



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	065
Year:	2015
Lead inspector:	Lorna Wogan

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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Curam Nua Ltd
Registered Capacity:	Two Young People
Dates of Inspection:	24th and 25th June
Registration Decision:	Registered without attached conditions from 30th April 2015 to 30th April 2018
Inspection Team:	Lorna Wogan Noreen Bourke
Date Report Issued:	18th September 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 centre 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 made by the proprietors of this centre for the registration of a centre on 9th April 2015. The centre was duly registered without conditions pending a full inspection to provide residential care placements for two boys aged 12 to 17 years. This announced inspection took place on 24th and 25th June over a two day period and this report is based on a range of inspection techniques including:

- ◆ An examination of the centres' application for registration
- ◆ A pre-inspection visit to the centre undertaken on 10th June
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the centre manager
- ◆ An examination of the questionnaires completed by:
 - a) Four social care workers
 - b) Service development officer
 - c) Social workers with responsibility for young people in placement
- ◆ 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.
- ◆ An examination of the centre's files and recording process.
- ◆ Attendance at staff team meeting and staff handover meeting
- ◆ 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) Director/centre manager
 - (b) Deputy manager
 - (c) Three social care staff
 - (d) Supervising social workers
 - (e) Guardian *ad litem*

(f) External therapists

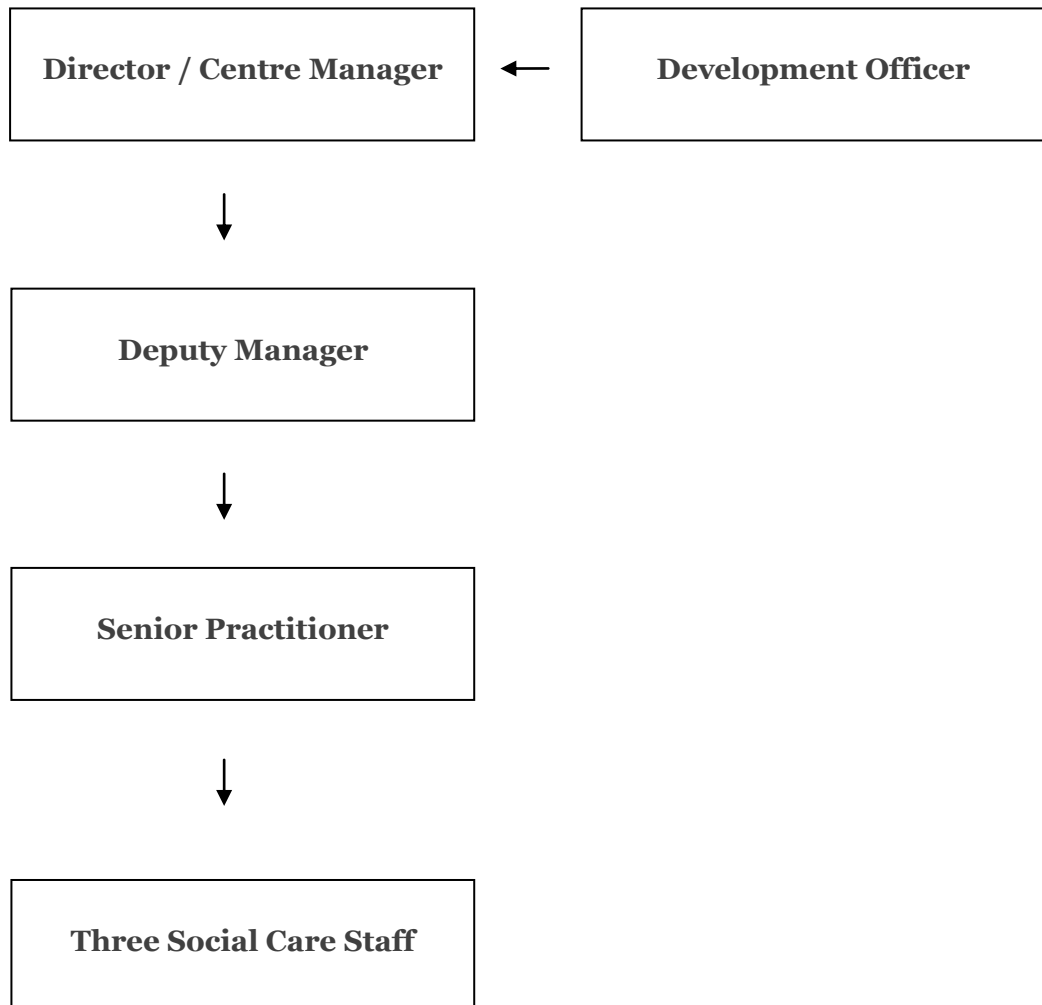
(g) Parents and significant family members

- ◆ Observations of care practices, routines and the staff/ young people's interactions.

