



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number: 105**

**Year: 2017**

**Lead inspector: Linda Mc Guinness**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>National Childcare Residential Services</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>17<sup>th</sup> &amp; 18<sup>th</sup> May 2017</b>
<b>Registration Status:</b>	<b>Registered from 15<sup>th</sup> August 2014 to 15<sup>th</sup> August 2017</b>
<b>Inspection Team:</b>	<b>Linda McGuinness Catherine Hanly</b>
<b>Date Report Issued:</b>	<b>11<sup>th</sup> July</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. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the

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

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

## 1.1 Methodology

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was announced and took place over the following dates: 17<sup>th</sup> and 18<sup>th</sup> May 2017

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

- ◆ An examination of selected sections of the centre's files and recording process.
- ◆ An examination of pre –inspection questionnaires completed by the centre manager and the Director of Care.
- ◆ An examination of questionnaires completed by
  - a) Three child care leaders
  - b) Seven child care workers
  - c) One young person

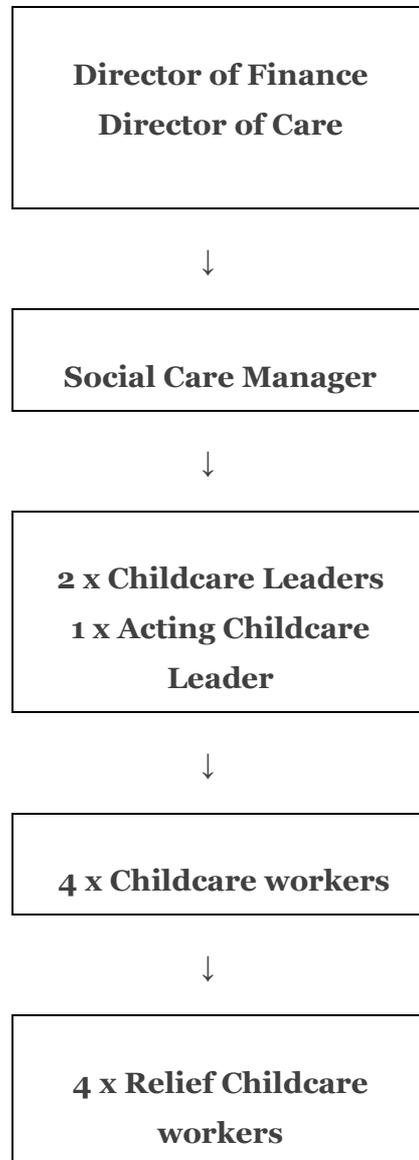
Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively

- a) The centre manager
  - b) The Director of Care
  - c) Three care staff
  - d) Two of the young people residing in the centre at the time of this inspection
  - e) Two social workers with responsibility for young people residing in the centre in May 2017.
- ◆ Observations of care practice routines and the staff/young person's interactions.
  - ◆ Observation of staff hand over meeting
  - ◆ Observation of team meeting

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

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

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be **continuing** to operate in adherence to regulatory frameworks and the National Standards for Children’s Residential Centres and in line with its registration. As such the registration of this centre remains in place to 15<sup>th</sup> August 2017 at which point a new application will be processed by the registration panel.

## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

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

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

##### **Management**

The centre manager has been in post since 2012 and is appropriately qualified with a degree in social care. They have also attained a management qualification. Prior to this person being in the social care manager's post they had worked as a child care leader in this centre. They also previously managed another centre which used to operate within this organisation. There is no deputy manager post but the support role is attended to by two childcare leaders and one recently appointed acting child care leader.

Inspectors found evidence that the social care manager was present in the centre daily, regularly attending handovers and team meetings. The manager also provided on call support.

There was evidence of good quality oversight and governance by both internal and external management of the centre. The social care manager reads and signs all centre records and case files. The social care manager had oversight of all the systems in place across the centre and they conducted regular self audits with the most recent being in April 2017. Following this self audit process the inspectors found that issues arising were followed up at team level and discussed at management meetings. There were identified actions and appropriate follow up with corrective actions if required. The directors attended the team meetings on occasion and staff members interviewed during the inspection process indicated that they were supportive and available if required. The young people interviewed told staff they know the directors and meet them regularly during visits to centre.

