

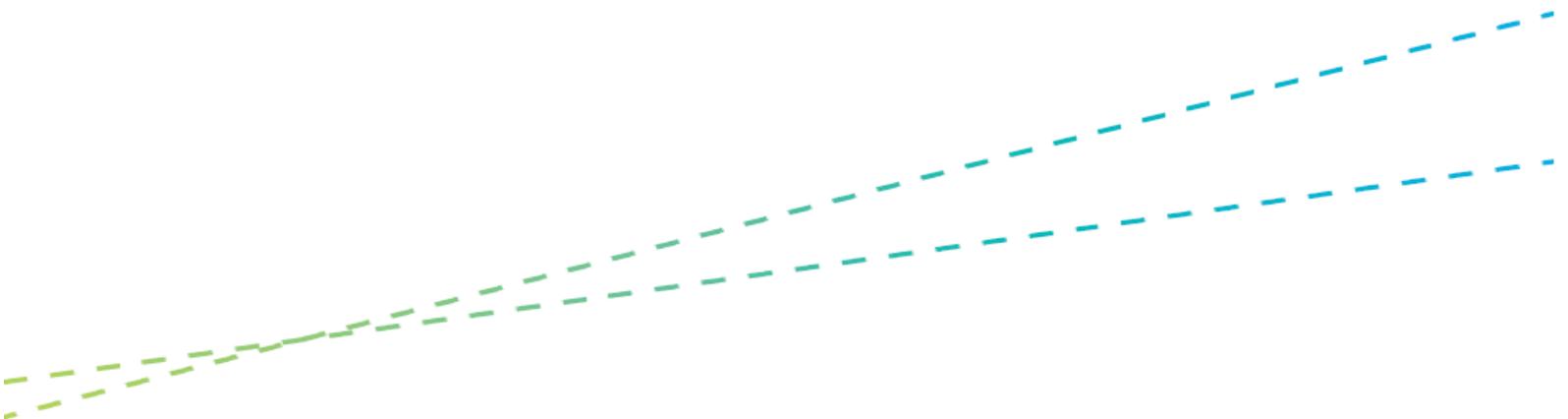


An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	031
<b>Year:</b>	2016
<b>Lead inspector:</b>	Gary O'Connell

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2016</b>
<b>Name of Organisation:</b>	<b>Ashdale Care Ireland</b>
<b>Registered Capacity:</b>	<b>Three Young People</b>
<b>Dates of Inspection:</b>	<b>09<sup>th</sup>, 10<sup>th</sup> &amp; 11<sup>th</sup> of August 2016</b>
<b>Registration Decision:</b>	<b>Registered without condition from 09<sup>th</sup> of September 2016 until 09<sup>th</sup> September 2019</b>
<b>Inspection Team:</b>	<b>Gary O'Connell Jackie Roche</b>
<b>Date Report Issued:</b>	<b>10.02.2017</b>

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## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed.

The centre management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

## 1.1 Methodology

An application was duly made by the proprietors of this centre for continued registration on 19<sup>th</sup> of July 2016. This announced inspection took place on 09<sup>th</sup>, 10<sup>th</sup>, and 11<sup>th</sup> of August 2016 over a three day period and this report is based on a range of inspection techniques including:

- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) Eight of the care staff
  - b) Three young people residing in the centre
  - c) Three social workers with responsibility for young people residing in the centre.
  - d) The director of residential agency
  - e) The centre manager
  - f) The deputy manager
  - g) Other professionals e.g. art psychotherapist, occupational therapist, speech and language therapist, school principal.
- ◆ 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 TUSLA, Child and Family Agency 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 deputy operations manager
  - b) The centre management
  - c) Deputy manager

- d) Three care staff members
  - e) Two young people
  - f) The monitoring officer
  - g) Three allocated social workers
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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



## 2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on this date 20/01/17 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 with no 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 09<sup>th</sup> of September 2016 to 09<sup>th</sup> of September 2019.**

## 3. Analysis of Findings

### 3.1 Purpose and Function

#### ***Standard***

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

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

None identified.

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

This centre had a written statement of purpose and function of the service it operates. The stated aim of the service was to provide a therapeutic residential service for three young people of either gender for medium to long term placements between the ages of 11 and 18 years on admission. The written purpose and function document outlines a person centred therapeutic service which will be clinically guided and based on emotional containment and positive reinforcement to assist young people to develop internal controls of behaviour and to promote resilience and responsibility. The statement of purpose and function was last updated in June 2016. The centre accepts referrals from all TUSLA, Child and Family Agency areas through the national placement team and from Northern Health and Social Care Trusts.

There were three young people resident in the centre at the time of inspection. There were derogation for the three young people to allow them to be placed in the centre as the young people where 12 years or under at the time of their admission. The nature of the needs of the young people and the care they were being provided with were in accordance with the purpose and function at the time of the inspection.

This centre had a written policy and procedures document which states was reviewed in 2013. In interview the centre manager stated that the policy and procedures were currently being reviewed by organisational management. Organisational management must confirm that the policy and procedure document has been reviewed and furnish the inspectorate with a copy of the revised policy and procedures.

There is a defined therapeutic model of care which outlined a trauma and attachment approach. The inspectors found evidence the model of care was being implemented and that recordings of same were evident across the care files and plans of the young people. However, in interview the centre manager stated that a number of care staff had not been trained in the model of care and a review of the model of care would be an advantage to the care staff in general. They stated that training in the model of care was suspended over the summer months due to historically finding that with the amount of annual leave over a summer period that there would not be a full quota for this training. Centre management must ensure that the care staff implements a review of the model of care and all care staff are trained in this model.

The organisation provided clinical guidance to care staff, young people and this is carried out by art therapists, clinical/ counselling psychologists. This clinical team provides support to all residential centres operated by the organisation. The inspectors found evidence of the involvement of the clinical team in the care files and this will be discussed further in this report.

The inspectors found that the day to day operation of the centre reflected the stated purpose and function. However, inspectors found deficiencies with management, staffing, suitability of placement and impact of young people behavior on each other and these issues will be discussed further in the report.

Booklets containing information on key areas of service provision including the purpose and function, children's rights and complaints are provided to young people in placement and their families.

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

None identified.

#### **Required Action**

- Organisational management must confirm that the policy and procedure document has been reviewed and furnish the inspectorate with a copy of the revised policy and procedures.
- Centre management must ensure that the care staff implements a review of the model of care and all care staff are trained in the model.

## **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**

#### **Register**

The centre register contained all the required information such as the name of the young people, the allocated social worker and the follow on placement. The inspectors noted from the register there had been 2 admissions and 2 discharges since the last monitoring report in 2015. There is a system in place where duplicated records are kept centrally by TUSLA, the Child and Family Agency.

#### **Supervision and support**

The centre had a written policy in relation to supervision of care staff. The care staff were being supervised by both the centre manager and the deputy manager. The centre manager stated they and the deputy manager had received training in a recognised model for the delivery of supervision.

