



**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

Registration and Inspection Service

Children's Residential Centre

Centre ID number: o8o

Year: 2017

Lead inspector: Lorna Wogan

Registration and Inspection Services
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15
01 8976857

Registration and Inspection Report

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| Inspection Year: | 2017 |
| Name of Organisation: | Compass Child and Family Service |
| Registered Capacity: | Three young people |
| Dates of Inspection: | 17th and 18th of October 2017 |
| Registration Status: | Registered from the 12th of August 2015 to the 12th of August 2018 |
| Inspection Team: | Lorna Wogan |
| Date Report Issued: | 4th April 2018 |

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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. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

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 provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle

of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.2 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was opened in 2014 and a full inspection was undertaken within six months of commencement of operation. An action plan was devised to address recommendations following the inspection and all issues identified were met in full at that time. The current registration was granted without conditions from the 12th of August 2015 to the 12th of August 2018. At the time of this inspection the centre was in year three of the current three-year registration cycle.

The centres purpose and function was to accommodate three young people of both genders from age thirteen to seventeen years on admission. Their model of care was described a relational based model within a shared living environment. The fundamental basis for this program was that professionally qualified adults, called house pedagogues, live with and share the living space with young people with the primary purpose to care for the young people in a consistent and predictable fashion. A primary focus of the work with young people is informed and guided by an understanding of attachment patterns. Clinical team supervision and developmental team supervision was facilitated through the services clinical psychologist.

The inspector examined standards 2 ‘management and staffing’, standard 4 ‘children’s rights’, standard 8 ‘education’ and standard 9 ‘health’ of the National Standards For Children’s Residential Centres (2001). This inspection was unannounced and took place on the 17th and the 18th of October 2017.

1.1 Methodology

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

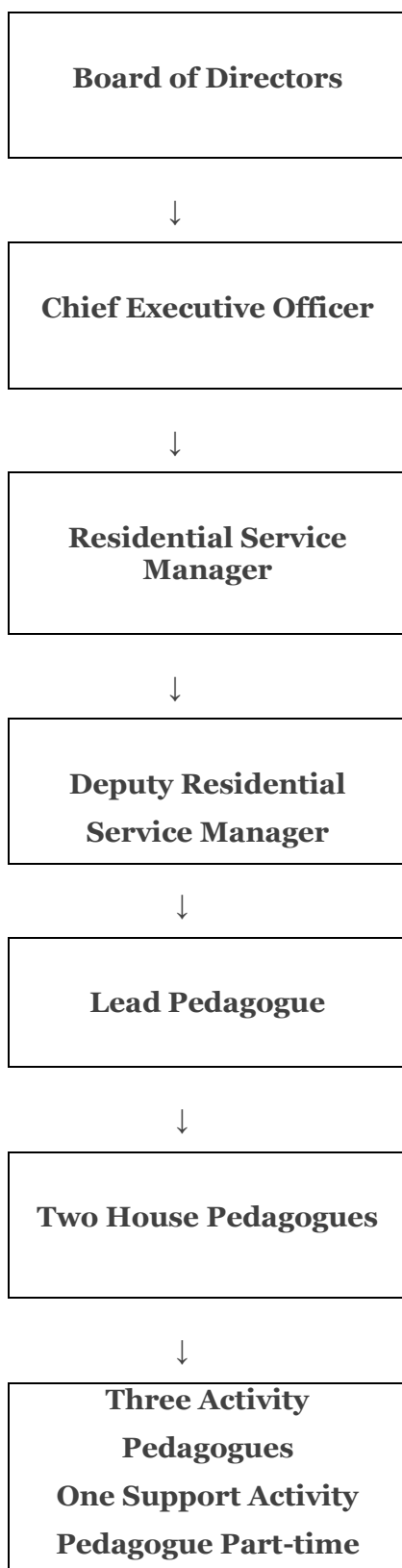
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ Consultation with the lead inspector with responsibility for oversight of the significant event notifications from this centre.
- ◆ An examination of the questionnaires completed by:
 - a) The residential services manager
 - b) The deputy residential services manager
 - c) The lead pedagogue
 - d) The house pedagogue
 - e) Two activity pedagogues
- ◆ An examination of the centre's files and recording processes outlined below:
 - Individual care files
 - Personnel files
 - Supervision records
 - Complaints register
 - Team meeting records
 - House meeting records
 - Petty cash records
 - Significant event logbook
 - Medication records
 - Health and safety audits
 - Staff rosters
 - Visitor's logbook
- ◆ 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 residential services manager
 - b) The deputy residential services manager
 - c) The lead pedagogue

- d) One activity pedagogue
 - e) The social workers with responsibility for the young people residing in the centre
 - f) One of the young people in placement
 - g) The lead inspector
- ◆ Observations of care practice 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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 22nd February 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 20th March 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 080 without conditions pursuant to Part VIII, 1991 Child Care Act. The period of registration being from the 12th of August 2015 to the 12th of August 2018.