The inspectors found evidence that the centre management had good communications systems in place and that they were in regular communication with

social work teams who were regularly updated on the progress of their young people placed in the centre. Strategy meetings were called if issues of concern arose. The inspectors note that the manager had positive relationships with young people and was familiar with the needs of the group. This was confirmed by social workers who spoke with inspectors during the process. Both social workers interviewed stated that the centre manager has been a stable figure in the lives of young people and that they held him in high regard. The manager reports to a the director of care who is responsible for all operational practices. This person provides support and supervises the manager within the timeframes laid out in the policy.

The director of care visits the centre usually every three to four weeks and there were appropriate records of same and evidence that they reviewed different aspects of service provision/files when on site. It may be helpful to formalise this audit process with an audit template to ensure there are no gaps in what is reviewed. The purpose and function is reviewed annually and the policies and procedures documents were reviewed in November 2016. In general, inspectors found that recommendations made in previous inspection and monitoring processes have been diligently attended to. This was evident through review of management meeting records. There are senior management meetings which involve the directors and the social care manager. These take place weekly and the records show that issues such as supervision, policies, referrals, budgeting, training, governance audits and reports are discussed. Other management meetings involve the social care manager, social care leaders and on occasions, the directors of the service. On review of the records, inspectors found that these take place on a weekly basis and that issues such as team dynamics, reflective practice, approaches to care, training, recording systems, health and safety, accountability, and policies and procedures are discussed. Governance reports and self auditing are also referenced in the minutes of these meetings. All records are well maintained with detail of the discussions, any decisions taken and persons responsible identified.

The Director and the manager acknowledged that staff retention has been a significant challenge in the past but they have introduced an incremental pay scale and put other measures in place to try to address this issue. There has been some improvement in reducing staff turnover.

Inspectors recommend that the management team review the role of the childcare leader, the pre admission risk assessment process, supervision and the structure of placement planning. This could be incorporated into a service development plan

which addresses the quality and effectiveness of the care provision. These issues are further commented upon in the relevant sections of this report.

### **Register**

There is a register of all young people who live in the centre and this is subject to oversight by centre management. Inspectors found that this register complied with all regulatory requirements.

### **Notification of significant Events**

Inspectors were in communication with the lead inspector who receives and reviews significant events from this centre. They were satisfied that all significant events were notified promptly. They stated that these were sometimes lacking in detail in relation to actions taken or proposed actions to respond to issues of concern, such as drug taking or aggressive behaviour. Social workers interviewed stated that significant events were notified in a timely manner in line with regulations and that there was good communication between both parties when follow up was required. They also receive written weekly updates which contain detail of follow up to significant events and then inform placement planning and keyworking.

Significant events are reviewed at the team meeting for learning purposes and debriefing records were available for review during inspection.

### **Staffing**

The staff team is comprised of the social care manager, two childcare leaders, an acting childcare leader and eight childcare workers including four relief workers. Turnover of staff in this centre has previously been an issue of concern in monitoring and inspection processes. This is in part, due to the size of the organisation which means there are limited opportunities for promotion and career development. The director and the centre manager informed the inspectors that they had put some measures in place to try to address this problem and that there has been some improvement. Thirteen staff members have left the organisation since the time of last inspection. Some of these people left to go travelling and others moved to new posts elsewhere. Three staff left together in late 2016. The young people who spoke with inspectors did comment that there has been 'lots of staff changes' but that they 'get on with it'. One mentioned that staff members move elsewhere for better pay. Management and staff interviewed indicated that every effort is made to ensure consistency for young people when there are changes to minimise any negative impact. The centre manager indicated that part of the strategy to retain people was to

promote them to childcare leader roles and give them more responsibility such as supervision of colleagues. A new pay scale has been introduced as part of the staff retention policy and other measures are in place such as twice yearly team building days and group activities. Exit interviews are being conducted and the records of these are available for review. The inspectors note that there has been an improvement in staff stability since the most recent monitoring report and acknowledge that efforts were being made to ensure that staff retention remains a priority. Of the current team the centre manager and five of the team (including relief workers) have been in the centre in excess of eighteen months with two social care leaders in post for almost 3 years. Centre management must continue to keep a focus on the issue of staff retention and ensure that there is a stable and consistent staff team.