The supervision policy stated the centre will provide supervision to care staff at intervals of 4 weeks and inspectors found it was being conducted in line within this timeframe. Inspectors noted that as per policy new care staff members are to receive supervision every two weeks for a period of time and this was happening in line with this timeframe. The inspectors reviewed a cross section of care staff supervision and found that supervision is recorded, signed by both parties and had a set format. Inspectors noted that supervision contracts were not consistently updated and this needs to be amended. Supervision records were appropriate to the care staff role and referenced supporting care staff with key working, managing behavior, safeguarding, consistent practice and self reflection. However, inspectors recommend that the supervision format is reviewed to better reflect actions required with timeframes for when they will be completed.

Inspectors evidenced that informal and group supervision being conducted and this was good practice. From review of the personal files the inspectors noted that performance reviews are conducted with the care staff and they were of a good standard. In interview care staff stated they felt well supported by the management.

The centre manager receives supervision from the deputy operations manager every 4 weeks. The inspectors found from the files that supervision is recorded, placed on file and was happening within the stated time frame. Inspectors noted that the centre manager supervision contract did not reflect their current position and this need to be amended. The inspectors found the quality of supervision to be of a good standard with consistent discussions on policy development, leadership role, training needs and staff development. However, inspectors recommend that the supervision format is reviewed to better reflect actions required with timeframes for when they will be completed. In interview the centre manager stated that the centre managers of the organisation meet monthly with a member of the clinical team to support them in their role. They cited this as a major support to them and the inspectors recommend that this practice is continued.

Inspectors evidenced in the care files that care staff members had been subjected to challenging experiences in the centre such as assault. From review of the supervision files and in care staff interviews the inspectors found that care staff members were aware of the support mechanisms provided with regard to stress or injury if required. In interview the centre manager stated that post incidents care staff debriefing occur to support care staff and promote reflective practice. From review of a cross section of supervision files evidenced care staff debriefing occurring and they were of a good standard.

The centre manager and care staff informed the inspectors that shift hand-over's occur daily. The inspectors attended a shift hand-over meeting and reviewed the care files and evidenced shift hand-over's occur daily, reflect good communication regarding young people's consistency of care. The inspectors observed the daily logs and they were consistently signing and dating.

Centre team meetings take place monthly alternate to the individual development plans meeting which are attended by the clinical team. The inspectors reviewed a cross section of team meetings minutes and found that they were recorded to a good standard with evidence of deputy operations manager attendance at times. Team meeting minutes evidenced discussion on young people, consistency of care staff

practice, record keeping and evidence a link between planning and the young people's individualised plans.

Inspectors attended part of an individual development plans meeting and reviewed a cross section of the individual development plans meeting minutes. The minutes did state short and long term goals with young people and these meetings did evidence how the clinical team supports the care staff to engage young people and care staff support. However, the inspectors recommend that the guidance from the clinical team needs to be better reflected and this will be discussed further in the report. In interview a social worker for a young person stated they had attended an individual development plans meeting for their allocated young person and stated this was helpful with supporting good communication and co-operation with consistency of care. Centre management stated they are supportive of social workers attending individual development plans meeting. Inspectors recommend that from time to time social workers attend individual development plans meeting to support good communication and co-operation with consistency of care for young people.

### **Administrative file**

Recording in the centre is regularly overseen by the centre management. The files were organised well and the inspectors were able to track events. The administrative files and systems at the centre including petty cash were of a good standard and well organised. Deputy operations manager auditing system of the care files needs to be reviewed that they are conducted to a set format review both young people files and care staff practice and are completed consistently and this will be discussed further in the report.

All records relating to young people who leave the centre are kept in perpetuity in a storage facility maintained by the organisation or returned to the assigned social work department.

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

#### **Management**

The organisational structure of the centre comprises directors, chief executive officer, an operations manager, deputy operations manager, centre manager, deputy manager, senior practitioner and nine social care workers. The inspectors noted a change in centre manager since the last inspection. The current centre manager had a

recognised social care qualification and had been within the organisation for a number of years and in their current post for a number of months. The centre manager is on site from 9 to 5 Monday to Friday. Registration and inspection service were notified of the change of centre manager. The inspectors note that the centre had a policy on the on-call service and this was provided by centre management.

The centre manager stated they received an induction to their current role from the previous centre manager and had continued support from the deputy operations manager and operations manager to adapt to the centre manager role. Centre manager stated they did not attend any external training to support them with their current post and inspection recommend that this is reviewed with organisational management. The centre manager is supported in their management function by a deputy manager with responsibility. The inspectors noted a change in deputy manager since the last inspection. The deputy manager did not have a recognised social care qualification but had been employed within the organisation for a number of years and in their current post for over a year. In interview the deputy manager stated they did not attend any external training to support them with their current post and inspection recommend that this is reviewed with organisational management. In interview the centre manager stated that the centre management team was also supported by a senior practitioner.

The centre manager was responsible for overseeing daily practice within the centre. The inspectors evidenced to a good standard the centre manager satisfying themselves that appropriate and suitable care practices are in place by using a range of methods to oversee the work of the centre including observation of staff practice, regular contact with the care staff and young people, facilitation of the daily handover and team meetings.

The inspectors observed from the files that the centre manager attended monthly management meeting within the organisation. The centre manager completes monthly report for these management meeting and inspectors evidenced these were being completed within the stated timeframe. The inspectors reviewed a cross section of the monthly management meeting minutes and found they were happening within the timeframe stated, are structured and of a good standard. These meetings cover areas such as rota, training, supervision and policies and procedures etc. The inspectors recommend that the management meeting minutes need to clearly outline issues from each centre and have consistently timeframe for completion of issues.

The centre manager is directly accountable for practice in the centre to the deputy operations manager. The inspectors evidenced that the deputy operations manager had a recognised social care qualification and had been within the organisation for a number of years with suitable experience for the role. Inspectors evidenced from interview with management and review of the centre files they maintain regular contact with the centre manager, visited the centre on a regular basis and supervise the centre manager.

An issue requiring action from the most recent monitoring officer's audit in November 2015 stated centre management must ensure there is a robust system in place whereby senior management oversight of the records is evident to ensure accountability and to ensure that actions outlined are followed up. Inspectors did evidence oversight by the deputy operations manager of care files weekly. However, only one audit was on file at the time of the inspection. This audit was of a good standard but it was not clearly recorded the action from the audit. Inspectors require for external management to satisfy themselves that appropriate and suitable care practices are in place that the management review the auditing system that they are conducted to a set format review both young people files and care staff practice and are completed consistently.

### **Notification of Significant Events**

The centre had a written policy on significant events. The previous inspection report outlined that the policy needed to be amended as the policy allows a timeframe of up to five days for a written copy of a notification to be sent to a social worker, monitoring officers and others professional. At the time of this draft inspection this remains the policy and this needs to be amended.

Through review of the care files and interviews with relevant professionals, the inspectors were satisfied that the centre duly notified the monitoring officer and relevant professionals of significant events regarding young people placed at the centre. Inspector's evidence that positive significant events were recorded and this was good practice. The inspectors evidenced oversight of the significant events notification system by both the centre manager and the deputy operations manager. Inspectors noted management commenting and following up on significant event notifications.

