's Rights
- 3.5 Planning for Children and Young People
- 3.6 Care of Young People
- 3.7 Safeguarding and Child Protection
- 3.8 Education
- 3.9 Health
- 3.10 Premises and Safety

## **4. Action Plan**

## 1. Forword

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 is 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 regulations 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 registration on 14<sup>th</sup> of August 2015. This announced inspection took place on the 2<sup>nd</sup> and 3<sup>rd</sup> of February 2016.

A pre inspection visit took place on the 20<sup>th</sup> of January 2016.

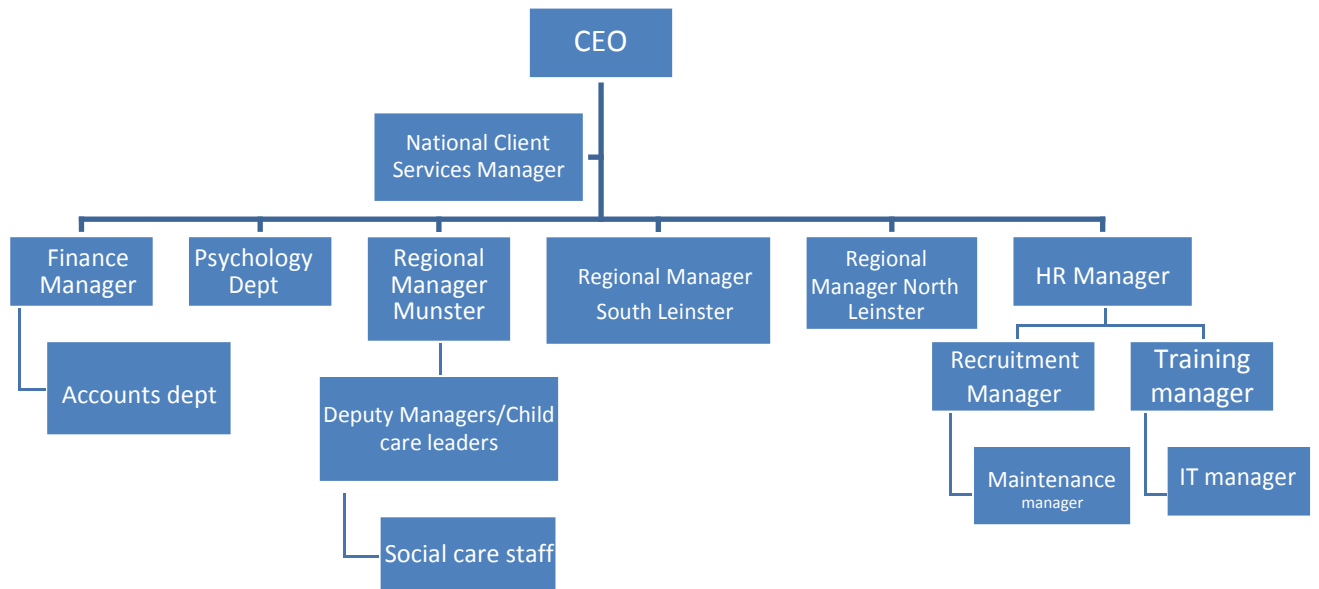
This report is based on a range of inspection techniques including:

- ◆ Interview with the centre manager
- ◆ Interview with five social care staff
- ◆ Interview with the social worker with responsibility for one of the young people residing in the centre
- ◆ Interview with two young people residing in the centre
- ◆ An examination of the most recent report from the Monitoring Officer
- ◆ An examination of questionnaires sent to the young people, their families, social workers, staff members and relevant professionals
- ◆ An examination of the staff personnel records, staff supervision records, staff team meeting records and relevant sections of the individual care files.
- ◆ An observation of care practices routines and the staff/ young people'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



## 1. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on this date 5<sup>th</sup> May 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 110 Residential 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 18<sup>th</sup> of August 2015 to the 18<sup>th</sup> of August 2018.**

## 2. 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**

The centre is a residential centre that provides accommodation for a maximum of three young people of mixed gender aged between 13 and 17 years on a medium term basis. The centre is operated by Positive Care Ireland, a private provider. There is a written statement that clearly outlines this information and indicates that the service offered “aims to identify and build upon the interests and strengths of the residents to help them build the sustainable and practical skills to fulfil their goals and potential. Leaflets are available to referring social workers and families.