Two of the social workers interviewed during the inspection process also felt that there have been improvements and that there are a number of 'core' team members who have been there for some time. Both mentioned the stability and consistency that the centre manager brings to the centre. .

The manager stated that there are currently two staff assigned on duty each shift and a third staff member works a day shift if there are three young people present in the centre. Relief staff members usually cover the day shift and they usually cover about 20 hours per week each.

Of the current staff team, the two social care leaders and acting social care leader are qualified with a degree in social care. The remainder of the team have varied qualifications to include youth and family studies, youth work, social science and child, family and community studies. Most of the staff team have qualified within the past three years. There should be capacity to have one staff member qualified to child care leader level on each shift when the acting child care leader completes their qualification. The manager informed inspectors that the team dynamics are positive and this was confirmed by the staff members interviewed by inspectors.

Nine staff members including social care leaders, social care workers and relief workers completed questionnaires as part of the inspection process. All indicated that they believe that this centre is providing high quality care to young people, the management are supportive and adequate training is provided. It was evident from observations and review of the care files that the team have an ability to communicate effectively with young people and that the 'relationship based' model of care was being implemented in practice.

The directors and social care manager are responsible for the recruitment and vetting of all staff. The centre manager informed inspectors that they usually try to recruit staff by asking the current team if they are aware of any suitable candidates. One staff member was related by marriage to the centre manager. Inspectors recommend that there are formal systems in place to ensure safeguarding and an open reporting system if staff members are related to management or each other.

The recruitment process sees advertisements posted on a recognised website which is followed by formal interviews. All appointed staff members receive a formal induction and evidence of this process was held on staff files. The induction process includes the staff members familiarising themselves with the policies, procedures and practices within the centre over a two day period and then they complete a minimum of two shifts 'shadowing' a more experienced staff member.

Inspectors found that while vetting was in compliance with requirements, some improvements could be made to ensure best practice. There was confusion as to the start date of one person. One staff members file had a contract stating they were a childcare leader but the body of their contract stated child care worker. Another staff member had a reference from a previous employer which was written by a colleague and not someone with line management responsibility. This was due to maternity leave but this was not stated on the file.

## **Training and Development**

Inspectors found evidence of a good quality training and development plan that was linked to the current issues for young people. This had included understanding and managing challenging behaviour, drug and alcohol awareness, supervision skills, ASIST suicide awareness, post crisis response, self harm, bereavement support, youth mental health and food hygiene. Mandatory training in respect of Children First, Therapeutic Crisis Intervention (TCI), first aid and fire safety training was up to date and any required refreshers were scheduled on a training audit completed in May 2017.

Further professional development for child care leaders was linked primarily to supervision of staff but this should be reviewed as the supervision of the team is diluted among too many people to ensure consistency of practice.

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

#### **Supervision and support**

The centre manager is supervised by the director of care approximately every six weeks in line with policy. There were good records of this supervision process which took place on 8 occasions in the past twelve months.

The centre manager informed inspectors that the responsibility for staff supervision is divided between the manager and the three childcare leaders. From a review of a sample of the supervision records on file inspectors found that the quality of this varied amongst different supervisors and this should be reviewed by the centre manager. While the supervision took place regularly and was in compliance with the centre's policy inspectors found there was repetition and a lack of structure. A common theme was that an effective connection between the supervision process and placement planning was not sufficiently evident. The process, and recording in some instances could be significantly improved. The last monitoring process recommended that the supervision template be considered but this has not yet happened and inspectors recommend that this takes place as a matter of priority. Inspectors viewed the staff files of the childcare leaders who provide supervision to colleagues and found that while they received training from the same organisation that the content of their training varied significantly. Review of the records showed that different approaches were being used across the team. There was no clear model of supervision and expectations were not clearly defined as was the case with the keyworking process. Inspectors found that having supervision of 10 people spread across four supervisors was not effective in ensuring consistent supervision linked to plans and outcomes for young people. Whilst giving extra responsibility to childcare leaders is understandable and linked to the staff retention policy, inspectors recommend that this role is reviewed. It may be possible to assign other responsibilities to support professional development without impacting negatively on the quality of supervision being provided.