In interview the centre manager stated the organisation developed a database in which all significant events are recorded, and reviewed manually by organisational

management. The organisation also enacted a significant events review group six months prior to the inspection. The significant events review group meets weekly and review all significant events. This forum was designed to review significant events, what appeared to work, what did not work. The inspectors found email evidence of the review group review of significant events with stating good practice by care staff, support by the organisational management and clinical team and attending team meeting to discuss issues. Inspectors found some evidence of actions taken as a result of the significant events review group. However the format of the review group needs to be amended to clearly record analysis of incidents and guidance for practice in the centre. Organisational management must review the format of the significant events review group to clearly record analysis of incidents and guidance for practice in the centre.

The centre maintains a significant events register and inspectors noted the previous monitoring officers audit required that centre management develop a system of recording significant events to facilitate easy access to information and this had been completed.

## **Staffing**

The care staff complement in the centre consists of a centre manager, a deputy manager with responsibility, a senior practitioner and nine social care workers. The inspectors found from the personnel files that from the current care team seven of them had relevant qualifications. Inspectors noted that one care staff did not have a qualification; two did not have an adequate qualification but one care staff member had many years experience in residential. The other two care staff members were currently studying to attend a relevant qualification.

The inspectors found from the personnel files that at the time of the inspection the social care team had seven care staff members with less than one years experience in residential care and the remaining care staff had over two years experience in residential care. Therefore this presents a difficulty for the centre management to have a balance of experience to inexperienced care staff consistently on the care staff rota. Inspectors evidenced to support inexperienced care staff supervision had been scheduled every two weeks for a period of time. The previous monitoring officer's audit outlined that the care staff did not meet the aim to have at least one qualified staff member at child care leader level on each shift. Inspectors evidenced this standard remains unmet with the current care staff team. Organisational

management must ensure that one staff member who is qualified to child care leader level is consistently on each shift.

The inspectors noted since July 2015 eight care staff had ceased employment or moved within the organisation. Inspectors noted that only three care staff remained since the previous inspection in 2014. The inspectors note this was a high turn-over of care staff and in interview the organisational management stated that the organisation are reviewing strategies of care staff retention. In interview a social worker stated that the high turn-over of care staff had affected the placement of a young person and this will be discussed further in the report. Given the purpose and function of the service the inspectors require that organisational management must review strategies by the organisation to retain care staff.

In interview the centre manager stated exit interview are conducted with care staff that had left the organisation. The inspectors reviewed three exit interviews and they were of a good standard. Exit interviews noted location of the centre as a difficulty with remaining in employment.

The inspectors found from review of a cross section of personnel files that four care staff members had references and verbal references verified post their start date and this need to be reviewed by organisational management for future practice. Personnel files were not consistent with appropriate employment references and this need to be amended by the centre management. Inspectors noted that two care staff member had no verbal references and this was due to the care staff members having being employed for an extensive period of time. The inspectors recommend that the centre management record on the personnel files of both care staff members an explanation why there are no verbal references and state that it is not general practice.

There was a policy in relation to induction of care staff to the centre. In interview the centre manager stated that not all the new care staff had completed induction in line with the stated policy. Inspectors evidenced that the centre had designed a one day induction pack for new care staff but this is not in line with the stated policy. Centre management must ensure that the policy on induction is consistently maintained and that new care staff receive full induction.

## **Training and development**

The centre had a policy and procedure in relation to training and development. The inspectors reviewed the pre-inspection pack, a cross section of personal files and a

training audit provided by the centre manager. From review of these documents the inspectors were unable to verify that care staff had attended up to date training in core areas such as first aid.

As stated in this report not all the care staff had attended training in the model of care and this need to be amended. In order to meet the care needs of the young people residing at the time of the inspection there was evidence that care staff required training in areas such as bullying. Centre management must provide a schedule with timeframes for when care staff will attend core training in order to meet the care needs of the young people resident and any other training that the care staff require.

### **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 16, Notification of Significant Events.*

The centre has not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)*

### **Required Action**

- Organisational management to satisfy themselves that appropriate and suitable care practices are in place must review the auditing system that they are conducted to a set format review both young people files and care staff practice and are completed consistently.
- Organisational management must review the format of the significant events review group to clearly record analysis of incidents and guidance for practice in the centre.

- Organisational management must ensure that one care staff member who is qualified to child care leader level are consistently on each shift.
- Organisational management must review strategies by the organisation to retain care staff.
- Centre management must ensure that appropriate references are consistently on personnel files.
- Centre management must ensure that the policy on induction is consistently maintained and that new care staff receive full induction.
- Centre management must provide a schedule with timeframes for when care staff will attend core training in order to meet the care needs of the young people resident and any other training that the care staff require.

### **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 inspectors found the Child and Family Agency monitoring service had made an monitoring audit in 2014 and 2015 both announced and unannounced to this centre for the purpose of ensuring the centre’s compliance with regulations, standards and best practice. The monitoring officer subsequently completed and circulated a comprehensive report to the centre, the social work department and the inspectorate. The monitoring officer report 2015 found concerns regarding staffing and risk management, suitability of placements, impact of young people’s behaviour on each other, care plans, and review of restraints as barriers to the care staffs being able to implement the centres statement of purpose and function and these issues are reflected throughout this report as appropriate. The inspectors noted that at the time of inspection the centre had addressed a number of the issues requiring action from the monitoring officer’s report 2015.

The monitoring officer receives and reviews notifications of all significant events from the centre. Notifications of significant events received are reviewed on a weekly basis by the monitoring team. There had been regular contact between the monitoring officer and the centre manager.

The monitoring officer advised inspectors they had met with young people informally during the audit process in 2015. The centre manager had stated that all young people were informed of the role of the monitor.

#### **3.3.2 Practices that meet 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**

The centre had a policy on consulting with young people and there was evidence that the care staff involves young people meaningfully and purposefully in their plans. The care staff and social workers in interview stated young people are involved in decisions such as their daily/weekly plans, activities and inspectors evidenced young people's views were recorded in key working records and daily logs. The inspectors did find from the care files consistent evidence that care staff and social workers had supported and consulted with all the young people with regard to care planning.

Three of the young people resident at the time of inspection completed the inspection questionnaire form and two young people formally met with the inspectors. In interview and review of the questionnaire young people were clear in the ways they are consulted by the care staff and professionals. The centre manager stated empowering people in care had visited the centre in 2016 and gave an information pack to the young people resident at that time.

Inspectors viewed the young person's meeting book and found evidence of young people being consulted with discussion on contributing to the house rules, support with healthy eating and positive reinforcement to young people. Inspectors evidenced the young person's meeting book was consistently signed by young people and evidenced centre manager review of the young person's meeting book and response to young people's requests.

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

##### **Complaints**

The centre had a written policy detailing the complaints process for young people. The inspectors found from review of the young person's and parent's booklet that

information on how to make a complaint was detailed in the booklets. The inspectors through interview with the care staff and young people found they had knowledge of the complaints procedure. In interview social workers for young people stated in general they were confident that young people resident knew the complaint process.

There was a complaints register which was opened on 10/9/2013 and this had evidence of oversight by the centre manager, deputy operations manager and operations manager. Inspectors noted one complaint had not been concluded and in interview the centre manager stated they are awaiting a response from the social work department. Inspectors evidenced the centre management requesting a outcome to this complaint. Centre manager must confirm that a complaint made by a young person had been seen through to completion with the outcome of the file. Inspectors evidenced that complaints did not consistently reflect the voice of the young person to the outcome of complaints and this need to be amended. Centre management must ensure that the voice of the young person with regard to the outcome of a complaint must consistently be reflected on the complaint form.