The centre has a comprehensive list of policies and procedures that guide staff practice in their work with the young people. The principles which inform practice in the centre are detailed in the purpose and function and consist of therapeutic relationships that aim to meet a number of the young people’s needs to feel safe, cared for, supported and respected. The inspectors observed that the Purpose and Function was reflected in the day to day operations of the centre. Young people were placed in accordance with the Purpose and Function and when interviewed were aware of the centre’s Purpose and Function.

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

None Identified.

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

None Identified.



## **3.2 Management and Staffing**

### ***Standard***

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

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

##### **Management**

The organisational structure had recently changed and a Regional Manager was appointed in May 2015 and has provided external management and oversight of this centre and four other residential centres operated by the provider. The Regional Manager was suitably qualified and experienced to undertake this role within the organisation.

At the time of the inspection staffing consisted of the centre manager and nine social care staff. There were plans in place to appoint a deputy manager for the centre at the time of the inspection. The deputy manager was due to commence duties the week following the inspection.

At the time of the inspection the centre manager had worked with the organisation for 3 years with a break in between of 12 months, was back working for the past eight months and had managed this centre since it opened. The centre manager had a recognised third level qualification and was sufficiently experienced in residential care work to undertake the role.

Staff interviewed stated that the centre manager was based at the centre each day and was accessible to them. The staff team was familiar with the management structure operating in the centre and the staff understood the lines of responsibility between the regional manager, the centre manager and the staff team.

There was evidence that the regional manager had visited the centre on a number of occasions since the centre opened. The centre manager confirmed that she had regular contact with the regional manager. Supervision of the centre manager is undertaken by the regional manager and the centre manager supervises the staff team. The newly appointed deputy manager will support the centre manager in supervising the staff team. The

inspectors were satisfied that the management structures currently in place strengthen the internal governance and management of the centre.

## **Register**

The centre maintained a register of all admissions and discharges to and from the centre. 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 young people were properly recorded and there had been one discharge from the centre since it opened. The admission and discharge details of each resident was notified to the Child and Family Agency and maintained on a central register in the manager's office.

## **Notification of Significant Events**

The centre maintained a register of significant events and significant event reports were also referenced in the daily logs. The social workers and the monitoring officer were satisfied that all significant events had been reported in a prompt manner.

Inspectors found there was a good standard of record keeping and report writing in relation to all significant events. There was evidence that the centre manager and regional manager reviewed all significant events and commented on decisions taken by staff in managing the event. There was evidence that staff reviewed significant events in supervision, at team meetings and handovers and they reflected on these events in terms of the practice and responses to the young people. Significant event reports from the centre are generated electronically and a hard copy is stored on the individual care files.

## **Supervision and support**

The centre had a written policy on supervision. Supervision files were examined and there was evidence that staff received supervision every four to six weeks as outlined in the centre policy. Inspectors found that there was a supervision schedule in place. Staff and management received regular supervision and supervision was up to date. The supervision records evidenced that staff practice, professional development and individual work with the young people was reviewed. Staff interviewed confirmed they received feedback on their practice from the centre manager within the context of formal supervision.

Staff interviewed told inspectors that there were sufficient supports in place to support them in their work. Staff team meetings were held every two weeks and all staff had an opportunity to contribute to the agenda. The team meetings were well attended and staff interviewed found them to be an effective forum in achieving a consistent approach to working with the young people and an opportunity to share information and make decisions. The inspectors were provided with evidence that handover meetings took place every day and were well structured and focused.

### **Administrative files**

Overall the administrative files and records detailing the performance and operation of the centre were clearly written and legible. There were a number of mechanisms in place to assess and monitor quality of care and outcomes for the young people such as complaints log, significant events log, physical interventions log, accidents log, weekly report and placement plans. Inspectors found that the registers and logbooks were signed and reviewed by the centre manager and regional manager. The centre manager had responsibility for the centre's day-to-day expenditure.

