



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 079

Year: 2015

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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Fresh Start Eire
Registered Capacity:	Four young people
Dates of Inspection:	3rd, 4th and 5th February 2015
Registration Decision:	Registered from the 25th February 2015 to 25th October 2016
Inspection Team:	Eileen Woods Keith Beattie
Date Report Issued:	28th October 2015

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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.

1.2 Methodology

An application was duly made by the proprietors of this centre for continued registration on 27th January 2015. This announced inspection took place on 3rd, 4th and 5th February 2015 over a three day period and this report is based on a range of inspection techniques including:

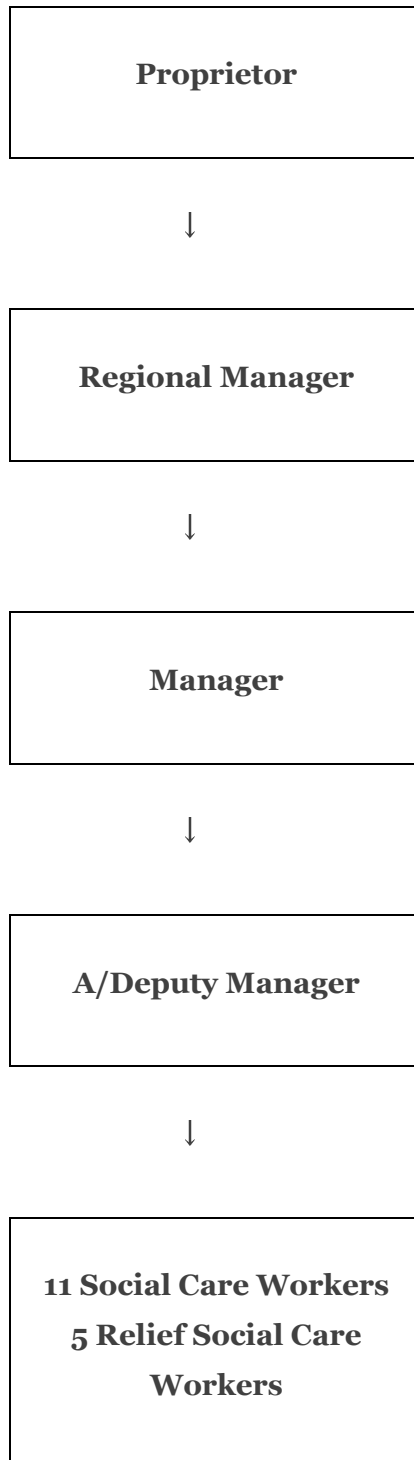
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Eight of the care staff
 - b) The proprietor
 - c) The manager
 - d) The line manager
 - e) Other professionals e.g. aftercare workers and therapists.
- ◆ An examination of the most recent report from the monitoring officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of the HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fida interest in the operation of the centre including but not exclusively
 - a) The manager
 - b) Four of the care staff including the deputy
 - c) The line manager
 - d) One of the young people
 - e) The allocated social worker
- ◆ Observations of care practices routines and the staff/ young person's interactions.

- ◆ Meeting held post inspection between the director, the regional manager and the chief inspector, monitor and lead inspector.

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

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 23rd September 2015 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres. The action plan must be implemented to a good standard. As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 25th February 2015 to be reviewed before the 25th October 2016.**

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 is a medium to long term service for four young people aged thirteen to eighteen. It had been agreed with the monitor in mid 2014 that a policy document review would be completed and Inspectors were told it was still ongoing at the time of this inspection in February 2015. The manager and staff did confirm though that they are consulted when policies are reviewed. The copy of the policies provided to inspectors did not contain essential policies for example a CCTV policy, use of the Gardaí and emergency admissions.

At the time of the inspection there was a lack of agreement at the centre management level about what the exact care practice model was and there was evidence of staff being embattled at work due to challenging behaviours and competing needs of the group at various times. There was also evidence of subjectivity and individualised practice, some of it fear based, following actual experience of verbal or physical harm at work. Their own proficiency in practice as a team meant these difficulties did not hinder some positive work taking place with the young people. This team are an experienced group who have worked with complex young people over the years and all staff named that following their working experiences in 2014 that team building is needed.

Inspectors found that there needs to be investment in reframing the intended approach and the systems in place to support this. It is clear that the centre and line management structures have had access to a diminishing set of supports and resources whilst working with a challenging group of young people. The centres statement of purpose and function talks about placements being suited to young people “who have the sufficient level of social skills necessary to live in a group living setting” and this has not proven to be the case unfortunately for a number of young people who have gone on to have a significant impact within the resident group. In

this matter it is both the Child and Family Agency central referrals process and the centres own clarity around who they can safely accommodate and in what combination that must be negotiated both individually and jointly.

One young person's placement was outside the purpose and function as they were admitted just prior to their eighteenth birthday, this was agreed with the central referrals office following the loss of another planned placement option.

3.1.3 Practices that did not meet the required standard

None Identified.

Required Action

- Centre management must ensure that the intended model of care and practice approach must be clear to all staff and consistent in delivery.
- Centre management must update the policy document to include the emergency admission policy, CCTV policy and procedures for the use of Gardaí and for drugs and harmful substances.