In interview the deputy operations manager stated that the organisation are in the process of designing a system to gather information to assist with review and analysis of complaints and inspectors concur that this would be a positive development in oversight.

The centre manager stated that informal complaints are recorded and an informal complaints log was maintained to enable monitoring of incidences and outcomes. Inspectors noted improvement in the recording of informal complaints since 2016 with improvement in care staff, young person and centre management response to informal complaints.

Inspectors found during review of the care files that while formal and informal complaints were being addressed by centre management and professional's issue of group dynamics and the placement of these young people given their known behaviour need to be consistently reviewed and addressed. This was further reinforced directly to the inspectors by a young person stating that they had difficulty living with the other young people resident. Inspectors noted from the care files another young person stated they had difficulty living with a young person resident. Given the specialist nature of this service, inexperience of the care staff, age profile of the young people resident these issues require consistent review by the centre and professionals for all to be satisfied that young people feel safe in their placement.

## **Access to information**

The centre had a written policy regarding young people's right to access written information in their care files. The centre manager stated that young people can access their daily logs and support logs and that the young person must request from social workers or professionals in relation to 3<sup>rd</sup> party reports. There was evidence of young people been given information in writing through the young person's booklets being informed of their rights to access their records.

In interview social workers for the young people stated they were unsure that the young people resident were aware of how to access their information and stated they will inform young people on their next visit on how to access both their case and care records. Inspectors did not consistently verify from the care files that young people were offered the opportunity to read their records and if they refused. Given the specialist nature of this service and age profile of the young people resident centre management must ensure they evidence that all young people are offered the opportunity to read their records and record if they refuse.

### **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**

- Centre manager must confirm that a complaint made by a young person had been seen through to completion with the outcome of the file.
- Centre management must ensure that the voice of the young person with regard to the outcome of complaints must consistently be reflected on the complaint form.
- Centre management must ensure they consistently verify that all young people are offered the opportunity to read their records and record if they refuse.

### 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**

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

All of the young people residing in the centre at the time of the inspection had statutory care plans on file. From review of the care planning they were in line with statutory requirements and in general were inclusive of an overall needs assessment for the young people. The quality of the detail of the young people's care plan was appropriate to meet the needs of the young people. The care plans did have elements of how the placement will support and promote the welfare of the young people.

Inspectors did find evidence young people being involved in the development of their statutory care plans. In interview two young people stated that they at times attend there care planning. The care files noted that young people at times refuse to attend there care plans and in interview social workers stated they are informed of decisions of their care planning by both the social workers and care staff. Inspectors noted that some parents do not consistently attend care plan. In interview social workers stated that some parents do not receive copies of care plans due to them being unable to keep this information safe but all parents are informed verbally of decisions from the care plans. Inspectors recommend that this is consistently reviewed by the social workers as the national standards require a written copy of the statutory care plan are forwarded to the parents.

All of the young people had statutory care plans review minutes on file. From review of the care planning they were in line with national protocol of placement of young people 12 years or under in residential care. As with the care plan the quality of the detail of the young people's care plan review were appropriate to meet the needs of the young people. As stated above at time young people and parents refused to attend care plan reviews and social workers and care staff informs decisions of care planning.

The young people had individual development plans on file which were in line with the timeframes outlined in the policy. Inspectors found that the individual development plans were reflective of the care plan decisions. There was evidence of preparation for support with long term, medium term and short term goals and were individualised to the young people. Inspectors evidenced involvement by young people in their individual development plans through a child friendly plan format. All the young people had completed a child friendly plan of their individual development plans and these were updated regularly. In interview social workers stated they received copies of the individual development plans.

### **Contact with families**

There was an ethos of collaborative working in the centre which is inclusive of parents. There was evidence of regular contact with families. The inspectors found evidence of planning and co-operation with families and professionals in the young people's lives to facilitate contact and maintain relationships. The care staff works closely with social work departments to risk assess and implement the agreed access arrangements between young people and their families. The inspectors found that the centre had space for young people to meet their family and social worker in private.

Care staff and the centre management were conscious of the need to keep parents informed about all relevant aspects of their child's life. Young people residing in the centre were often a long geographical distance from their family of origin. One young person was not having consistent contact with their family and in interview a social worker stated that this was consistently being assessed to effectively meet the needs of the young person.

### **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.

All of the young people in the centre had allocated social workers. Centre management reported an effective working relationship with all allocated social workers. The inspectors received completed questionnaires from all of the allocated

social workers. In interview and from review of the questionnaires social workers stated positive feedback about the service, identifying the staff relationships and the care provided to the young people as being in their professional opinion of a good standard.

Social worker's confirmed receipt and knowledge of key documentation regarding young people at the centre including significant events, complaints, behaviour management and planning documents. The inspectors found that where young people made complaints about the behaviour of other resident young people the social worker had initiated contact with the other social worker or convened strategy meetings to respond to ongoing complaints.

In interview the social workers were familiar with the notifications and current issues for their young person. The impact of the dynamics of young people was acknowledged as an issue between the young people resident and this was being kept under review by the social workers involved. Social workers did describe concerns for the admissions process and the high turn-over of care staff and this will be discussed further in the report.

### **Preparation for leaving care**

The centre had a written policy in relation to preparation for leaving care. None of the young people resident was soon turning sixteen years of age. The centre management stated that daily living skills were being addressed in the centre in an age and developmentally appropriate way.

### **Discharges**

The centre had a policy on discharge. Three young people had been discharged from the centre in the past two years of these one was a planned discharge and two were discharges due to the care staff inability to manage the young people's behaviour as both required a more therapeutic environment. As outlined in previous reports this raises questions as to the pre admission processes at referral stage and how proposed placements are assessed as being suitable and in line with the purpose and function.

The inspectors reviewed the three ex-residents end of placement reports. The ends of placement reports viewed were of a good standard with outlining areas such as education, health, therapeutic intervention etc. However, the documents did not evidence an in-depth analysis of reflective practice of what worked and what did not.

Given the nature of the two discharges viewed, the change in the care staff team the inspectors recommend the care staff conduct a reflective practice review in relation to all discharges over the past two years and this will be discussed further in the report.

### **Aftercare**

None of the young people resident were approaching the age of seventeen and therefore care plan and review care plans remained the method of care planning for the young people resident.

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

Inspectors found that the care files were well organised and facilitated ease of access to frequently used records. All records were typed and in chronological order and the systems in place facilitated effective planning. There were social work reports, social histories, photos, birth certificates and consents for each of the young people. Medical histories were not consistently available for all young people but there was evidence that these had been requested from the individual social work departments.

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

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

The centre accommodates three young people both males and females aged 11 to 18 years on a medium to long term basis. The centre had a policy on admissions to the centre. Referrals for the centre are accepted nationally from all TUSLA, Child and Family Agency areas and Northern Health and Social Care Trusts.

At the time of inspection there were three young people residing in the centre. The three young people presented with significant and differing complex emotional and psychological needs as well as behavioral difficulties. This is consistent with the specialist purpose and function of the centre. In interview the centre manager and two social workers for young people who had most recently been placed in the centre stated the young people had transitions with meeting the care staff and attending the centre before placement and inspectors evidenced same. In interview a young person confirmed that they were informed of their placement before they were placed in the centre. Both the centre manager and social workers in interview stated the centre received appropriate information prior to the young people being placed in the centre.