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

#### **Training and development**

The staff team had been provided with TCI foundation and refresher training, first aid training, fire safety training and Children First training, drug awareness, sex education and HASSIP training. All permanent members of staff are provided with fire safety training. Inspectors noted that fire safety training is not provided to the relief staff though relief staff are always on duty with relief workers. The inspectors recommend that all staff receive fire safety training.

#### **Staffing**

The centre is adequately staffed given its purpose and function and capacity. All staff members participated in a formal induction programme prior to commencing work at the centre. The staff induction programme included information and training on the centre's purpose and function and on policies and procedures that inform practice. The staff roster was displayed in the office. The staff team included in the registration application had changed considerably to the team in place during the inspection. This was due in some part

in delays in opening the centre due to alterations that had to be carried out to the building following a Council visit. The inspectors recommend that the organisation strives to maintain a consistent staff team to ensure the stability of the young people's placements.

The inspectors reviewed all of the centre's staff files. There was evidence that verbal checks had been undertaken on references across all the personnel files inspected.

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

None identified.

### **3.2.4 Regulation Based Requirements**

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

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

### **Required action**

- The organisation must ensure that all staff receive fire safety training.
- The organisation must ensure that the staff team remains in place to maintain a consistent and stable environment 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**

##### **Monitoring**

This standard was met. The inspectors spoke to the monitoring officer and he expressed satisfaction as to his visits to the centre and found little or no issues of concern. The monitoring officer is promptly notified of any significant events. There was evidence of a good working relationship between the monitoring officer and the centre.

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

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

The centre provides each young person with a booklet on admission that outlines the rights of the young people. The young people are encouraged to attend outside activities and pursue personal interests and inspectors found evidence during the inspection to support this.

#### **Consultation**

The centre has a policy on young people's consultation and in practice the young people are consulted and their opinions and concerns are voiced. This consultation takes place through daily young people's meeting, and regular key working sessions. Interviews with two young people and questionnaires returned to the inspectors indicated that the young people were well consulted in their day to day care.

#### **Complaints**

The centre has a complaints policy in place which clearly outlines what constitutes a complaint and the young people and staff members were aware of the policy. There were some grievances recorded and were resolved satisfactorily. Social workers interviewed were satisfied that any concerns or complaints would be notified promptly. There were no complaints on the complaint file at the time of the inspection.

#### **Access to information**

The young people can access their logs in consultation with their key worker. This is included in the centre policy. Confidential or third party information can be discussed with the young people's social worker.

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

None identified.

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

None identified.

**3.4.4 Regulation Based Requirements**

*Child Care (Placement of Children in Residential Care) Regs 1995, Part II, Article 4. Consultation with Young People*

## **3.5 Planning for Children and Young People**

### ***Standard***

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

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

#### **Suitable placements and admissions**

The centre manager, placing social workers and family members contacted all agreed that the young people were appropriately placed. Risk assessments prior to admission were on the young people's files. A handbook is given to the young people on admission that outlines the expectations of the young people and their families and the policies and procedures of the centre. The centre had received all relevant information required from the placing social workers. One of the young people was under twelve years and the centre management had appropriate plans in place to protect the young person from any bullying or abuse from the older young people resident in the centre. Derogation for the placement had been received from the National Registrar.

#### **Statutory care planning and reviews**

All of the young people had care plans on file and all had been reviewed. The young person under twelve was having monthly reviews as per National Policy. Care plans were of a good standard and clearly outlined the purpose of the placement and both short and long term goals. The inspectors found evidence that both the young people and their families were involved in their plans as appropriate.

#### **Contact with families**

The inspectors found that the staff recognized the value of family contact and worked as closely with families as possible. Families were facilitated to have contact at the centre. Visits from previous carers and significant others were facilitated and promoted at the centre. Family contact that took place was recorded and stored on each of the young people's



file. There was evidence that the centre manager maintained regular contact with the relevant social workers on all matters pertaining to family contact. The centre facilitated family contact at the centre for two of the young people. There was evidence that family contact was set out in the care plans and was considered at each statutory review for the young people in placement.

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

The social workers of the young people visit them regularly and sign the young people's logs routinely. The centre records each visit by a social worker on the young people's files and there is ample space in the centre for social workers to meet the young people in private. Social workers interviewed by the inspectors confirmed this and that the centre welcomed any visits to the centre by outside professionals.