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

There was a suitable register in place but inspectors found it was poorly maintained and should be improved in appearance. A copy of this register is maintained on behalf of the Child and Family Agency in accordance with the regulatory requirements.

3.2.2 Practices that met the required standard in some respect only

Management

The manager was an experienced and qualified person who had been in charge of the centre since the previous inspection. The team identified the manager as supportive in their work. The manager subsequently moved to a new job after the inspection and the Inspectorate were informed that the deputy manager was taking over the manager post. The deputy manager was also an experienced and qualified person.

Evidence at the centre at the time of the inspection revealed a mixed picture of skill and experience coupled with cumulatively significant lapses in the quality control and quality assurance aspects of the management role. Inspectors found that the manager and their deputy needed to have more clearly defined areas of responsibility with the manager being the one with overall responsibility and oversight.

During 2014 there had been periods of extensive damage to the property, bullying between peers and an escalation in criminal and drug related behaviours. The staff and management team remained stable despite this and despite problems with their terms of employment. There was significant evidence of loyalty to the young people and the company that ensured the team have kept a core set of practices in place. The inspectors found that the resilience of the centre has been eroded and action is needed to ensure that this centre and team can function to a good standard and indeed prosper.

The external oversight of this centre is conducted by a regional manager who inspectors found is committed and serious about the service and supportive of the staff and young people. Inspectors found that they do not have access to all the tools they would need to enhance the supports to the centre. The inspectors found therefore significant risks of the centre not complying with Child Care (Standards in Children's Residential Centres) Regulations 1996 Part III, Article 5, Care Practices and Operational Policies should there continue to be a lack of investment in adequate supports for staff and managers at all levels.

A monthly manager auditing tool was introduced in response to the monitors findings regarding the need for a mechanism to support management oversight. Inspectors found that the tool generated was not fit for purpose and should be developed further. It did not support adequate governance in significant event reporting and had not brought about change in admissions processes both of which were key areas of difficulty.

The management team must address staff support and development, there must be robust quality assurance mechanisms put in place and investment in the development of the structures of the company. There must in particular be oversight and guidance regarding significant event reporting, files, staff consistency, key working and safety at work.

Notification of Significant Events

There was evidence of staff completing significant events reports with suitable content. Both social workers interviewed were happy with the notifications and the regular verbal contact they had with staff and management. They were fully up to date regarding the work at the centre and the nature of the difficulties the young people were experiencing. There was good evidence of completion of life space

interviews with young people after incidents. These were also recorded to a good standard.

Inspectors found that the policy continues to include a provision that it can take up to five working days to forward a significant event notification and many were indeed sent more in accordance with the latter end of that time frame than immediately. This must be addressed in policy and with staff to ensure that this time frame is reduced.

The monitor had addressed deficits in the sending of notifications to them but this was still an issue at the time of the inspection when it was apparent that a number of recent complaints had not been sent to the monitor. There are individualised logs maintained of significant events and Inspectors found that these were not fully consistent with the records seen regarding specific dates and updating when sent to all parties. These individualised logs did not support good oversight of sending to all the relevant parties. A central log must be introduced to allow for suitable tracking of trends and to eliminate mistakes in notifying to persons such as the monitor.

Supervision and support

Inspectors found that supervision was taking place every eight weeks on average but sometimes more frequently. The policy states that the intended timeframe is every four to six weeks and this schedule should be reinstated. The manager and deputy were both delivering supervision and the records displayed a focus on interventions with the young people and their progress within the placement. Issues relating to placements and decisions regarding same were clearly named as a problem by staff in supervision. The issues affecting staff morale were also clearly named and the management were supporting staff on a rolling basis. There was evidence of accountability for practice and decision making and investigations had been completed where necessary. It was clear from all the supervisions that 2014 was a challenging year for all staff, at times some staff were being targeted and needed additional support and for others their practice had been impacted upon by the challenging environment and nature of the work. Where mistakes had been made by staff these were investigated but conversely where staff had been significantly impacted upon additional suitable supports and training were not offered to a significant degree.

Inspectors found that the supervision sessions could be more reflective of placement planning for young people and specific interventions. The full extent of the format was not used with the objectives and review sections often not utilised.

The staff forums included team meetings and handovers and these along with the supervision highlighted staff awareness of a difference in approach between the internal management. Overall the team meeting minutes evidence attention to detail regarding leaving care and young people's individual plans and needs. Attendance

has waned at times but this is monitored by the manager. The handover format was not correctly adhered to according to the records reviewed by Inspectors and one handover observed by Inspectors contained some examples of poor choices in professional communication regarding young people and their issues. The manager and line manager stated that they are aware of this as an issue from time to time, that they had addressed it prior and will continue to do so.

Staffing

There are suitable numbers of qualified staff for the number of young people and there was a mix of experienced to inexperienced staff, staff were qualified and experienced to social care leader level. Inspectors found that they were a team who cared about outcomes for young people and kept key goals in sight including through times of disruption. They followed up in challenging circumstances and addressed sensitive matters with young people. But inspectors also found evidence of poor use of language regarding the representation of young people at times and this was at odds with the general experience and skill within the team. This must be addressed through staff supervision, group and individual, through training and development and resolution to any outstanding staff practice matters for those who need additional levels of support.