3. Analysis of Findings

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

A board of directors was in place to oversee the work of the service and the chief executive officer was over eighteen months in post at the time of the inspection. The chief executive officer provided line management to the residential services manager and the clinical psychologist. There were some changes to the governance and management structures since the previous inspection in April 2017. In May 2017 a new post of deputy residential services manager was established within the company to provide external management support for the centre. The person appointed to this post was appropriately qualified and had previous management experience to undertake this role. A comprehensive induction process was undertaken on their appointment to the post. The deputy residential services manager was line managed by the residential services manager.

The inspector found that the centre continued to be well managed and staff were supported and organised to deliver a good standard of care to the young people in placement. There were appropriate external management and monitoring arrangements in place that ensured good oversight of the centre. There was evidence that the residential services manager visited the centre most days and provided good support to ensure the on-going development of the centre. Monthly management meetings were undertaken and records of these meetings were maintained. The deputy residential services manager and the residential services manager met with the young people on visits to the centre and attended meetings relevant to the young people's placement. There were clear reporting and management structures in place and the staff interviewed were familiar with the management structure.

There were mechanisms in place for assessing the quality and effectiveness of the services provided by the centre. The deputy residential services manager had recently introduced a system for undertaking monthly quality assurance audits of care practices and procedures. These audits were made available to the inspector and

provided the external manager with a good oversight of the operation of the centre. They also monitored care files; centre records and read all significant event reports. The deputy residential manager had recently undertaken a review of the placement plans to ensure they adequately reflected the care needs identified in the care plan and that the key-work undertaken was evaluated and reflected in the placement planning process. This work was in the initial stages of development at the time of the inspection however good progress had been made in this area.

There were additional systems in place to monitor the children's progress and the outcomes for the children in placement. The services clinical psychologist facilitated the team to review and reflect on the presentation of the young people, the team responses to the young people and evaluate the impact of their interventions.

The external managers interviewed by the inspector were confident that the lead pedagogue and other team members were diligent in fulfilling their duties and had assisted the young people in placement to progress their individual development. This view was supported by the social workers interviewed by the inspector.

The inspector was satisfied that there were appropriate and suitable care practices and operational procedures in place to provide a good standard of care for the young people currently in placement. There was evidence that operational policies were subject to review and discussion within staff and management team forums.

The lead pedagogue and the staff interviewed stated that the external managers provided good support and guidance to them in their work. Overall the inspector found the centre was effectively managed and staff were organised to deliver the best possible care and protection for the young people in placement. The inspector found there were appropriate external management and monitoring arrangements in place.

Notification of Significant Events

All significant event notifications were forwarded to the Tusla registration and inspection office and the national significant events notification team for oversight and review. The lead inspector for the oversight of significant event reports arising within the centre informed the inspector that incidents were well managed by the staff team with appropriate follow up and oversight by the external managers.

Significant events were appropriately notified to the relevant persons. The social workers told the inspector they were satisfied they were notified of all incidents in a

timely manner. Social workers interviewed stated that they would follow up on notifications if clarification was required or if follow-up with the young person was required.

There was evidence that both young people were considerably settled in their placements due to the interventions and on-going consistent and solid work of the staff team. There were very few significant events relating to the two young people currently in placement. There was a significant increase in significant event notifications earlier in the year following the admission of a third young person to the centre. Significant events for the three-month duration of this placement related incidents of behaviours that challenge, property damage and safety concerns. There was evidence that risk assessments and safety plans were updated as required following significant events. There was evidence that external managers took appropriate action to address the concerns which arose at this time.

There was evidence that the significant event logbook was maintained at the centre and was signed off by the external manager. This logbook corresponded to the significant event reports on file. Significant events could also be cross referenced with the weekly reports that were forwarded to the social work department.