Two handover processes take place most days the first when sleepover staff are leaving and the next shift come on duty. The second handover takes place if another staff member comes on shift later in the day if required. On occasion, the social care manager facilitates this handover if other staff members are working with young people. One of the inspectors attended the morning handover meeting between the staff members finishing a sleepover shift and those coming on duty. The social care

manager was in attendance and the inspector found the process to be informative, child focused, facilitated effective planning and promoted consistency. Staff members coming on shift spent time reading the logs of the previous shift and were given time to ask questions before a verbal handover took place. It was evident that the staff team were keenly aware of the emotional needs of young people.

The centre manager informed inspectors that staff meetings are scheduled to take place on a weekly basis unless training days are planned or a meeting is not required. All staff are rostered to attend unless on annual leave. Upon review of the records inspectors found that 9 meetings took place within a 19 week period. This varied significantly from the centres stated policy and should be reviewed. Nonetheless, they were well attended; the quality of the records was good and evidenced a focus on planning for young people. The staff members interviewed by inspectors all stated that the centre manager is supportive and available to them. There was evidence that structured debriefing took place following a difficult shift or when a staff member experienced a serious significant event.

#### **3.2.4 Regulation Based Requirements**

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

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

#### **Required Action**

- The centre management must ensure that team meetings take place within the timeframes stated in the policy.
- The centre manager must ensure that the same model of supervision is being used in all supervision carried out and that it is delivered in a consistent manner.

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

### ***Standard***

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

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

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

Referrals to this centre are made via the National Placement Team who provide centre management with all relevant information. Suitability of referrals is discussed at the senior management meetings. The placements of all 3 of the current group of young people were in line with the stated purpose and function. There have been 3 unplanned discharges and 3 planned discharges since the time of last inspection. A review of the unplanned discharges as recommended by the monitoring officer took place. This review found that there showed previous deficits in the pre admission risk assessment processes and that the 'mix' of young people was not carefully enough considered. Impact risk assessments were conducted prior to admission stage but to date have not been a fully collaborative process. The inspectors found that since then there has been learning and that practice has changed significantly with a large number of referrals being sent to the centre but many of these were refused following risk assessment. The management team provided evidence of 23 referrals to the centre that had been risk assessed for suitability and only 3 were considered to be an appropriate mix due to more stringent assessment of risk and mix of young people. These were generally due to concerns about the impact of the proposed placement on young people already resident.

Following the on-site inspection inspectors interviewed social workers of two of the current young people. They confirmed that they receive pre admission risk assessments from centre managers but this is usually a 'fait accompli' as the young person has already been accepted for admission and they are being asked to sign off on the risk assessments and subsequent safety plans. The collective risk assessment must be a collective consultative approach to inform suitability of placements. It should be a collaborative process, whereby the concerns of social workers in respect

of their young people already resident are considered and then inform decision making in a meaningful way.

The director of care and the centre manager acknowledged these past deficits and now have more robust systems in place to ensure that there each placement is suitable and able to meet the needs of young people.

The inspectors did find however, on review of the young people's files that there could be improvement in respect of how risks are assessed. Possible risks were identified from information provided at referral stage. However these were then deemed to not have a negative impact due to measures in place such as daily living plans, supervision levels and relationships. This presents as being somewhat naïve and does not fully consider the possible negative impact of things such as drug use, missing in care, aggression and sexualised behaviour. Inspectors noted, having read several of these risk assessments that they presented as somewhat generic particularly in terms of interventions and protective strategies. Inspectors recommend that it would be more beneficial to consider each possible risk and probable impact with specific individual responses to mitigate against possible harm.

There was evidence of a robust induction and transition to the centre for each young person. Inspectors spoke with two of the three young people resident in the centre at the time of this inspection. Both of these had a clear understanding of the reason for their placement in the centre.

Two of the social workers inspectors interviewed stated that they were satisfied that the placement was suitable and has been a positive experience for the young person. Both also said that their young people have made significant progress during the course of their placements.