### **Social Work Role**

The young people in placement had allocated social workers as required.

The inspectors found evidence that sufficient background information was provided to the centre prior to any admission. Care plans and review dates for all the young people met the relevant regulations and that the views of the young people and their families were included in care plans and reviews. Social workers interviewed confirmed to the inspectors that notification of incidents and significant events were promptly notified to them.

The centre maintained a record of all contact with social workers' and information detailing the nature of the contact and any decisions that were agreed as a result of the contact was maintained on each individual care file.

### **Emotional and specialist support**

Throughout the inspection, the centre manager and the staff team demonstrated a good knowledge and understanding of the emotional and specialist needs of the young people in the centre. There was evidence that the centre had responded appropriately to these needs. There was evidence that guidance from the company's psychologist was incorporated into practice and written guidance from training was displayed in the staff office. Staff interviewed stated that the guidance and training received was beneficial to them in their work with the young people.

From the care files the inspectors found that the staff played a central role in working with the young people's emotional needs through key-work and individual work. The team provided an opportunity for the young people to explore and express any worries, views or concerns they may have on an individual basis. The centre had a keywork system in place and the inspectors found that the keyworkers had a good insight into the young people's emotional needs and they were attuned to these needs. There was evidence on each of the care files that both planned and opportunity led work took place to address the young people's emotional needs. There was evidence that any specialist support needed for the young people was easily accessible.

### **Preparation for leaving care**

The inspectors found evidence of the centre staff working with the young people around practical life skills such as personal hygiene, household chores and cooking. Specific life skills programmes were tailored to meet their individual needs. One of the young people will be leaving the centre this year and a clear plan was in place to facilitate his discharge and aftercare.

### **Discharges**

The centre had a written policy on discharges indicating its commitment to ensuring that young people leave the centre in a planned and structured way that is in accordance with their statutory care plan. There had been one planned discharge from the centre since it opened. The centre manager was aware of the requirements to record young people's information on the register on their discharge from the centre.

### **Aftercare**

As mentioned earlier one of the young people will be leaving the centre this year and a clear plan was in place for his aftercare.

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

The care files in the centre contained copies of the birth certificate and relevant care orders. A recent photo was maintained on each of the files. The centre maintained a record of contact with family and other professionals. The outcome of this contact was recorded. The inspectors found evidence across files that the young people's views are sought and recorded.

The social workers maintained a permanent, private and secure record of the young people's history and progress.

### **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**

Following interviews with the centre manager and staff members and reviewing the practices within the centre the inspectors found that the young people received a good standard of care from a committed and dedicated team. The centre was found to be child-centre and young people had the opportunity to have their views heard and be involved in decision-making in the centre. The staff team were responsive to the young people's needs and were warm, affectionate and nurturing in their interactions with them. There was a comfortable and relaxed atmosphere within the centre and the young people received emotional and physical care to a high standard. Individual goals and achievements were displayed throughout the centre along with photographs of the staff team and the young people. An example of this was the display of art work by one of the young people.

The records of house meetings evidenced that the young people were actively involved in their care. The young people spoke positively about the adults caring for them. The young people's quality of life was good. Education was highly valued and practices to support the young people to achieve their potential were excellent. The young person who was admitted the day before the inspection did not have a school placement but was actively being supported to source a school placement.

Appointed key-workers had specific responsibilities to ensure that identified key-work and individual work was completed. Each of the young people's needs was identified within their placement plans. There was a system in place to evaluate the outcome of individual work and key-work and a report completed. The young people were familiar with their key-workers and told the inspectors about the role of the key-worker.

Key-workers interviewed identified for the inspectors recent areas of key-work undertaken with their key-child. The Staff team were satisfied that the required financial resources were available to them to provide a good standard of care for the young people.

Birthdays and special occasions were celebrated and family members were invited to attend. Inspectors found that the young people had very busy schedules and were well integrated into the school and the community. They were provided with opportunities to develop their talents and interests. They participated in volleyball and many outdoor pursuits.