Two social workers stated that they voiced concerns prior to an ex-resident being placed in the centre. Inspectors noted from the previous monitoring officers report that there was a report on file for this young person written by the social care manager of their previous placement whereby the risks and required safety interventions were identified. At that time it was stressed that three care staff would be required at all times yet centre management informed the monitors at that time that they told the supervising social work department that this staffing levels were not possible in the centre. Inspectors noted that this should have indicated that this placement was not suitable for this young person at the referrals stage. In interview care staff stated that they were in agreement that the admission of two ex-residents were not suitable placements due to the high risk behaviours that they continued to engage with. Inspectors noted that both young people was discharged due to the care staff inability to manage the young people's behaviour as they required a more therapeutic environment.

A social worker in interview stated they had voiced their concerns with regard to the most recent admissions and stated they had given written feedback to the centre and the central referral committee. This social worker stated the centre did take into account their concerns but believes that the central referral committee should not have proposed these young people to be placed in the centre. Inspectors acknowledge information had been received by the central referral committee and they were in agreement to place all the young people in the centre. However, as per the policy it is the social work department that must assess if a placement meets the needs of a young person. Given the historical issues with admissions to the centre and inexperience of the current care staff centre management must continually review the admissions process for it to be fit for purpose.

Previous monitoring officer's audits required centre management must review the risk assessment processes to ensure that placements are suitable and meet the needs of young people without impacting negatively on other young people or the day to day operation of the centre. As stated in this report this was due to two discharges from the centre in which due to care staff inability to keep the young people safe and the young people needing a more therapeutic environment they were placed in specialist agencies within TUSLA, Child and Family Agency. Inspector's evidenced improvement with the pre admission risk assessments for the young people resident completed by the allocated social workers prior to the admission and they were of a good standard. Care staff completed a pre placement case summary and inspector's evidence that these are discussed at individual development plan meeting and they were of a good standard. The inspectors reviewed the impact risk assessment for the

young people resident and they did outline the young people risk taking behaviour. Social workers in interview stated they had received a copy of the impact risk assessment prior to the young people being placed in the centre. However, the impact risk assessment stated the group impact was likely to be high to medium over a number of areas and the inspectors question given the known needs of the young people resident how this document truly takes account of the need to protect young people from abuse by their peers. Inspectors noted as stated below that an external assessment completed for a young person in which it stated that given the known needs of the young person a residential placement may not be the appropriate placement. Given this assessment the care staff may not be able no matter what robust systems are implemented to protect young people from abuse by their peers. Given the current behavioural issues with the young people resident, inexperience of the current care staff, outcome of an external assessment inspectors require that centre management must ensure that they can meet the needs of the young people resident.

At the time of inspection the centre received an external assessment completed for a young person in which it stated that given the known needs of the young person a residential placement may not be the appropriate placement to meet the young person needs. This assessment required the care staff to monitor the young person's response to a regulation program to be enacted. This external assessment recommended that an extra experienced care staff be assigned to the care team to support this young person. At the time of this draft report a decision had not being made by the social work department on whether this extra care staff member will be funded. In interview the social worker for the young person stated they had requested from the centre an outline on what role this extra care staff member will provide to support the young person. Given the age profile of this young person and the recommendation of the external assessment inspectors require that the extra experienced care staff member be funded by the social work department or criteria for not providing this support be provided to the inspectorate. The inspectors require post the completion of this young person's regulation program that a decision needs to be made with regard to whether this placement meets the young person needs. Social work department must provide the inspectorate with an outcome to whether this placement meets the needs of a young person.

The inspector's noted follow on placements had not been confirmed for any of the young people resident. As stated above a recent external assessment completed for a young person outlined that a residential placement may not be the appropriate placement to meet a young person needs. In interview the social worker for this

young person stated due to the continuing high needs of this young person a follow on placement could not be identified. Inspectors noted that this young person had been in placement for an extended period of time. In interview a social worker stated due to court issues a follow on placement had not been identified and agreed for another young person resident. The third young person had only recently been placed in the centre. Given the age profile of the young people and the requirement of the national policy on placement of young people 12 years or under follow on placements need to be sourced as soon as possible. Social work departments must identify follow-on placements for three young people resident as soon as possible.

The centre provides on admission a booklet to both young people and parents outlining the centre's policies and procedures in an age appropriate way, including the rights and responsibilities and the inspectors observed same.

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

The centre manager in interview stated a record is maintained at the centre of contact with social workers and this was evidenced in the care files. All young people had an assigned social worker at the time of inspection. The social workers for the young people stated they had visited the centre in line with statutory requirements and inspectors evidenced same.

Two young people interviewed by the inspectors stated they had a good relationship with their social workers and meet with them regularly. The inspectors observed from the files that young people can make contact with their social worker if they wish. The allocated social workers did not consistently review the young person's records in the centre. Social workers must from time to time review the care files of young people resident.

### **Emotional and specialist support**

In interview care staffs demonstrated an awareness of the presenting emotional needs of young people and were focused on establishing positive working relationships to continue to support young people emotionally. As stated previously in this report not of the care staff had been training in the model of care. In interview social workers stated in their professional opinion that care staff can emotional support young people.

The centre offers a clinical service to young people. In interview the centre manager stated a member of the clinical team was to leave the organisation. Post the inspection it was confirmed that a new member of the clinical team had been appointed. Each young person is offered a 6 week non-verbal assessment provided through the medium of art psychotherapy. This assessment informs the direction of the therapeutic intervention or if therapeutic intervention was required. Inspectors reviewed two art psychotherapy process reports for two young people resident to confirm that these assessments are being completed.

The clinical team offers fortnightly skype meetings with the care staff to support with emotionally supporting young people. Care staff in interview stated this was a support to them. Inspectors reviewed a cross section of minutes of these conference meetings and found that they were not consistently held and did not consistently outline actions to support young people. Organisational management must ensure that fortnightly skype meetings are consistently held and the recordings of these meetings consistently outline actions that support young people.

Inspectors evidenced young people resident were all engaging with therapeutic support from the clinical team. The inspectors found evidence on care files where care staff actively strive to support young people to attend and engage in their identified therapeutic program. Inspectors found that recommendation made by professional assessments are being implemented. In interview social worker for the young people resident confirmed same.

As stated in this report an external assessment completed for a young person in which it stated that given the known needs of the young person a residential placement may not meet the emotional needs of the young person. Inspectors noted from the care files young people stated difficulty with group living and a young person in interview stated they had difficult living with the other young people resident. A social worker for a young person stated the high turn-over of care staff had affected a young person due to their emotional needs.

Inspectors evidenced care staff support young people to have early access to external specialist services. Inspectors noted that referrals are to be made for two young people resident with external specialist services and inspectors require confirmation of same. Centre manager to confirm that two young people have been referred to external specialist services.