Inspectors reviewed a sample of five staff personnel files and found that the qualifications were not consistently verified and this must be completed to ensure full compliance with the 1994 Department of Health Guidelines on vetting. Inductions varied according to the climate at the centre during that period and the availability of key personnel and this must also be regularised to assist in stabilising the team.

Training and development

There were no dates provided covering all the core training required for newer staff. Training sections on the files were not kept up to date and there was no general training audit available. There was some evidence provided that most core long term staff had their training renewed as required with the exception being Children's First which for a number of staff seemed to have been completed over two or more years prior. At least one staff member had not completed first aid or fire safety training despite having started eleven months prior. A staff training audit would assist the manager in identifying areas of training to schedule for renewal and for whom. There was no recent evidence of additional complementary training but the team have been supported by the ACTS team. This is the Assessment Consultation and Therapy Service which is a national specialised clinical service developed in order to provide multidisciplinary consultation, assessment and focused interventions to young people who have high risk behaviours associated with complex clinical needs.

The manager outlined that some additional training in drugs had been scheduled but stated that due to pay concerns and delays staff were apathetic about attending on their own time. At the time of the inspection staff were not being supported with third level training but have been in the past.

Administrative files

Inspectors found that the files were not fully ready for inspection despite this being a planned, announced inspection, many items had to be asked for by Inspectors. Alongside this the registers required some attention regarding content and appearance and a central register is needed for significant events. The current system of individual logging was not functioning well and effectively. The auditing tool introduced was not proving to be robust enough for oversight of files and the tool should be substantially enhanced to accomplish this objective. Although there were areas of the files that were not well organised, had items missing or evidenced unnecessary duplication the core work done by the team to meet the needs of the young people was reflected. Key workers and experienced staff must take responsibility for files and ensuring that work once completed is placed on file. Similarly managers must place their work with young people on file and ensure that any additional support plans developed are placed on file and are readily available to all staff in one clear easily accessible file location.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

Required Action

- The centre management team must address staff support and development.
- Centre management must ensure that robust quality assurance and governance mechanisms are put in place and investment in the development of the structures of the company.
- Centre management must ensure that there is robust oversight and guidance regarding significant event reporting, files, staff consistency, key working and safety at work.
- The centre manager must oversee that the register of young people is maintained in a tidy and clear manner.
- The centre manager must ensure that significant event notifications are sent to all the relevant parties, in a timely manner and be entered into a combined centre register to promote tracking and review.
- Centre management must oversee that supervisions are provided in accordance with the policy and the template for delivery of supervision.
- The centre manager must ensure that handovers and other staff forums are utilised in the best manner to support the work with the young people, be professional in expression and recorded to a good standard.
- Evidence of the completion of training for all staff must be provided to inspectors. A record of training should be maintained up to date.
- Centre management must ensure that qualifications are verified for all staff.
- The centre manager should oversee that all files are well maintained and items placed on file when completed.

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

Monitoring

The monitoring officer for the area completed a two day monitoring visit to the centre on the 30th April and the 1st of May 2014, they issued a report of their visit and their findings to which the centre responded. The monitor has had ongoing contact by phone and visits since that time due to the nature of the incidents involving young people at the centre. This involvement is ongoing and there have been rolling

concerns named by the monitor regarding safety and standards at the centre. On each occasion the monitor reported that the centre engaged in addressing the matters arising.

The monitor has met the young people and there was evidence that the young people are informed about the monitors role and contact details. Inspectors found that the team were aware of the findings of the monitors report and the action plan submitted in response to it. Deficits in sending complaints to the monitor in a timely manner arose again and the monitor had to intervene to address this matter once more.

3.3.2 Practices that met the required standard in some respect only

None identified.

3.3.3 Practices that did not meet the required standard

None identified.

3.3.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

3.4 Children's Rights

Standard

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

3.4.1 Practices that met the required standard in full

Consultation

Staff described themselves to Inspectors as child centred with a focus on safeguarding and Inspectors found that this was well reflected in their practice. There was evidence of ongoing acceptance of the young people and openness to their voice and concerns.

Young people's meetings are held regularly and their requests are responded to. Inspectors found that young people were given clear messages and chances to contribute if there was something they wished to raise. Staff displayed an experienced capacity to consult with young people both collectively and individually. There was evidence that the young people were consulted with by their social workers in advance of statutory care planning meetings.

Access to information

The manager advised that young people are made aware of their right to see their daily logs and that some have availed of this opportunity in the past. The young person's booklet advises them regarding their rights in general as well as matters related to accessing information.

Families are updated by phone regarding their child's well being and progress and where a working relationship has not been established between the centre and the family the social worker will undertake this role.

3.4.2 Practices that met the required standard in some respect only

Complaints

There had been a series of complaints made at the centre by one young person, these were against staff but not notified as allegations through the child protection reporting system by agreement with the social work department involved. The history of the young person, the amount of incidents and accusations against staff and consultation between the parties including the young person brought about the decision to address these matters under the complaints policy. It was also agreed after a risk assessment with the social worker that the matters would be addressed without removing the staff from duty at the centre.