Staffing

The staff team had a whole time equivalent staff complement of six staff, a lead pedagogue, two house pedagogues and three activity pedagogues. There was one part time support pedagogue also assigned to the team. Two staff members had left the service since the last inspection - a house pedagogue and an activity pedagogue. The inspector found evidence that staff resignations were sensitively handled with the young people and the young people were supported well to come to terms with staff departures. There was evidence that many past staff members maintained appropriate contact with the young people in placement. At the time of the inspection the residential manager informed the inspector that the lead pedagogue had recently submitted their resignation from the post. Social workers interviewed had been notified of this and expressed concerns about staff changes however, they did acknowledge that the service supported the young people well in terms of staff moving on. Both social workers and the lead inspector confirmed in interview that they were notified of all changes within the staff team.

The personnel files for the two newly appointed staff were examined by the inspector. The personnel files inspected were well organised. The inspector found that staff files

included the required information including Garda vetting, three written and verified references and evidence of qualifications. Induction training for new staff members was evidenced on their personnel files.

All staff were appropriately qualified and had appropriate vetting completed prior to commencement of employment.

The inspector found that all team members were appropriately qualified and there was a mix of experience within the team. Staff were aware of their roles, responsibilities and the reporting structure. There was a sufficient number of staff in place to deliver the service. The inspector viewed the rosters and found that a consistent team was in place.

The staff acted as positive role models to the young people. There was evidence that the young people had good relationships with the staff team and that they had benefitted for the care they received. Social workers told the inspector that the staff team were committed and supportive of the young people.

The lead pedagogue stated that staff were open and honest in their interactions with the young people and with each other. The external managers were confident that the team were cohesive and consistent in their approach and would be alert to poor practice. Staff interviewed felt well supported in their work.

The main challenge for the organisation was to maintain a stable and consistent staff team. Social workers did express some concerns about staff turnover in the context of the overall model of care. The company must continue to examine issues relating to staff recruitment and retention.

Supervision and support

The centre had a written policy in relation to staff supervision. Overall the inspector found that supervision was provided within the timeframes set out in the written policy. The staff supervision records were made available for inspection and reflected good quality supervision.

The residential services managers supervised the lead pedagogue and the deputy residential services manager. The lead pedagogue received formal operational supervision six to eight weeks in accordance with the policy and they also received clinical supervision every second month. The deputy residential service manager had

responsibility for the supervision of the house pedagogues and the activity pedagogues and the frequency of the supervision was every four to six weeks. Staff told the inspector that they found supervision supportive and that it provided them with clear guidance and accountability for their work.

There were effective communication systems in place. The residential managers received a verbal and written handover every day. The handover records were structured to ensure all areas of work and all tasks were completed and/or handed over to staff coming on duty.

Team meetings took place every fortnight. Team meetings were chaired by the residential services manager. The minutes of the meetings showed good discussion about issues including the young people, health and safety, risk management and review of significant events, and other operational matters. Decisions taken were outlined in the minutes.

Staff were clear what they could do if they had any concerns about practices in the centre. They were aware of their responsibilities to raise concerns about a colleagues practice and were aware of the company's 'whistle-blowing' policy. Staff questionnaires and interviews reflected a positive and supportive working environment.

On-call support was delivered to the staff team outside of office hours by the external managers within the company. All staff members had the external managers contact details should they wish to engage with them directly on any matter.

The residential services manager had access to external professional guidance and support when dealing with matters relating to industrial relations and employment law. The employee's handbook and individual contracts outlined the terms and conditions of employment for staff. Debriefing was provided to staff members where they had experienced a challenging or stressful event in the centre.

Training and development

The inspector found there was an effective ongoing staff development and training programme for the care and education of staff. The newly recruited staff had completed induction training and this was evidenced on the records. A record of all training undertaken by staff and dates of required refresher training was held electronically and inspector found that all core training for the team was up to date.

There was evidence that staff benefitted from the guidance and insights gained in the clinical team supervision forums.

Administrative files

The inspector examined a range of administrative files and records including daily logs, complaint register, supervision records, handover records and minutes of staff meetings and house meetings. The centre recording systems were organised and maintained in a manner that facilitated effective management and accountability. Records were stored in a manner that maintained appropriate levels of privacy and confidentiality about the young people's circumstances. The inspectors found that records were written in an appropriate professional manner.

There was evidence that the external managers monitored the centre registers, logbooks and the centre filing system on a regular basis. The inspectors found evidence that appropriate action was taken by managers to remedy deficiencies and safeguard the interests of the young people in placement and the staff working in the centre.

Staff interviewed stated that they had sufficient financial resources to care for the young people and to provide recreational and educative programmes. There were clear financial management systems and records in place and the deputy residential service manager had oversight of the financial management systems. Petty cash records evidenced the day-to-day expenditure at the centre. Records were also maintained of monies provided to the young person for pocket money and other expenditure.