### **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).***

### **Required Action**

- Given the historical issues with admissions to the centre and inexperience of the current care staff centre management must continually review the admissions process for it to be fit for purpose.
- Given the current behavioural issues with the young people resident, inexperience of the current care staff, outcome of an external assessment inspectors require that centre management must ensure that they can meet the needs of the young people resident.
- Social work department must inform the inspectorate whether an extra experienced care staff member be funded to support a young person or criteria for not providing this support.
- Social work department must provide the inspectorate with an outcome to whether a placement meets the needs of a young person.
- Social work departments must identify follow-on placements for three young people resident as soon as possible.
- Social workers must from time to time review the care files of young people resident.
- Organisational management must ensure that weekly conference meetings are consistently held and the recordings of these meetings consistently outline actions that support young people.

- Centre manager to confirm that two young people have been referred to external specialist services.

### 3.6 Care of Young People

#### **Standard**

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

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

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

The inspectors found evidence that the management and care staff are cognisant of the importance of maintaining young people's individuality within the group but also the value of introducing them to group living. Inspectors noted that given the known needs of the young people resident all young people had individualised programs and young people complete weekly and daily plans with care staff. Inspectors evidenced care staff were introducing group activities to the young people resident with support from the clinical team.

The young people in the centre are provided with their own bedroom where their personal belongings are kept. Young people are given weekly pocket money and are encouraged to manage their money appropriately. The young people are encouraged to join local clubs in order to develop their individual interests and the inspectors found from the files evidence of same. The inspectors observed from the care files care staff supporting young people with birthday celebrations and festive celebrations.

From interviews with care staff and review of care files young people are supported with any issues with hygiene and the inspectors observed the care staff dealing with this in a sensitive manner. However, it was noted that young people will require support with hygiene on an ongoing basis and inspectors recommend that this is consistently reviewed.

Young people had their own key workers who focus on the individual needs identified in the young person's individual development plan and each young person was discussed individually at team meetings and individual development plan meetings. The inspectors reviewed the key worker monthly report and found that they were

consistent, did state issues for young people, the young person's voice and were a good link to the individual development plans. Inspectors observed from key working records clear evidence of care staff emotional supporting young people in areas such as health, relationship, socialisation, education, hygiene, family contact, puberty, boundaries and group living. Inspectors noted that one young person was assigned two new key workers in 2016 and given the known needs of this young person change in key care staff in this young person life must be kept to a minimum. Inspectors recommend given the inexperience of the current care staff the centre manager assign a key working coordinator from the experienced care staff to support the care staff with key working.

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

The inspectors found the provision of food was healthy and nutritious. Young people in the centre were provided with cooked meals. Young people interviewed by the inspectors stated no difficulties with the provision of food.

Inspectors did participate in meals with young people and care staff present. It was apparent that the interactions of the young people needed to be well managed by care staff however this was done in a natural and supportive way. None of the current residents had any special dietary requirements though their food preferences are considered. The inspectors found evidence that young people are educated on healthy eating patterns through key-working processes. Social workers stated they had no concerns that young people were availing of healthy meal options.

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

The centre had a policy on recognising diversity. Care staff work proactively to ensure that young people are cared for in a manner that respects their individual backgrounds and experiences whilst supporting them to achieve their future wishes. The religious and cultural needs of individual young people were respectfully catered for in all aspects of life in the centre. The centre's policy on recognising diversity was evident in daily practice in the centre particularly through the interactions of staff care and young people.

### **Absence without authority**

The centre had a written policy on absence without authority informed by the TUSLA Child and Family Agency and Garda joint protocol on reporting young people missing

from care. There had been 14 absence of young people resident from this centre over the past 12 months, the majority of these related to a young person discharged from the centre.

The inspectors found agreements on care files with regard to individual absence management plans and they took account of the age and personal circumstances of each young person. At the time of inspection absences were not an issue with the young people resident. Social workers in interview stated they were aware of the strategies in place to avoid absences.

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

#### **Managing behaviour**

The centre had a policy related to managing behaviour. The inspection report 2014 required the organisation to review the policy to reflect the practice at the centre and from review of the policy this had not happened. Organisational management must ensure the policy on management behaviour is reviewed to reflect the practice at the centre.

Young people at the centre are supported to understand their rights and the behaviour expected of them through the young person's booklet, individual work and key work following significant events. The inspectors found that the care staff valued the relationship as a key tool in managing the behaviour of young people. All the care staff had received training in a reputable model of behaviour management.

The centre manager described the approach to managing behaviour as being informed predominantly by individual crisis management plans, behaviour support plans and risk assessments. Inspectors found these documents are individually tailored, updated regularly and relate to a range of presenting behaviours. The individual crisis management plans, behaviour support plans and risk assessments on file were well detailed and informed by team meetings and clinical support and of a good standard. Inspectors found weekly and daily plan were designed to support young people with managing their behaviour. In interview social workers for the young people resident stated they had received behaviour management documents and were in agreement with the strategies outlined.

From review of the significant event notification demonstrated that the care staff had been tasked with managing a range of challenging behaviours from young people

placed at the centre. These behaviours included property damage, assault on staff, assault on peers, sexualised behaviour and bullying. A young person in interview stated the impact of the behaviours of others on them to care staff and stated care staff do try to manage these situations. Given the at risk behaviour of the young people the centre manager had implemented a group risk management strategy to support the development of the care staff in managing challenging behaviour between the young people resident. Inspectors evidenced care staff implementing the group risk management strategy during inspection and social workers in interview stated they had reviewed this document and were in agreement with the approach adopted. Inspectors evidenced incidents of bullying within the centre and in interview the centre manager stated care staff are to receive training in bullying and the care staff will implement a program to decrease this behaviour. Centre management must ensure that care staff have received training in bullying and implement a program to decrease this behaviour.

From review of the care files inspectors observed that strategy meetings had taken place in relation to the impacts of young people behaviour on each other. In interview two social workers stated post inspection they attended a strategy meeting in relation to incidents between two young people. It was agreed that these strategy meeting will be convened every six weeks to analysis behaviour management. Inspectors acknowledge that care staff, organisational management and social workers for young people are making every effort to manage young people behaviour. Given the specialist nature of this service, inexperience of the care staff, age profile of the young people resident these issues require consistent review by the centre and professionals for all to be satisfied that young people feel safe in their placement.

The centre had a policy on the use of appropriate sanctions. Inspectors reviewed the sanction log and evidence they were recorded signed, dated the centre manager and deputy operations manager oversees all sanctions given to ensure they are proportionate and effective. Care staff interviewed by the inspectors were clear on the sanctions policy and its focus on rewarding positive behaviour and avoiding a reliance on sanctions. In interview social workers stated they had reviewed the young people's sanction and were in agreement with the approach adopted.

## **Restraint**

The centre had a detailed written policy on the use of physical intervention that states physical intervention can only take place in situations of absolute necessity where the risk of not restraining a child or young person is greater than the risk of restraining them. The use of restraint was structured by individual crisis management plans that

are developed for each young person and contain clear contra-indicators to restraint. All the care staff had up to date training in a recognised and reputable model of crisis prevention, management and physical restraint.

At the time of inspection 15 physical interventions had taken place since the last monitoring officer's audit. Inspectors noted that all the physical interventions involved one young person resident and there had been a decrease in incidents since January 2016. As stated in this report organisation enacted a significant events review group six months prior to the inspection. Inspectors did evidence a cross reference to the organisation management and physical restraint trainer attending a team meeting to support care staff. In interview a social worker for a young person resident stated they had reviewed restraint and had received feedback from the organisational trainer.