The social worker investigated the complaints and stated that they had met with the young person to discuss and to feedback their conclusions. Aside from one incident where a staff admitted using a physical method not approved under TCI training to remove a young person from the office they were satisfied that the team had worked in an ethical manner with the young person. They also concluded that there have been individual adults targeted and placed under duress with specific threats related to their employment. The matters they found did not in their assessment require notification under Children's First.

The complaints sections on the file of one young person was disorganised and items were not correctly attached together resulting in it not being clear if all had been concluded. This is the second young person whose allegations against staff have been investigated under complaints rather than child protection mechanisms this should not become accepted as the primary mechanism for same.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

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

Required Action

- The centre manager must oversee that where it has been agreed with a social worker to investigate matters raised by young people under complaints rather than child protection mechanisms a clearly stated outcome is attached to each one.
- Centre management must track complaints against staff for trends and issues and ensure that all allegations against staff do not remain under complaints procedures.

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

One young person had a care plan from the previous year which had been updated at two junctures; the most recent updated version of the plan was not on file at the centre. The social worker told inspectors the version on file was still pertinent due to a prolonged set of circumstances in 2014, the details of which were discussed between the inspectors and the social worker. They would be updating the care plan to reflect the new placement. The other young person had an up to date care plan and aftercare plan on file, the aftercare plan had been updated and the young person had attended these meetings. The social worker highlighted the ongoing care needs of this young person over eighteen.

The placement plans for the young people varied in quality, one was found to be generic and lacking the substance that was present in the other young persons. It should be overseen by management that all the placement plans be of the same good

standard. The team keep placement plans live and updated and there was evidence of consultation with the young people about their content.

For the young person who had left the centre just before the inspection there was evidence of their care planning and aftercare planning taking place in accordance with the regulatory requirements and guidelines.

Contact with families

Some of the young people had regular family access supervised and supported by the team. The details of these were recorded in the relevant cases and copies sent to social workers. The team took an active role in safeguarding for the young people and advocating for positive family and foster family contact in the best interests of each young person. There were clear guidelines in file and known by the team for the most complex family contact.

Social Work Role / Supervision and visiting of young people

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.

There was evidence of regular contact between the young people and their social workers. File records were kept of this contact. The contact was often by phone but the social workers did also visit the young person at the centre on occasion.

The records at the centre support that the social workers for the young people had attended to their statutory duties regarding care planning and meeting the young people privately. Both of the social workers inspectors spoke with were aware of the issues affecting the young person and their concerns at that time. They were satisfied that the young people were being looked after to the best of the ability of the team but acknowledged that the complex needs of the young people created uncertainty and impact regarding placement stability. The records of contact with social workers maintained by the team noted decisions made and the actions agreed.

Emotional and specialist support

As stated this is an experienced team who have worked with a wide variety of young people with complex needs. There was evidence of the staff caring about outcomes and inspectors found that they were able to clearly name young people's specific

experience of loss and trauma. There was evidence of the team reviewing the history and previous assessments and reports relating to the young people and being advised by that information. The young people were in receipt of additional specialist clinical appointments where needed and these professionals co-operated in the best interests of the safety and welfare of the young people.

The centre have links with a recognised psychology service for rapid referral where agreed with the social work departments. In addition files displayed that young people had variously received speech and language therapy, occupational therapy and other interventions.

There was renewal of assessments in advance of aftercare decisions for another young person.

Preparation for leaving care

The team meeting minutes from 2014 highlight a high level of work on independent living skills and planning specific to young people's capacity and needs as assessed at that time. The staff team are familiar with a variety of programmes in this area of their work and they were utilising these. There was evidence of interventions being adapted after multidisciplinary consultation to try to enhance skills development by the young people. The placement plan of the young person preparing for leaving care at the time of the inspection did not focus sharply enough on their immediate needs given the short term nature of their placement and this should be monitored.

Aftercare

At the time of the inspection the young person recently moved out and the young person still resident both had aftercare workers. Both young people had aftercare plans on file; these had been reviewed as needed. The plans were, in one instance in particular, comprehensive and clear in identifying the need for specialist residential and community supports over eighteen.

Children's case and care records

Inspectors found that the records were in general well maintained with regard to having the necessary copies of consents, medical cards and birth certificates. Latterly there was some evidence of a need to oversee the use of expression amongst the team. The manager and regional manager stated that they were aware of this amongst a minority of the team.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The centre has a service wide policy on admissions, the policy index refers to a procedure for emergency admissions also but this was not included in the body of the

policy document given to inspectors. The centre accepts admissions from the national placement team of the Child and Family Agency, these admissions have included new referrals, young people whose placements were breaking down in another of the services centres and emergency admissions. Both of the social workers were happy with the centre as a placement at the time of the inspection.

Inspectors did not therefore see assessments of suitability as all decisions had been made about admission at the point before which the pre admission risk assessments and impact risk assessments were being done. There had been one admission outside the purpose and function following a specific series of events the resulted in a young person urgently needing a placement which the centre agreed to provide. It is the goal to provide transitions into the centre also where possible. In the previous twelve months three young people have completed successful long term placements at the centre. The team have proficiencies in emergency placements but these should be the exception. With regard to at least one of the previous admissions the team clearly identified that this placement would not be successful and the placement duly broke down with negative impact on the young person, other residents and the centre overall.