The residential services manager confirmed that all centre records were kept in perpetuity and were archived in appropriate storage facilities in the company head office.

3.2.2 Practices that met the required standard in some respect only

Register

The centre register did not contain a record of the parents address as required under the regulations. The inspector found that there was one admission to the centre and the subsequent discharge of this young person since the last inspection. The residential services manager stated the record of all admissions to the centre was

maintained electronically in head office. The inspector found that the copy of the register located at the centre did not contain a record of previous admissions. The residential services manager must ensure the register maintained in the centre evidences the relevant details in relation to all current and former residents. A duplicate copy may be held also in the company head office if required by the external managers.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

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 deputy residential services manager must ensure the register records the address of the parents of the young people in placement in accordance with the regulations.
- The deputy residential services manager must ensure the register held at the centre evidences the required details of all the young people currently and previously in placement since the centre opened.

3.4 Children's Rights

Standard

The rights of the 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

The inspector found that the views of the young people were sought when decisions were being made that affect their daily life and future. There was evidence that staff promoted a right's based agenda within the centre through the day-to-day interactions and in a more formal manner when dealing with more complex issues that arise for the young people. The rights of young people in care were outlined in the centres young people's booklet.

Encouraging the young people to express their views and opinions was part of the care approach and this was evidenced through interviews with staff. The approach to working with the children was discussed at team meetings and in scheduled forums for the team with the services clinical psychologist.

The records showed that young people were consulted about the day-to-day running of the centre. House meetings provided the young people with the opportunity to get involved in the running of the centre and they could raise issues that were important to them. House meetings were undertaken on a monthly basis, the agenda was set by the young people and decisions taken were outlined on the records of these meetings. The inspector found evidence of staff and young people 'working things out together' taking into account everyone's opinion and views. There was evidence on the daily notes and the individual work of significant conversations with the young people in relation to how everyone respects the rights of all living in the house. The inspector found that the young people were appropriately involved in the daily routines of the centre and could exercise choice across a range of daily living skills for example buying clothes, use of packet money, menus or furnishing of the home.

The young people were consulted and encouraged to participate in planning for their placement and in statutory care plan reviews. These meetings reviewed the care plan and involved significant people in their life such as parents, social workers, centre

staff and other professionals. The young people completed consultation forms prior to their statutory review meetings and staff supported and encouraged the young people to participate in their care plan meetings. There was evidence that the young people's participation in care plan meetings was improving over time. The young people interviewed stated they were given the opportunity to ask questions and express their views at care planning meetings. There was evidence that the staff team and external managers were strong advocates for the young people and this was confirmed by the social workers.

The young people were actively involved with EPIC (Empowering People In Care) an independent advocacy service for young people in care. Area advocates from EPIC visited the young people at the centre twice or three times a year and the young people had been actively involved in EPIC events.

The young people had their own bedroom with en suite facilities and their right to privacy was respected by staff working in the centre. The lead pedagogue stated the young people could store personal items for safe keeping in a locked cabinet in the centre's living space.

Access to information

The centre had a written policy on young people's access to written information that acknowledged the importance of young people's right to access information relating to them. Inspectors found that young people had been given information about themselves in an appropriate way through meetings with their social workers and individual work with their key-workers.

The young people were familiar with children's rights and there was evidence that key-workers completed key-work sessions outlining the rights of young people in care. The centre had an information booklet for young people that clearly outlined their rights and the procedures for accessing information. There was evidence that staff had discussed with the young people, in an open and sensitive manner, the reasons why they were in care and the aims of their placement.

The young people were aware that the staff maintained records in relation to their care. There are no locked rooms in the centre and staff wrote the daily logs and records in the shared living space. There was evidence that the young people were encouraged to read the daily logs. The lead pedagogue stated that the young people can access their placement plans however to date they had not shown much interest

in reading these plans. The lead pedagogue also stated that the young people had participated in writing up relevant risk assessments. The social workers stated that the young people did not have a copy of their care plan however they were fully involved in its development through statutory review consultation forms and attendance at care plan reviews. The young person interviewed by the inspector was fully aware of her rights to information and knew how to access any information they required.