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

Inspectors found the meals provided at the centre to be nutritious providing the young people with a healthy and well-balanced diet. The young people had the opportunity to choose what meals they would like for the week and were involved in weekly menu planning. The kitchen in the centre was spacious and well equipped and was maintained to a high standard.

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

The centre had a written policy on anti-discrimination practice. Inspectors found that the staff ensured in so far as possible that the young people enjoyed the same opportunities as their peers in the community. The young people did not attend religious services; however, they are offered the opportunity to attend church each week.

### **Managing behaviour**

All staff team members were trained in a Tusla Child and Family Agency method to assist in managing challenging behaviour. The Staff members interviewed were confident in their approach to managing behaviours that the young people exhibit. There had been a small number of small child holds recorded since the centre opened and all had been reviewed and considered appropriate by the manager and regional manager.

There was evidence that the staff team did not rely on consequences as a means of managing behaviour's that challenge. The inspectors found that the team relied on relationship building and good role modelling as a core feature of their practice. Natural consequences were seen as the best form of sanction and there was evidence of this in the sanction records

and in the centre policy on sanctions. Significant event notifications record the follow up life space interview with the young people following an episode of challenging behaviour.

The staff team also utilized a number of plans to ensure the young people's behaviour was being appropriately managed such as, individual crisis management plans and absence management plans. The individual crisis management plans were updated regularly and reflected any changes in approach where required. There were no incidents where the Gardaí were called to the centre to manage behaviour.

### **Restraint**

The centre used a method of physical restraint that had been researched and was based on reputable practice. There was a written policy on the use of physical restraint and inspectors found that it was applied in a way that was consistent with the requirements of the policy. There had been a small number of incidents where small child holds had been employed since the centre opened.

### **Absence without authority**

The staff team was familiar with the Joint National Protocol for Children Missing from Care and with the procedure for reporting a child missing from care. Absent management plans had been developed in respect of each young person and had been signed by their respective social workers. There were no incidents of unauthorized absences from the centre since it opened.

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

None identified.

### **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.*

## **3.7 Safeguarding and Child Protection**

### **Safeguarding**

#### ***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.

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

There was evidence of good care practices in the centre. The centre had a policy on Safeguarding and the young people were confident and were aware of their rights. The centre had a recent visit from the advocacy group Empowering People in Care. Staff were aware of the policy on safeguarding the young people and there was evidence of appropriate professional relationships between the staff team and the young people. There were written policies on lone working, professional relationships, professional boundaries and safe care practices. Inspectors observed appropriate interactions between the staff and young people during the inspection.

Staff members interviewed expressed confidence in their ability to question each other's practice and to bring issues of concern to management. Outings and activities were regularly risk assessed by staff to ensure safety for all.

The centre had a Health and Safety policy in place and a designated safety officer had been appointed. The centre maintained a log of all accidents and injuries sustained by the young people.

The centre has a complaints form that the young people could access if they had any complaint about their care. The young people were informed about their right to make a complaint or express a grievance about any aspect of their care. There were no child protection concerns or allegations made against staff members since the centre opened.

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

None identified.

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

None identified.

## 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 in full**

The centre had a comprehensive written policy and procedure document in relation to child protection, which was overall consistent with the national guidelines set out in Children's First. The centre manager was the designated liaison officer for reporting child protection concerns and information on this role was displayed in the staff office. Members of the team interviewed by inspectors were clear on their obligation to report child protection concerns to the centre manager. The centre records show that there were three historical child protection concerns was reported to the relevant social work department and this was responded to appropriately.

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

None identified.

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

None identified.



### **3.8 Education**

#### ***Standard***

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

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

Two of the young people were attending school. The third young person had just been admitted and a school placement was being actively sourced for her. There was evidence that the centre encourages and supports the young people to fulfil their potential educationally. A comprehensive programme was in place for one of the young people who is nearing the end of secondary school. Extra tuition is available if the young people require it.

#### **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**

All of the young people had a named G.P, a medical card and all had medicals on admission. The young people have the option to retain their own G.P if they wish to do so. All medical visits are documented and consent forms were on file for all the young people. The administration and recording of medication was of a high standard. There was evidence of appropriate guidance for the young people in health education. Health programmes were in place for all the young people and these are monitored by the young people's key workers.