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

All three young people resident at the time of this inspection had statutory care plans on file relating to this placement and their statutory reviews had been convened within the required timeframes. The plans in general, were detailed outlining the aims and objectives of each placement and identified what supports were required. There was evidence that young people were consulted and were encouraged and supported to attend their planning meetings. While parents did not sign the care plans there was evidence that they were consulted and their views were noted on the plan. The plans comprehensively outlined the needs of young people but did not

always have a named person or a timeframe for completion of required actions. The centre manager should ensure that they address this with social workers when care plans are received for review. Parents did not always receive written copies of care plans. There was evidence that care plans were informing the development and implementation of detailed placement plans.

Statutory reviews for those young people resident in the centre for a period of time had been convened within the required timeframes. The minutes of these meetings were only on file for one young person but had been requested in writing from the social workers for the other two young people. Where relevant, these reviews focused primarily on aftercare.

Detailed placement plans were on file for each young person. In general the plans were good but there could be improvements in some respects. These documents were focused on short and medium term goals and were informed and supported by weekly and monthly reports. Placement plans were evidently derived from the care plans but evidence of progress of young people was sometimes noted inconsistently. The placement plans did not always identify a person responsible to carry out required pieces of work or the timeframes within which they should be achieved. These were sometimes noted in weekly plans but there was some duplication and repetition with the system in operation. This was noted in a previous monitoring report and centre management should review the system to ensure optimal effectiveness. From review of the plans inspectors noted that there was often little change in respect of short term goals and this should be considered as part of the review. There was evidence that young people were consulted regularly about their plans and they confirmed this when speaking to inspectors. The plans were signed by young people, the care staff and social workers. They were practical and realistic but could benefit from more structure and clear allocation of tasks, timeframes and person's responsible.

Inspectors found that in general there was good evidence of structured and opportunity led key working which was linked to identified needs in care plans and placement plans. Inspectors noted that formal key working in respect of one young person's substance misuse had decreased significantly in the past few months but was not picked up by the social care leader with responsibility for key working oversight. Files reviewed showed the team completing key working in respect of anger management, family, diet, exercise, substance misuse, gambling, sex education, literacy, aftercare planning and independent living skills amongst others. In general,

there was good evidence of key working oversight by management which has been improved in response to previous monitoring recommendations.

### **Contact with families**

Young people are encouraged and facilitated to remain in contact with families where it assessed to be in their best interests and safe to do so. All young people have appropriate access with parents, siblings and other significant family members. Two young people have travelled abroad with support to have contact with parents or siblings. One young person told inspectors that they found this stressful as the visit was over and back to the UK all in one day and it was exhausting. This was raised with the supervising social worker by inspectors and they said they would consult with the young person further about this issue and make representations to their line management to alter the plans if required.

There was good evidence that families were consulted in a meaningful way about the care provision and plans for their young people

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

All young people in the centre have an allocated social worker and records of their visits to the young people were held on file in the centre as required. These visits were within the timeframes specified in the relevant regulations. The centre manager reported good working relationships with social work departments and said that all social workers have visited, read the young people's case files and have indicated that they are satisfied with the care provision. During the past year there was a significant period of time where one young person had no allocated social worker. The team had not been informed of the social workers departure before they left. At the same time there was no social work team leader in the young person's placing area and the team were finding it very difficult to get someone to talk with about allocation of the case and planning for the young person. There was evidence on email records that the social care manager had written to the principal social worker to raise this as an urgent issue of concern and to advocate for the young person. Nonetheless this situation continued for a period of six months approximately and aftercare planning for the young person was significantly negatively impacted.

## Social Work Role

### **Standard**

**Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.**

Inspectors interviewed two of the three social workers with responsibility for the young people residing in this centre at the time of this inspection. The social care manager indicated that they had been provided with sufficient background information on each of the young people prior to their placement in the centre. As indicated previously each young person had an up to date care plans on file and statutory child in care reviews have been taking place within the timeframes required by regulations. Aftercare planning in respect of one young person had been allowed to drift while there was no allocation of social worker for a time. There was evidence on file that social workers have read the young people's case records in the centre from time to time.