The three impact risk assessments reviewed at the centre were not well developed given the experience base of the team and were not directly linked to effective additional risk planning outside of the initial pre admission risk assessment. One of the areas underestimated was violence to staff, other young people and property for several of the young people. Inspectors note that it is important to not group young people who are at a similar very unsettled and chaotic time in their lives in an open setting. Placements need to be paced, transparently assessed regarding suitability and supported to have positive transitions best suited to their needs. The policy and practice, as highlighted in the monitors report of April 2014, has not functioned to protect young people from impact and abuse from other young people. This, as said under Standard One of this report, is a task for the Child and Family Agency and the centre both to address.

This is not a specialised centre as defined by the provision of additional clinical or therapeutic supports but it is a centre and team experienced in working with young people who present with challenging behaviours and complex emotional needs. The team have access to guidance from a consultant psychiatrist monthly for a large proportion of each year holiday periods aside. Based on the information available it could be argued that the needs of several of the young people exceeded the range of an open residential setting to address.

The young person who spoke to Inspectors knew the reason for their placement.

Discharges

Five young people in the preceding three years left after successful long term placements in the centre. There were also five emergency discharges or discharges outside the original plan. A specific review of outcomes to inform suitable admissions had not been conducted and this would benefit the service in safeguarding the centre and the young people placed there.

The aim is to complete discharge reports, one reviewed did not necessarily give an overview of the time spent at the centre which was very significant for the young person but it did give a sense of where they transitioned to during their placement. The centre had been a safe and stabilising factor in the young person's life.

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 1 and 2, Care Plans

-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan

-Part V, Article 25 and 26, 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

- The centre manager must ensure that the impact risk assessments are of a suitable standard to support robust risk and safety planning at the centre.
- The centre manager must oversee that placements from other of the services centres are for positive reasons, agreed with the social worker, the young person and their family. The move should not be due to challenging behaviours not being managed by another team within the service.
- The Child and Family Agency and centre management must agree protocols to support positive outcomes for young people; this includes pacing of placements and suitable mix of young people.

- The centre manager must ensure that discharges are taken account of regarding evidence supporting decisions for suitable placements and mix of young people.

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 daily progress reports which function as the daily logs in this service are laid out to replicate the placement plan goals and these records served to highlight the positive aspects of the young people daily lives, for example, attending education, if they were eating well and returning in accordance with their curfews. Young people living there long term had their emotional needs attended to by the team and by additional clinical specialists. There had been holidays and opportunities created for experiences for young people similar to their peers in the community. Visual cues and tools were used with young people who benefited from this. There were many examples of individual work with young people.

Provision of food and cooking facilities

The centre had sustained significant damage at times during the preceding months and although subject to repair the evidence of some damage was still apparent in the kitchen open plan area. At that time meals as a shared experience was being judged on a day to day basis. There was evidence in placement plans of dietary matters being given due attention. It was clear that the normal routines of daily life had been impacted upon at the centre.

Race, culture, religion, gender and disability

The team have experience in the areas of disability, ethnic and cultural origins and their importance in young people's lives. The team work well with family and friends where the opportunities arise and have an ethos that supports attention being given to anti discriminatory practices. They aim to positively support young people with their identities and sense of self and to do so in a non-judgemental manner.

Absence without authority

The records provided to inspectors by the centre evidenced 86 absences from the centre in the preceding twelve months which is a high level of absences. It is also reflective of the level of difficulty individual young people were experiencing in their lives and that several did not settle at the centre. Absence management plans were on file for young people and had been updated. These had a role in decreasing absences for some young people but not others. The team were knowledgeable regarding the Garda and Child and Family Agency protocol on young people missing from care and had completed reporting in accordance with this.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

In the preceding three years a diverse group of young people had been or were living at the centre, all had behaviours that challenged that could be externalised and/or internalised requiring individualised responses from the team and an overarching behaviour management approach that supported this. The core clinicians that have worked over the years with different young people as well the long term Psychiatrist who provides the monthly consultation advised and directed specific therapeutic and behavioural planning for the team to implement with the young people. The ACTS team have also had an important role in advising the team.

The manager reported that there had been an increase in criminalised behaviour and drug misuse by some young people and that this had significantly complicated the provision of care and safeguarding within the centre. This was borne out by the records of incidents that inspectors reviewed. Therefore there was a high incidence of the use of Gardaí and staff and other young people had experienced a level of threat, physical harm and destruction and misappropriation of property whilst present in the centre.

The centres policy on Care and Control outlines a strengths based approach with an emphasis on rewarding positive behaviour. The policy goes on to outline how and when sanctions will be used in the centre. The policy as it is currently structured, in the copy provided to Inspectors, does not reflect the client group who are actually placed at the centre. It does not cross reference to a behavioural support and risk management and planning strategy nor does it cross reference to a Garda, substance misuse or self harm policy. Significant development is needed in the policy to both have it reflective of the actual practice at the centre as well as being a live and useful procedure for staff.