However, as stated in this report given the inexperienced of the care staff, age profiles of the young people resident inspectors require that the system of review must be consistent. Centre management must ensure that all physical interventions are subject to a consistent system of review to track patterns or issues of concern in relation to antecedents, staff interventions, learning outcomes and clearly state social work feedback from review.

### **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**

- Organisational management must ensure the policy on management behaviour is reviewed to reflect the practice at the centre.
- Centre management must ensure that care staff have received training in bullying and implement a program to decrease this behaviour.
- Centre management must ensure that all physical interventions are subject to a consistent system of review to track patterns or issues of concern in relation to antecedents, staff interventions, learning outcomes and clearly state social work feedback from review.

### 3.7 Safeguarding and Child Protection

#### **Standard**

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

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

The centre had a written policy on safe practice in the centre which emphasises the implementation of appropriate safeguarding measures and creating a safe culture. The statement on safe practice makes reference to a range of other policies and practices within the centre including complaints, bullying, consultation and staff employment. The Inspectors found through interviews that the centre manager and care staff had an awareness of safeguarding practices. Care staff cited communication between care staff, buzzers on internal doors, absence and risk management plans and the knowledge of young people's whereabouts in and outside the centre as good safeguarding practices. The centre manager stated empowering people in care had visited the centre in 2016 and gave an information pack to the young people.

However, inspectors noted the current care staff are inexperienced, induction was not consistent for all care staff and difficulties with young people group dynamics. The inspectors also outlined issues with the personal files for them to be in compliance with the 1994 Department of Health and Children circular.

#### **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.

The centre had a written policy and procedures on child protection which is in line with the 'Children First - National Guidance for the Protection and Welfare of Children' (2011). All the care staff had received training in child protection in line with children first.

Care staff when interviewed were clear of the procedures to follow in the event a young person disclosing some form of abuse. In interview the social workers were satisfied that the centre report any concerns to them promptly. Inspectors evidenced

a number of child protection notifications with regard to the young people resident. Inspectors from review of the care files evidenced that all of the child protection notifications had been seen through to outcome with response from social workers.

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

None identified

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

None identified

### **3.8 Education**

#### ***Standard***

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

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

This organisation had a head office with education and social training facilities included. This is located within reach of the centre. Young people who cannot at that time access or cope with mainstream education are provided with curricular education by a qualified teacher. There is a second programme called ASDAN which is a life and practical skills training and development programme also based at the head office. Inspectors found that education is organised and started as soon as possible after admission. The ASDAN staff send reports to all care plan meetings and the reports seen by inspectors covered projects in cookery, life skills, cultural items to name a few.

Inspector's evidenced that all of the young people resident were attending an educational placement. Inspectors noted that one young person was attending a mainstream educational setting and inspector's found close collaboration with the care staff, social worker and educational setting to support this young person to transition and maintain them in this educational setting. The other young people residents were in the process of transition or to transition at a future date to mainstream educational settings. Inspectors noted good communication between professionals and care staff assisting these young people to transition to educational placements and completing strategies to achieve this.

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

None identified.

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

None identified.

### 3.9 Health

#### **Standard**

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

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

None identified.

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

The centre had a policy on health and wellbeing. The inspectors found evidence of medical consents and medical cards on the care files for young people. The inspectors observed from the care files that they did not consistently contain full medical histories. Social work department must ensure that full medical histories are placed on the young people care files. As stated in this report not all the care staff had attended core training in first aid and this need to be amended.

The centre was registered with a local GP practice where young people's medical appointments can be facilitated. The review of the care files evidenced that the health needs of young people were responded to in a prompt manner by the care staff and young people are supported to access a range of external specialist medical services to meet their health needs. The care staff maintained an up to date medication log that details the administration of medication to young people.

There was good communication with overseeing medical professionals by the care staff. In interview social workers stated they had no concerns regarding the young people's diet and health needs. Inspectors evidenced care staff supporting a healthy lifestyle for the young people through the promotion of activities, healthy eating and addressing specific health matters through individual and key working.

#### **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**

- Social work department must ensure that full medical histories are placed on the young people care files.

### **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 was based in a rural location. While the location does not support access to public transport there are specific vehicles for the care staff to transport young people. The accommodation was maintained to a good standard; the centre was spacious, bright and decorated in a homely manner. Young people at the centre had their own rooms and there was ample space for visits, recreation and there were toys and recreational items for the young people. The kitchen had been a central point where young people interacted with the care staff and meal times had been treated as a social event. The inspectors found the centre is appropriately insured and records of the insurance details were provided to the inspectors.

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

The centre had good systems in place for maintenance and repairs to be identified and reported to a designated maintenance person and records had been kept to demonstrate this process. The inspectors are satisfied that repairs to the centre had been dealt with promptly. The inspectors evidenced that the centre vehicles are appropriately taxed and insured. There were no outstanding maintenance and repair issues at the time of inspection.

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

##### **Safety**

The centre had a health and safety statement which was last reviewed in 2014 and this needs to be reviewed. Organisational management must ensure that the health and safety statement is updated. The centre had a dedicated health and safety officer. In interview the centre manager stated that health and safety audit were not being consistently completed and this needs to be amended. Centre management must

consistently complete health and safety audits. As stated in this report a number of care staff require first aid training and centre management must confirm to the inspectorate when this training is completed. Medicines for young people are stored in a dedicated locked and secured cabinet in the care staff office the administration of which is recorded in individual records.

## **Fire Safety**

The centre had an up to date statement on fire safety, safety precautions and emergency procedures. The inspectors were satisfied that the centre had taken adequate precautions against the risk of fire, including effective means of escape, arrangements for detecting, containing and extinguishing fires and maintenance of fire fighting equipment. There was a designated fire safety representative and the care staff team had received fire safety training. Inspectors noted from the files the fire and civil protection fire officer requiring amendments to the centre to be in compliance with regulations and a response from the organisation stating that the amendments had been completed. However the inspectorate had not received a written confirmation from a certified engineer or a qualified architect that all statutory requirements relating to fire safety and building control have been complied with and inspectors requires same. Centre management must provide the inspectorate with a written confirmation from a certified engineer or a qualified architect that all statutory requirements relating to fire safety and building control have been complied with.

Centre documents stated that fire drills are conducted monthly. From review of the centre files fire drills had been completed on the 21/01/16, 12/06/16, 26/6/16 and 10/7/16. Inspectors noted that a number of care staff began employment in 2015 and inspectors did not evidence fire drills being completed at this time. Also a young person was admitted to the centre and a fire drill was not completed for month post admission. Centre management must ensure that fire drills take place timely and consistently, following the admission of a young person or the commencement of a new employee.