The young people had access to information on national advocacy service Empowering People in Care (EPIC) and had engaged with area advocates on a number of occasions at the centre.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre had a written complaint policy that was revised in January 2017. There were procedures in place for the prompt investigation of any complaints, whether made by children or parents and for recording their outcome. The inspector found that the centre managers encouraged and supported staff in listening to the young people and acknowledging the concerns expressed by young people in placement. The external managers interviewed were confident that the young people and the staff understood that the service was open to listening and responding to complaints. Managers and staff interviewed were confident that the young people know how to exercise this right. The young person interviewed by the inspector confirmed this fact.

There was evidence that complaints and issues raised by the young people resulted in change within the centre. There were two complaints recorded on the register and the records indicated that these complaints were resolved. However, it was difficult for the inspector to track patterns or evaluate the centres complaints recording systems as previous complaints when resolved were filed in the companies head office. The deputy residential services manager must ensure that the centres complaints register maintains all complaints made by young people placed in the centre and are stored in one location for monitoring and tracking purposes.

The lead pedagogue informed the inspector that minor expressions of dissatisfaction would generally be recorded in the daily log books. The inspector advised that minor expressions of dissatisfaction must also be recorded on the complaints register and

reviewed for the purpose of learning, practice improvement and managerial oversight. Following an examination of the complaints register held at the centre there was no evidence on the pro forma to indicate that social workers had been notified of the complaints/grievances.

The social workers confirmed they had not received any serious complaints in the past twelve months from the young people in relation to their care and social workers informed that inspector that minor issues of dissatisfaction raised by the young people were relayed to them.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

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

Required Action

- The deputy residential services manager must ensure that the centre's complaint register maintains all complaints made by young people placed in the centre and is stored in one location.
- The deputy residential services manager must ensure that all minor expressions of dissatisfaction are recorded on the complaints register and reviewed for the purpose of learning, practice improvement and managerial oversight.
- The deputy residential services manager must ensure the complaints pro forma evidences that social workers are notified of the complaints/issues of dissatisfaction.

3.8 Education

Standard

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

3.8.1 Practices that met the required standard in full

The inspector found that young people's right to education was promoted by the staff team and education was valued within the centre. The supervising social workers and the centre management ensured each of the young people had access to appropriate education facilities. The young people were educated with their peers within the community. They attended mainstream education and the inspector found that they were fully integrated into their school community and had good attendance records.

One of the young people had just commenced an academic year where they planned to undertake a state examination. Education assessments were recently completed as required for one of the young people and was on file in the centre. Where required the young people had access to appropriate additional supports in school to assist them to reach their full potential academically.

One of the young people was attending afterschool study two days per week and there was evidence that this was beneficial to them. The lead pedagogue stated that additional supports outside of the school would be made available to the young people if identified as a requirement. There was evidence of good co-operation and communication between the school, the social workers and the centre staff. There were good routines in relation to completing homework on a daily basis and staff provided appropriate support to the young people in relation to their schoolwork. There were appropriate facilities and household routines for homework and study.

There was evidence of school progress reports on file and of staff attendance at parent teacher meetings. The young people's educational progress was subject to review at the statutory care plan meetings.

Both young people were well integrated into their school community and this further contributed to their ongoing development and the stability of their placement, a view supported by their allocated social workers.

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

None identified.

3.9.2 Practices that met the required standard in some respect only

The young people received a medical screening on admission and had access to their local general practitioner and other health services such as dentists, opticians and other specialist services as required. The young people had a valid medical card and there was evidence of medical consent signed by social workers on file for each of the young people.

There was evidence the centre staff sought prompt medical attention for the young people and were alert to early signs and symptoms of illness. Social workers confirmed they were notified without delay of any significant problem relating to the young people's health. Records of the most recent medical contacts were maintained at the centre and all other records relating to medical contact were maintained in the care file in the head office. The inspector advised that the medical contact report pro forma included the reason for the medical/specialist contact and the outcome of the medical interventions.

Past medical and health information and immunisation records relating to the young people in placement were not evident on the individual care files at the time of the inspection. The deputy residential service manager must ensure immunisation records along with a complete record of all past medical and health information is maintained on the individual care files. A note must be recorded on file where information is absent outlining the efforts made to obtain the information.

The centre had a medication administration policy and there were procedures in place for the administration and disposal of medications. One staff member had completed certified training on safe administration of medication. There was evidence that the learning from this training was shared with the team and implemented in the centre. Medications were stored in a secured box within a secured cabinet and individual medication storage boxes were maintained for each young person. The young people's name and prescribed medications were appropriately identified on the medication boxes. The centre records contained a clear record of all medications administered both prescribed and non-prescribed medications.