The centre manager informed inspectors that young people and their parents are invited to attend statutory child in care review meetings and are encouraged to have their views represented. In general, the quality of care plans was detailed however specific actions and people responsible should be noted more clearly. The centre manager should communicate with supervising social workers if there are deficits on any of the plans received.

Significant events are notified to all relevant persons in a timely manner and social workers interviewed were satisfied that they are received promptly. The centre manager reports that there is also telephone contact and that social workers usually respond to these notifications within a satisfactory timeframe

There was evidence that strategy meetings are called by either party if necessary to support a placement if issues of concern arise.

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

Inspectors found each young person's case file to be well maintained and facilitated ease of access. Files contained all relevant information and there was evidence of meaningful consultation with young people who had open access to their files created in the centre. Records were well written and there was evidence of both internal and external managerial oversight. There is a new template on each file for external professionals to evidence their oversight of the young people's case files. There was a focus on effective efficient recording at management and team meetings and in the supervision process. Records were maintained in a way which facilitated effective planning. Files are archived according to best practice in a fireproof cabinet. Some are returned to the social work departments for archiving and others are held in the centre.

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

#### **Emotional and specialist support**

The purpose and function for this centre states that the centre will 'through the medium of a caring relationship aim to meet the needs of young people'. This is done through consultation with the young person, their family and social workers in line with the care plan and placement plan and through a keyworking system. It states that they will 'in co-operation with the social workers arrange for therapeutic resources, educational supports and recreational activities'. The inspectors found that this was being realised in practice and the team were aware of the emotional and psychological needs of each of the young people and that appropriate referrals had been made to specialist support services. It is noted that while there were still issues of concern in respect of issues such as substance misuse and anger management for example, that progress was being made. This was confirmed during interview with two of the social workers who were available to meet inspectors. Efforts had been made to link all young people to appropriate specialist supports. One issue which arose for a number of young people was in respect of healthy diet and exercise and while it was evident that plans were in place and it was a live and current issue there was limited evidence of progress. The team may need more direction or guidance from specialists in respect of this issue.

For one young person key working in respect issues identified in the key working plan had decreased significantly in 2017 which was not actively noted or addressed by management. While opportunity led key working and individual work was taking

place through relationships, the most recent structured key working session related to the identified goals was in January 2017.

One inspector attended both handover and team meetings during the time spent in the centre. These were found to be child focused and related to the current issues for young people. The discussions of the team showed that they had an insight into the emotional needs of young people and carefully considered the meaning behind behaviours. There was good evidence of the staff team linking these discussions to planned changes in Individual Crisis Management Plans (ICMP) and placement and keyworking plans.

### **Preparation for leaving care**

Of the three young people residing in this centre at the time of this inspection one was seventeen and another was due to turn seventeen a few weeks after this inspection. The first young person had an allocated aftercare worker and there was some evidence that there was preparation for leaving care work being completed. An aftercare needs assessment had taken place in April 2016 and the aftercare plan was dated November 2016. These timeframes are outside those set out in the National standards. The needs identified were outlined under sections such as health, personal and social, accommodation and housing, life skills, family and social networks. Preparation for leaving care key working were in respect of practical issues such as using household appliances, shaving, clothes and food shopping, personal hygiene, diet and exercise. The team were using the 'looking to the future programme' which was referenced in the records of the work. Overall the inspectors found key working very good however they would like to see more robust attention to the structured delivery of an aftercare programme where outcomes and progress could be measured. When the inspectors were on site the actual proposed living arrangements for this young person post 18 were vague and could not be described in detail by either the management or the young person themselves. The young person was requesting an extension to their placement in the centre, but was not sure if this would be approved. It was unclear if supported formal aftercare accommodation would be available or if private rented accommodation with supports was the plan. When inspectors met with the allocated social worker two weeks after the inspection and when the young person had turned 18 there was a more concrete plan in place with private rented accommodation and an intensive support service. The social worker explained that the delay in respect of decision making was due to the fact that a number of options had to be explored before a decision could be finalised. A family welfare conference had taken place, a referral to an aftercare facility, consideration of

moving abroad to a family member were all being discussed. An aftercare proposal was then submitted and approved which is to be reviewed after 3 to 6 months. While the current plan now seems robust it came extremely late in the day. This is not in line with the National Standards or best practice and such uncertainty causes anxiety for young people at a very vulnerable time in their lives. This issue should be addressed and planned for more rigorously by centre management and social work teams.