### **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 13, Fire Precautions.***

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

***-Part III, Article 15, Insurance***

### **Required Action**

- Organisational management must ensure that the health and safety statement is updated.
- Centre management must consistently complete health and safety audits.
- Centre management must provide the inspectorate with a written confirmation from a certified engineer or a qualified architect that all statutory requirements relating to fire safety and building control have been complied with.
- Centre management must ensure that fire drills take place timely and consistently, following the admission of a young person or the commencement of a new employee.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
<p><b>3.1</b></p>	<p>Organisational management must confirm that the policy and procedure document has been reviewed and furnish the inspectorate with a copy of the revised policy and procedures.</p> <p>Centre management must ensure that the care staff implements a review of the model of care and all care staff are trained in the model.</p>	<p>The current policies and procedures have been overhauled. This is due for completion by the end of December 2016 and the Inspectorate will be furnished with same.</p> <p>The model of care training recommenced in September 2016 following a break over the summer months. Centre management will also ensure to review the model of care through individual supervision with staff and will also be recapped through team meetings</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>

<p><b>3.2</b></p>	<p>Organisational management to satisfy themselves that appropriate and suitable care practices are in place must review the auditing system that they are conducted to a set format review both young people files and care staff practice and are completed consistently.</p> <p>Organisational management must review the format of the significant events review group to clearly record analysis of incidents and guidance for practice in the centre.</p> <p>Organisational management must ensure that one care staff member who is qualified to child care leader level are consistently on each shift.</p> <p>Organisational management must review strategies by the organisation to retain care staff.</p>	<p>The deputy operations manager and one other senior member of staff are attending audit training on 7<sup>th</sup> March 2017 with social care ireland training. The operations manager has sought advice from the monitoring office in respect of a current auditing tool that could be used.</p> <p>Following advice and guidance from the Monitor, the significant events review group will review the format of their system at regular intervals.</p> <p>We fully endorse this guidance being given and will endeavor to ensure that we have staffing levels to the said capacity.</p> <p>A new human resource officer has been appointed within the organisation. Since this appointment, the human resource officer has worked alongside the Operations Manager in reviewing pay scales/contracts, and other strategies which have been</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> <p>Evidence of this standard being met has not been received and needs to be reviewed on the next inspection audit.</p> <p>The inspectors are satisfied with this response.</p>
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	<p>Centre management must ensure that appropriate references are consistently on personnel files.</p> <p>Centre management must ensure that the policy on induction is consistently maintained and that new care staff receive full induction.</p> <p>Centre management must provide a schedule with timeframes for when care staff will attend core training in order to meet the care needs of the young people resident and any other training that the care staff require.</p>	<p>implemented, to try and retain staff e.g. training programmes to promote management internally, staff care.</p> <p>The human resource officer will oversee all personnel files and liaise with the Centre Manager and Operational Management to ensure that references are appropriate and consistent.</p> <p>A member of the organisation has undertaken a new role within the organization, specifically leading the induction of new staff. This is coupled with in house induction conducted by centre management and the senior practitioner.</p> <p>Centre management will endeavor to ensure that time frames are met in an acceptable period. Centre management will continue to liaise with the training coordinator in respect of all staff training.</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>
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<p><b>3.4</b></p>	<p>Centre manager must confirm that a complaint made by a young person had been seen through to completion with the outcome of the file.</p> <p>Centre management must ensure that the voice of the young person with regard to the outcome of complaints must consistently be reflected on the complaint form.</p> <p>Centre management must ensure they consistently verify that all young people are offered the opportunity to read their records and record if they refuse.</p>	<p>We can confirm that this was complaint by the young person in question and this complaint was seen through to completion and the outcome of same has been recorded appropriately. This complaint was closed by the Social Worker for the young person on 14.9.16</p> <p>This is now actioned and is reflected on the complaints form.</p> <p>This will be actioned through a key work session on a monthly basis. Centre management have also adapted the monthly summary format so that this is evidenced through this format.</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>
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<p><b>3.5</b></p>	<p>Given the historical issues with admissions to the centre and inexperience of the current care staff centre management must continually review the admissions process for it to be fit for purpose.</p> <p>Given the current behavioural issues with the young people resident, inexperience of the current care staff, outcome of an external assessment inspectors require that centre management must ensure that they can meet the needs of the young people resident.</p> <p>Social work department must inform the inspectorate whether an extra experienced care staff member be funded to support a young person or criteria for not providing this support.</p> <p>Social work department must provide the inspectorate with an outcome to whether a placement meets the needs</p>	<p>Centre management alongside operational management and the clinician team, will continue to review admissions to the centre as part of the organisations referral intake process.</p> <p>Centre management are ensuring that this is keep under constant review in conjunction with the clinical team and operational management.</p> <p>Response received from the social work department. Please see file.</p> <p>Response received from the social work department. Please see file.</p>	<p>The inspectors are satisfied with this response.</p>

	<p>of a young person.</p> <p>Social work departments must identify follow-on placements for three young people resident as soon as possible.</p> <p>Social workers must from time to time review the care files of young people resident.</p> <p>Organisational management must ensure that weekly conference meetings are consistently held and the recordings of these meetings consistently outline actions that support young people.</p> <p>Centre manager to confirm that two young people have been referred to external specialist services.</p>	<p>Two social work departments responded. Please see file. One social work department did not respond.</p> <p>Two social work departments responded. Please see file. One social work department did not respond.</p> <p>Please refer to appendix 3 on file for an outline of this support.</p> <p>Confirmed – Please refer to appendix 4 on file and 5 for evidence of same</p>	<p>The inspectors are satisfied with the response of two social work departments. Inspectors note one social work department did not respond after several requests.</p> <p>Two social work departments responded. Please see file. One social work department did not respond.</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
<p><b>3.6</b></p>	<p>Organisational management must ensure the policy on management</p>	<p>We can confirm that this policy has been updated to reflect the practice within this</p>	<p>The inspectors are satisfied with this response.</p>

	<p>behaviour is reviewed to reflect the practice at the centre.</p> <p>Centre management must ensure that care staff have received training in bullying and implement a program to decrease this behaviour.</p> <p>Centre management must ensure that all physical interventions are subject to a consistent system of review to track patterns or issues of concern in relation to antecedents, staff interventions, learning outcomes and clearly state social work feedback from review.</p>	<p>centre.</p> <p>This has been implemented into the training programme for 2017</p> <p>Centre management alongside the significant event review group will ensure that any restraints are subject to consistent review processes.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
<b>3.9</b>	<p>Social work department must ensure that full medical histories are placed on the young people care files.</p>	<p>Confirmed – by two social work departments please see file for evidence of same. No response from a social work department.</p>	<p>The inspectors are satisfied with the response of two social work department. Inspectors note one social work department did not respond after several requests.</p>
<b>3.10</b>	<p>Organisational management must ensure that the health and safety</p>	<p>The health and safety statement is currently being updated by an external Consultant</p>	<p>The inspectors are satisfied with this response.</p>

	<p>statement is updated.</p> <p>Centre management must consistently complete health and safety audits.</p> <p>Centre management must provide the inspectorate with a written confirmation from a certified engineer or a qualified architect that all statutory requirements relating to fire safety and building control have been complied with.</p> <p>Centre management must ensure that fire drills take place timely and consistently, following the admission of a young person or the commencement of a new employee.</p>	<p>and will be forwarded to the Inspectorate on completion</p> <p>Centre management will ensure that these are completed on an ongoing basis, following guidance and new recording systems that are to be implemented by February 2017, following an overhaul by an external Consultant.</p> <p>This will be sent to the inspectorate when completed.</p> <p>Actioned.</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>
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