In their day to day practice the team utilise their behavior management training and the individualised crisis management plans and behaviour support plans the latter when specifically contracted by the social work department involved. The BSP's are

prepared by a behaviour expert and then reviewed and discussed by the team. The significant events and critical incidents were subject to review but not in a clearly evidenced manner. Inspectors found that at the time of the inspection the individual crisis management plans had tried to stabilise and clarify when the Gardaí should be called and the quality generally of these plans highlighted that this is a team with skill and experience in how to be therapeutic in their approach.

Where issues emerged between young people, that the team had cautioned against placing together, the service did respond by convening a meeting attended by the psychiatrist, the director, the regional manager and the behavior management trainer. The staff named to inspectors that there had been significant learning after these events regarding managing the environment, consulting team meeting minutes and utilising on call.

The team have dealt with drug seeking behaviour, concealed weapons, bullying and had completed searches for drugs where suspicions emerged. The team stated that they exercise a zero tolerance approach to drugs on the premises.

The behaviour management approach has not been robust enough to support the level of challenging behaviours exhibited by successive young people. The matter of criteria and tools for assessing suitable placements impacts on this as there is evidence to support that a number of the young people were placed on a crisis basis with needs that exceeded the capacity of an open residential centre to address.

Restraint

In the twelve months prior to the inspection there had been six restraints used at the centre. Social workers and the monitor were informed through the formal reporting mechanisms; the manager reported that family were informed by the allocated social workers generally. The restraints were logged in the individualised registers on young people's files. The records reported that some staff had been injured and had been threatened with weapons. Some staff stated to inspectors that they were very aware that they had to counter this becoming the norm or an acceptable risk factor at work. Another staff member stated that they believed that the risk of violence had risen beyond acceptable or manageable levels amongst referrals. Unfortunately inspectors received no direct feedback from young people about restraints.

The individual crisis management plans named the specific restraints that could be used and potential contra indicators to its use where they applied. The latter was not fully up to date at the time of the inspection and this was raised with the management. Debriefing is provided and the behavior management trainer has attended team meetings, they also review the individual crisis management plans. The young person over eighteen had such a plan on file but it did not address their age.

The records contained no commentary by the management. Where a staff member had been involved in a physical intervention that did not fall within the parameters of approved moves an investigation was completed and practice changed at the centre. Staff members implemented dynamic risk assessment when situations are escalating toward a risk of violence. In this consistently unpredictable environment it is essential that staff are constantly updated.

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

- The centre manager must oversee that the behaviour management approach and policy is subject to development to reflect the work at the centre and to provide staff with the necessary guidelines to assist in their work.
- Centre management must ensure that there is investment in training to address behaviour management, managing violence, aggression and criminalised behaviour.
- The centre manager must ensure that individual crisis management plans are consistently rapidly updated to advise staff in risk management at the centre.
- The centre manager must oversee that a strategy is developed to focus on reduction of risky absences from the centre.

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

None identified.

3.7.2 Practices that met the required standard in some respect only

Safeguarding

At the time of the inspection the bedroom door sensors and house alarm were all broken; they had been broken by young people in the preceding two months. There had been serious incidents of unauthorised taking of the house car on two occasions without staff being aware; the internal heat sensors for the central heating system were also broken. Inspectors were told that waking night staff were requested in order to safeguard this but that this was denied by the director, therefore staff had to risk manage the property on a day to day basis. The master key system was also partially out of order due to the need to replace individual doors following damage. There had been disciplinary action taken which resulted in a greater emphasis on policies associated with safety and security. The staff require properly repaired and operational security systems if there are to be able to truly safeguard the young people and property.

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 service manager, who is the designated person for the service, met with the staff and revised with them the procedures around allegations and to advise them of the availability of the designated person in an emergency for advice and support. The inspectors did not receive a clear list of dates and numbers of staff that have completed Children First training at the time of the onsite inspection but this was forwarded subsequently. Inspectors noted that of the twelve staff members named at the time of this inspection, two had not received Children First training and a further five had not attended the training since it had been updated in 2011. This matter must be addressed as a priority by centre management.

As stated under complaints it is important that it does not become routine practice in addressing allegations against staff under that policy rather than child protection procedures. The decision making around this must be clearly recorded and available on file.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre manager must oversee that the systems that support good safeguarding at the centre are repaired and that the team supported to provide the best possible safe care to the young people and the team.
- The centre manager must provide a list of those staff who are trained in Children's First and dates of same to inspectors.

3.8 Education

Standard

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

3.8.1 Practices that met the required standard in full

The team has a strong focus on education with young people and have worked in a determined and planned way to find schools, training and employment for them. Suitable assessments were available on file and those that required it had been repeated to support good aftercare decisions and placements. It was clear that where young people had long term problems in education, including long term nonattendance, it presented a significant risk factor in settling the young person into the placement. One young person was attending education regularly at the time of the inspection.

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

The young people past and present had a variety of health and emotional difficulties that required support and attention from staff. Their general health was often negatively affected by absences, lack of regular meals and substance misuse. The

team evidenced a focus on this in their planning with young people by promoting attendance at GP's, dentists and specialist appointments arranged for the young people. Where there was harmful seeking out of emergency services the team worked in co-operation with others to manage this in the best interest of the child. Young people who completed their long term placements were reported to have significantly improved their overall health and wellbeing during their stay.

The team address health and personal development matters including sexual education through key working, in co-operation with clinical specialists and on an opportunity led basis.