There were no completed after care needs assessment or aftercare plan for the second young person who was about to turn seventeen. They were not yet allocated an aftercare worker. The last child in care review took place a few weeks before this young person turned sixteen and aftercare was not a primary focus at that point. Following this, their social worker left the post and the young person remained unallocated for a period of time. A full year has passed without formal reference to aftercare planning from a social work perspective. Whilst it was evident in key working that the team have a focus on issues related to aftercare preparation this is in a vacuum and not supported by a needs assessment, an aftercare worker or an aftercare plan as required. This must be addressed as a matter of priority.

Aftercare planning should be due to commence for the third young person who is due to turn 16 in the weeks after the inspection process. The social worker for this young person who spoke with inspectors was confident that the team were already working on some of the issues which will form part of the aftercare plan. It was hoped that an aftercare worker who is familiar with the family would be allocated imminently and an aftercare plan built in to the next child in care review.

## **Aftercare**

As discussed under preparation for leaving care, one of the young people the centre at the time of this inspection was due to turn eighteen years of age. The plan for this young person was still not finalised a number of week before them turning 18. A second young person's formal aftercare planning was not evident at all on the case files reviewed by inspectors.

### **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**

- Social work management must ensure that care planning documents are adequately detailed, inclusive of the required actions, persons responsible and timeframes for completion.
- Centre management must review the placement planning system in operation and ensure that persons responsible for actions are indentified and that there are clear differentiations between long and short term goals.
- The centre manager must conduct periodic review of keyworking to ensure that work set out in young people's placement plans is being delivered.
- Social worker teams and centre management must ensure that an aftercare needs assessment takes place and that a clear after care plan is devised after a young person turns sixteen years of age.

### **3.10 Premises and Safety**

#### ***Standard***

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

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

##### **Accommodation**

The centre is located in a rural area in North County Dublin and is not accessible by public transport. The staff team facilitate young people with lift to appointments, family access and free time.

Each young person has their own room and access to either an en suite facility or a nearby bathroom. The centre is in good structural repair and the gardens are clean and tidy.

The last inspection report noted that the centre could do with some modernisation. While there was evidence of some work being completed in the house this should remain an issue of priority, if possible. New carpets have been fitted and all the doors in the kitchen units had been replaced in late 2016 following extensive property damage. It was evident that the team were trying to ensure a homely environment and there were photographs of young people past and present in the living areas. Some parts of the centre had been painted. One bathroom in particular which a young person uses should be considered for upgrade/improvements as it was in some disrepair.

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

Inspectors reviewed the maintenance logs held on site. This outlines the detail of the issue of concern requiring attention, who was informed and when they were notified. The record then notes what actions were taken and the date of completion. There was evidence that entries to the log were responded to promptly and that the social care manager reviewed and signed the record regularly.

## **Safety**

There is a designated health and safety officer as required who works alongside the social care manager to assess and respond to identified risks. Health and safety audits take place monthly and there are weekly checks for possible hazards. Inspectors saw evidence that health, safety was discussed at internal and external management meetings. There are adequate systems in place for reporting accidents, injuries and safety hazards. There was evidence that all relevant persons are notified promptly. The health and safety statement was dated November 2016 and was signed by all staff members as read and understood. Approximately 60% of the staff team are first aid trained and there is a plan in place to ensure all receive this training as a matter of priority. Currently there is not an adequate number trained to ensure that at least one staff member per shift has first aid training.

Since an incident where a staff member was seriously assaulted all the staff team carry panic alarms. There is serviced by a contracted company who make contact with the centre when the alarm is triggered and will contact Gardaí if there is no response from the centre. Currently there is no register or record of when this alarm has been activated and the reasons why. It is important to ensure that this is in place to track patterns and to regularly review the requirement for such a system in a main stream children's residential centre.