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

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

#### **Accommodation**

The centre is located in a rural setting. It was well maintained, nicely decorated and homely in appearance. The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The young people have rooms of their own and there are age appropriate recreational facilities in place. There is plenty space available for privacy for the visit of families, social workers and friends. There were adequate toilet and bathroom facilities in place and there was evidence of proper facilities for the refrigeration and storage of food. The inspectors recommend that alarms are placed on the young people's bedroom doors as a safety measure.

There was written confirmation from a certified engineer confirming that all statutory requirements and building controls were complied with.

#### **Maintenance and repairs**

Repairs and ongoing maintenance was of a good standard. The company employs their own maintenance man and he is quick to respond to any repairs needed. The centre vehicles were serviced regularly and well maintained. All maintenance and repairs are recorded in a maintenance log which includes servicing of vehicles.

#### **Safety**

There is adequate insurance in place and a Health and Safety statement that is signed by all staff. All staff are trained in First Aid. There is a policy on the administration and disposal of medicines. Staff interviewed and files inspected confirmed that the administration and disposal of medicines was in line with the centre policy.

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

#### **Fire Safety**

All documentation regarding fire safety was on file. Certificates regarding the fire doors were on file. Fire drills were held on the admission of each resident and recorded appropriately in the centre fire register. There were clearly signed means of escape from the centre in the event of a fire. Dates for the last three fire drills were evidenced on the fire register. However, the register did not identify clearly who was present in the building at the time of the fire drill. The inspectors recommend that the centre manager ensures that all present during fire drills are clearly identified in the fire register. Fire and maintenance logs are routinely reviewed by the centre manager. All permanent staff had received fire training. The inspectors recommend that relief staff is provided with Fire Training.

### **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 & Safety)*

*-Part III, Article 13, Fire Precautions.*

#### **Required action**

- The centre manager ensures that alarms are placed on the young people's bedroom doors as a safety measure.
- The company must ensure that all staff, both permanent and relief receive Fire Training.
- The centre manager ensures that all present during fire drills are clearly identified in the fire register.

### 3. Action Plan

Standard	Required action	Centre Response	Inspectors Commentary
<p><b>3.2</b></p>	<p>The organisation must ensure that the staff team remains in place to maintain a consistent and stable environment for the young people.</p>	<p>All team members upon appointment to their posts receive a thorough induction in relation to policy and procedure, employee handbook and a detailed job description and in house induction. The company also ensures that all team members are placed on training and development plans from the offset to ensure that they are being up skilled and supported in their role. The company ensures that all staff members receive ongoing training on a regular basis both mandatory and additional training. The company values internal promotional opportunities along with training and development in order to assist with staff retention. Bonus schemes are offered to staff based on length of service also. Supervision and</p>	<p>Action Agreed the monitoring officer will continue to review matters regarding Staffing.</p>

		<p>team meetings are at the core of our practice as an organization to ensure that team members have input and feel valued in their role. The company provides an Employee Assistance Programme which is confidential and free of charge for staff teams to avail of should they need it. All of these supports that are in place are designed to promote retention and maintain the staff teams.</p>	
<b>3.10</b>	<p>The centre manager ensures that alarms are placed on the young people's bedroom doors as a safety measure.</p> <p>The company must ensure that all staff, both permanent and relief receive Fire Training.</p>	<p>Alarms have been ordered and will be placed on all young people's bedroom doors in the next 2 weeks as a safe guarding measure and risk assessments are in place to support this.</p> <p>All contracted staff team members are fully trained in fire safety. The shift patterns are designed to ensure that at least 2 contracted members of staff are on shift with a relief staff member. Fire training will be organized for regular relief staff at the start of July 2016.</p>	<p>To be completed by the end of June 2016 The monitoring Officer will verify that this Action has been completed</p> <p>The Monitoring officer will confirm that the fire safety training has been complete for regular relief staff in July 2016</p>

	<p>The centre manager ensures that all present during fire drills are clearly identified in the fire register.</p>	<p>This has been rectified and reflected in the fire register and all staff and young people have been clearly identified. It has also been addressed in a team meeting and clearly identified to staff members.</p>	<p>Action completed verified 8<sup>th</sup> June 2016</p>
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