3.9.2 Practices that met the required standard in some respect only

None identified.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995,

Part IV, Article 20, Medical Examinations.

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

3.10 Premise 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

None identified.

3.10.2 Practices that met the required standard in some respect only

Accommodation

The main impression of the property due to the level of physical destruction that had taken place in it was of a solid and roomy but bare environment. Many items of furniture had been broken or damaged so for example there wasn't a full set of kitchen chairs available. As stated earlier the master panel on the heating was broken and so was the house alarm and the bedroom door sensors. Some plugs were not working in the large sitting room. Young people have their own rooms, only those rooms not occupied were viewed and these had items of broken furniture in evidence from impact during property destruction. There is CCTV on the outside areas but there was no policy provided with the policy document sent to Inspectors. Evidence of the adequate insurance in accordance with the regulation was provided to inspectors.

Maintenance and repairs

The documents reviewed by inspectors relevant to maintenance do not display rapid attention to the completion of essential repairs. For example the medicine cabinet was entered onto a maintenance request for urgent need to be made more secure but there is no follow up record on this then being completed. In general there were multiple repairs still outstanding at the centre following recent destruction in particular relating to the house alarm which has a key role to play in safeguarding the house and young person

Safety

There is a Health and Safety Statement dated May 2014 operational at the centre, all staff are expected to familiarise themselves with this with overall responsibility at representative level resting with the centre manager. The statement did not note the correct management structures and this must be corrected and the list of staff and signing is not the up to date staff team. No accidents/incidents were recorded on it despite there being several incidents of this nature and this must also be brought up to date. There are according to the records provided to Inspectors suitable numbers of staff first aid trained and staff record administration of medication in accordance with the system available. There is safe storage available for medication; the management indicated that they felt this needed reinforcing due to being targeted in the past.

Fire Safety

Inspectors confirmed that aside from other systems damaged at the centre the fire alarm panel, fire sensors, emergency lighting and firefighting equipment was

operational and regularly tested. There was evidence of its maintenance by a qualified professional. All the fire extinguishers were either in the office or in one bedroom and the manager stated that this had been risk assessed and cleared by a fire officer employed by the service as a temporary measure. There was recorded evidence of drills being completed but not if young people participated and understood evacuation procedures.

Proof of compliance with fire safety and building regulations was provided to Inspectors.

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.

Required Action

- The centre manager must forward to inspectors a full account of the current state of the house alarm, heating system, the furniture and general repair status of the house and grounds.
- The centre manager must ensure that the health and safety recording system is up to date regarding line management and staff and records of incidents and injuries to staff and young people must be recorded.
- The centre manager must provide a statement of the status of the placement of fire extinguishers and a record of the risk assessment and management of this provided if they are still in the office and bedroom. This must be done by a fire safety professional.

4. Action Plan

Standard	Issues Requiring Action	Response
3.1	<p>Centre management must ensure that the intended model of care and practice approach must be clear to all staff and consistent in delivery.</p> <p>Centre management must update the policy document to include the emergency admission policy, CCTV policy and procedures for the use of Gardaí and for drugs and harmful substances.</p>	<p>The current model of care is under review. There is a plan in place to provide training to managers and deputy managers to cascade the reviewed model. To be completed by the end of October 2015 by the manager/clinical manager.</p> <p>The manager submitted the CCTV policy and indicated that a policy regarding the use of drugs/harmful substances was under development. The emergency admission policy was submitted by centre manager and the policy regarding the use of the Gardaí will be reflected in the updated policy document. Provided after the inspection</p>
3.2	<p>The centre management team must address staff support and development.</p> <p>Centre management must ensure that robust quality assurance and governance mechanisms are put in place and investment in the development of the structures of the company.</p> <p>Centre management must ensure that there is robust oversight and guidance regarding significant event reporting, files, staff consistency, key working and safety at work.</p> <p>The centre manager must oversee that the register of young people is maintained in a tidy and clear manner.</p> <p>The centre manager must ensure that significant event notifications are sent to all the relevant parties, in a timely manner and be entered into a combined centre register to promote tracking and review.</p> <p>Centre management must oversee that supervisions are provided in accordance with the policy and the template for delivery of supervision.</p> <p>The centre manager must ensure that handovers and other staff forums are utilised in the best manner to support the work with the young people, be professional in expression and recorded to a good</p>	<p>A needs analysis of training requirement will be undertaken. A review of the skill mix will be undertaken and changes implemented by September 2015.</p> <p>A service manager and clinical manager now oversee practice providing a higher level of support. Supervision training for the manager and deputy manager has been scheduled for October 2015. The organisation's Consultant Psychiatrist will provide group supervision on a monthly basis. Training needs will be addressed through team meeting to ensure maximum involvement and staff will be accountable to management for following systems in place.</p> <p>To be completed by manager.</p> <p>Staff will follow the policy and procedure and systems in place and be accountable for doing so. The manager will ensure compliance Inspector: The improved timeframes and register will be reviewed at the next inspection.</p> <p>The manager will ensure that procedures are followed.</p> <p>The manager will ensure that procedures are followed by the staff team.</p>