There is a CCTV camera outside the centre and there are notices in place to alert people of its presence. Pest control services are called upon regularly as a cautionary measure as the centre is in a very rural location and has had pest control problems in the past.

There are two centre vehicles available to the team and a named person is responsible for maintenance of same to ensure road worthiness. Inspectors noted that medication is held securely within a staff office area.

## **Fire Safety**

All staff members have up to date fire safety training which took place most recently on 26/04/17. The centre has written confirmation that all statutory requirements in respect of fire safety and building regulation have been complied with. Fire safety equipment is serviced by an outside company and the most recent checks took place on 26/04/17 with a review due in June 2017. The fire alarm panel was serviced on 23/3/17 and scheduled again for June 2017.

There was evidence of weekly fire checks and daily inspection of escape routes are completed by staff on shift. There are monthly inspections of fire extinguishers and

other fire safety equipment. Currently fire drills are being completed on a weekly basis however best practice guidance indicates that too frequent fire drills can cause complacency and may raise risk in the event of an actual incident of fire. The fire drill register does not name the young people and staff present and some of the records note either 'procedure followed' or states 'no young person engaged'.

Rather than have 'rote' fire drill procedures it is the responsibility of centre management to ensure that all young people and staff are fully aware of the exact processes and procedures to follow in the event of a fire. Fire drill should be carried out when new young people are admitted, when new staff members are appointed or at scheduled intervals in the absence of any changes to either. Guidance from the fire officers to the inspection team indicated that there should be at least two yearly with one at night.

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

None identified

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

None identified

### **3.10.4 Regulation Based Requirements**

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

*-Part III, Article 8, Accommodation*

*-Part III, Article 9, Access Arrangements (Privacy)*

*-Part III, Article 15, Insurance*

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

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

## 4. Action Plan

Standard	Required action	Response with time frames	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>The centre management must ensure that team meetings take place within the timeframes stated in the policy.</p> <p>The centre manager must ensure that the same model of supervision is being used in all supervision carried out and that it is delivered in a consistent manner.</p>	<p>The centre management has reviewed and amended the policies and procedures of the centre &amp; will endeavor to ensure team meetings take place within the time frames stated in renewed policies</p> <p>The centre manager has liaised with the company that provides training to ensure the same model of supervision is being provided.</p>	<p>The centre manager will ensure to follow the policies and procedures in relation to team meetings.</p> <p>The centre manager will oversee all future supervision to ensure that it is being conducted in a consistent manner.</p>
<p><b>3.5</b></p>	<p>Social work management must ensure that care planning documents are adequately detailed, inclusive of the required actions, persons responsible and timeframes for completion.</p> <p>Centre management must review the placement planning system in operation and ensure that persons responsible for actions are identified and that there are clear differentiations between long and short-term</p>	<p>To be addressed at child in care review meetings to update care plans.</p> <p>Centre management will review the placement planning system in operation &amp; will adapt it to ensure that persons responsible for actions are identified. There will be clear differentiations between long and short-term goals.</p>	<p>This was brought to the attention of social work departments during interview as part of the inspection process and was agreed it will be addressed at child in care review meetings.</p> <p>The centre manager will oversee &amp; ensure accountability where persons responsible for actions are identified and that there will be clear differentiations between short and long-term goals.</p>

	<p>goals.</p> <p>The centre manager must conduct periodic review of key-working to ensure that work set out in young people's placement plans is being delivered.</p> <p>Social work teams and centre management must ensure that an aftercare needs assessment takes place and that a clear after care plan is devised after a young person turns sixteen years of age.</p>	<p>The centre manager will conduct periodic reviews of key-working to ensure work set out in young people's placement plans is being delivered.</p> <p>The centre manager in consultation with the social workers will endeavor to ensure that aftercare needs assessments take place &amp; clear aftercare plan is devised after a young person turns sixteen years of age.</p>	<p>The centre manager will meet periodically with the key-working co-coordinator to ensure these issues do not arise again.</p> <p>The centre manager will continue to liaise with respective social workers to ensure an aftercare needs assessment takes place and that a clear after care plan is devised after a young person turns sixteen years of age.</p>
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