There was evidence that the staff encouraged the young people to participate in activity based programmes and develop healthy lifestyles such as going to the gym and taking regular walks. Staff also provided appropriate health education key work sessions in areas such as smoking, diet and exercise, physical/sexual development and alcohol/substance misuse. Individual work was completed in relation to health education and this work was recorded on the key-work records and weekly reports.

All staff were trained in first aid and this training was up to date for all staff members. A first aid kit was available in the centre and staff were competent to administer first aid. The inspector found that the first aid kit did not have adequate supplies based on the first aid supplies checklist. The lead pedagogue should have a system in place to ensure that adequate supplies are maintained in the first aid kit.

The centre had a policy on smoking in place that safeguards the health of the young people and staff. The young people did not smoke and it was centre policy that staff were not permitted to smoke in front of the young people. The staff periodically reminded the young people of the health risks associated with smoking. There was a designated smoking area away from the house to facilitate staff who smoked.

There was evidence that the young people were offered a nutritious and varied diet which involved an element of choice.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

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

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

Required Action

- The deputy residential manager must ensure the medical/specialist pro forma evidences the reason for contact with the medical/specialist service and the outcome of the intervention/consultation.
- The deputy residential service manager must ensure immunisation records are requested from the social workers along with a complete record of all past medical and health information, assessments and specialist appointments is maintained on the individual care files. A note must be recorded on file where information is absent outlining the efforts made to obtain the information.
- The management team must have a system in place to ensure that adequate supplies are maintained in the first aid kit.

4. Action Plan

| Standard | Issues Requiring Action | Response with time scales | Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again |
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| 3.2 | <p>The deputy residential services manager must ensure the register records the address of the parents of the young people in placement in accordance with the regulations.</p> <p>The deputy residential services manager must ensure the register held at the centre evidences the required details of all the young people currently and previously in placement since the centre opened.</p> | <p>The Residential Services Manager has ensured that all relevant parental details have been added to the current register.</p> <p>The residential services manager has ensured that the register evidences required details of all admissions and discharges since the centre commenced operation.</p> | Action required completed. |
| 3.4 | The deputy residential services manager must ensure that the centre's complaint register evidences all complaints/issues of dissatisfaction made by young people in placement and is stored in one location. | On admission to the centre, all young people are made aware of the complaints procedure and the process of making a complaint. All young people are aware they may speak with their Keyworker, Manager, EPIC, Social Worker and Monitor in relation to complaints/issues of dissatisfaction. | A standing item of complaints has been added to the team meeting agenda since 27th October 2017. |

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| | <p>The deputy residential services manager must ensure that all minor expressions of dissatisfaction are recorded on the complaints register and reviewed for the purpose of learning, practice improvement and managerial oversight.</p> <p>The deputy residential services manager must ensure the complaints pro forma evidences that social workers are notified of the complaints/issues of dissatisfaction.</p> | <p>Minor expressions of dissatisfaction are recorded in planned and ad hoc house meetings. Issues of dissatisfaction are regularly discussed at team meeting.</p> <p>Social Workers are notified verbally when complaints are received by Residential Services Manager. This is recorded on the Complaints form. When in house policy and procedure is followed, the concluded complaint and outcome are sent electronically to relevant Social Workers. This will also be recorded on the complaints form. Minor issues of dissatisfaction are recorded as complaints and discussed in team meeting for the purpose of learning.</p> | |
| 3.8 | No required action. | | |
| 3.9 | The deputy residential manager must ensure the medical/specialist pro forma evidences the reason for contact with the medical/specialist service and the outcome of the intervention/consultation. | The current health contact form is used to record the professional seen and the content of the consultation. Residential Service Manger reviews health contacts in conjunction with daily notes and professional contacts. | Residential Services Manger will discuss this at team meetings to ensure correct information is recorded on health contact. |

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| | <p>The deputy residential service manager must ensure immunisation records are requested from the social workers along with a complete record of all past medical and health information, assessments and specialist appointments is maintained on the individual care files. A note must be recorded on file where information is absent outlining the efforts made to obtain the information.</p> <p>The management team must have a system in place to ensure that adequate supplies are maintained in the first aid kit.</p> | <p>This action has been highlighted to the social work department in writing. The correspondence has been placed in the young persons' individual care file. There will be an update at the young person's next statutory care plan review.</p> <p>The adult trained in Safe Administration of Medication has taken on the responsibility to have oversight of first aid kit.</p> | <p>A quality assurance document on systems is currently being implemented. All systems will be monitored on a monthly basis by a designated person. This will be in place by June 2018.</p> |
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