	<p>standard.</p> <p>Evidence of the completion of training for all staff must be provided to Inspectors. A record of training should be maintained up to date.</p> <p>Centre management must ensure that qualifications are verified for all staff.</p> <p>The centre manager should oversee that all files are well maintained and items placed on file when completed.</p>	<p>A record of training is in place and updated regularly. This is provided to all house managers twice a year and on request. A copy was sent to inspectors after the inspection.</p> <p>The services manager will ensure a system is set up through the HR Dept to check prospective employee's qualifications.</p> <p>The manager will ensure that procedures are followed for system already in place.</p>
3.4	<p>The centre Manager must oversee that where it has been agreed with a Social worker to investigate matters raised by young people under complaints rather than child protection mechanisms a clearly stated outcome is attached to each one.</p> <p>Centre management must track complaints against staff for trends and issues and ensure that all allegations against staff do not remain under complaints procedures.</p>	<p>This practice will to be overseen by the manager and service manager.</p> <p>HR will develop a system of tracking allegations/complaints and highlighting any issues with the appropriate managers. This will be overseen by the Manager/Services Manager.</p>
3.5	<p>The centre manager must ensure that the impact risk assessments are of a suitable standard to support robust risk and safety planning at the centre.</p> <p>The centre manager must oversee that placements from other of the services centres are for positive reasons, agreed with the social worker, the young person and their family. The move should not be due to challenging behaviours not being managed by another team within the service.</p> <p>The Child and Family Agency and centre management must agree protocols to support positive outcomes for young people; this includes pacing of placements and suitable mix of young people.</p> <p>The centre manager must ensure that discharges are taken account of regarding evidence supporting decisions for suitable placements and mix of young people.</p>	<p>A standardised impact risk assessment tool has been completed and is in use.</p> <p>The director and new clinical manager met with Registration and Inspection Service to agree a plan re admissions. A review of the occupancy and the rate to fill vacancies was agreed at this meeting. All admissions to the centre must be coordinated via the Child and Family Agency national placement team.</p> <p>The centre has a policy and procedure document that has been submitted to the Child and Family Agency.</p> <p>The use of a suitable impact risk assessment tool will be used to look at suitable placements when vacancies occur. Inspector comment: inspectors require that outcomes inform future practice at the centre.</p>

<p>3.6</p>	<p>The centre manager must oversee that the behaviour management approach and policy is subject to development to reflect the work at the centre and to provide staff with the necessary guidelines to assist in their work.</p> <p>Centre management must ensure that there is investment in training to address behaviour management, managing violence, aggression and criminalised behaviour.</p> <p>The centre manager must ensure that ICMP's are consistently rapidly updated to advise staff in risk management at the centre.</p> <p>The centre manager must oversee that a strategy is developed to focus on reduction of risky absences from the centre.</p>	<p>Young people will be reviewed each month with the clinical director and clinical manager. This will be done in conjunction with the staff team to allow for group decisions and learning opportunities. ICMPs will be reviewed every 6 weeks in team meetings or when there is a change in behavior by the manager/ clinical manager/TCI monitor.</p> <p>The manager in consultation with the training coordinator will complete a training needs analysis to establish and prioritise training for the team over the next 12 months.</p> <p>The manager and TCI monitor will oversee that any change to a young person's presentation should be discussed at the earliest opportunity with the TCI monitor so that the ICMP can be updated to reflect these changes.</p> <p>The manager should ensure a suitable absence management plan is agreed with social worker. Young people that place themselves at risk while absent should be reviewed.</p>
<p>3.7</p>	<p>The centre manager must oversee that the systems that support good safeguarding at the centre are repaired and the team supported to provide the best possible safe care to the young people and the team.</p> <p>The centre manager must provide a list of those staff who are trained in Children's First and dates of same to Inspectors.</p>	<p>Training in safeguarding provided to the staff team. Designated person always available for advice. The Manager must hold staff accountable if they fail to adhere to safeguarding policy and procedure in place.</p> <p>This is in place and has been submitted. A record of staff training is collated and sent to each centre biannually. Inspector comment: This training requires attention.</p>
<p>3.10</p>	<p>The centre manager must forward to Inspectors a full account of the current state of the house alarm, heating system, the furniture and general repair status of the house and grounds.</p> <p>The centre manager must ensure that the health and safety recording system is up to date regarding line management and staff and records of incidents and injuries to staff and young people must be recorded.</p> <p>The centre manager must provide a statement of the status of the placement of fire extinguishers and a record of the risk assessment and management of this provided if they are still in the office and bedroom. This must be done by a fire safety professional.</p>	<p>Heating system repaired and fully functioning. Programme of general repair in place and ongoing. Alarm system will be repaired on replacement of windows. Damage caused by young people has been an ongoing problem. Part of addressing this is to put extra resources into ensuring the environment is attractive and well maintained with young people's input. Maintenance is actively working on all issues.</p> <p>A system of recording incidents and injuries is currently in place and is the responsibility of the health and safety officer. The manager will ensure staff adhere to these procedures.</p> <p>A system to ensure fire regulation is met is in place. The manager will ensure the procedures are adhered to and signed off by the H&S Officer. The manager has liaised with the H & S Officer in the organization and is awaiting a response regarding the matter of the placement of the fire extinguishers. Inspector comment: This was further discussed with the new manager and action agreed.</p>