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

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

1.2 Organizational 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 this date 25th 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. As such it is the decision of the Child and Family Agency to register without attached conditions this centre, ID Number 065, pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 30th April 2015 to 30th April 2018.**

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 respects only

The overall aim of the service was to provide a specialised residential care programme to young people with particular emotional and behavioural problems who cannot be adequately cared for within mainstream residential provision.

The centre had a written statement of purpose and function that accurately described the service provided. The statement of purpose and function specified the population catered for, outlined the ethos and aims of the centre and the approach to working with the young people in placement. The centre was registered to care for two boys aged between 12 and 17 years. The placement period recommended was 6-12 months initially subject to on-going placement assessment and review. The centre aimed to promote best outcomes through maintaining low occupancy levels. The statement of purpose and function was not dated and a date for the review of the statement was not identified. The statement should also identify the persons responsible for reviewing the document.

There was a defined model of care based on four key theoretical perspectives. The approach facilitates the provision of residential care for young people using a 'blended' approach underpinned by the ethos and frameworks of:

- Rogerian Person-Centred Approach
- Attachment Theory and Attachment Parenting
- Resiliency (Strengths-based) Model
- Experiential Learning Theory

The centre had a comprehensive written policy and procedure document. A number of policies were under review at the time of the inspection to ensure they were congruent with the defined model of care. There was evidence that the centre manager ensured staff were familiar with newly developed policies and procedures.

The model of care promotes the personal growth and development of young people by ensuring a living environment based on unconditional positive regard, empathic understanding and congruence that supported each young person to explore and enhance their own strengths and resiliency through their participation in opportunities for experiential learning. Team members had specific training in outdoor pursuit activities that was used to enhance the experiential learning for young people in placement. The location of the centre offered access to a wide range of outdoor activities. These include surfing, paddle boarding, gorge walking, fishing, land yachting and hill-walking. The local terrain and the availability of qualified instructors allowed the team to facilitate expedition training, an experience rich in opportunities for young people to engage in experiential learning and personal growth and development.

The core objective is to use the principles of their model of care to provide a period of care that promotes stability, continuity and equips each young person with essential life skills to enable them to manage transitions such as placement change, independent living or a return home to family.

The centre had developed an information booklet for young people and an information leaflet about the centre which was made available to families and social workers and any other persons with a legitimate interest in the work of the centre.

At the time of the inspection the inspectors found evidence of the teams' commitment to meet the defined aims and objectives of the centre and the ethos of the organisation was reflected in the staff practice. The manager, staff, and social workers interviewed had a clear understanding of the organizations core principles and approach to working with young people.

3.1.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre manager must identify a date for review of the statement of purpose and function on front cover of the document and identify the persons responsible for the document review.

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organized 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 service had two named directors. One of the service directors was the appointed centre manager. The second director was the appointed deputy manager of the centre. The centre manager was suitably experienced and qualified for the position. At the time of the inspection the centre manager worked on the staff rota as well as allocating days to undertake the management role and responsibilities. The centre manager outlined to the inspectors the importance of having a core team of experienced staff to provide a consistent care environment for the young people. The deputy manager and a senior practitioner supported the centre manager in his management duties. There was evidence that the centre manager monitored and guided practice at the centre through formal supervision of staff, reading and signing daily records, reviewing significant event reports and observation of staff practices. Overall the inspectors found there were good systems in place in relation to the governance and management of the centre at this time through supervision, team meetings and review of centre records however when the centre is operating to full capacity the centre manager must not work on the duty roster as the demands on the manager will increase in terms of the supervisory and management functions.

The care practices and defined model/approach to working with young people was supported and reviewed by the organizations development officer. The development officer was employed on a part-time basis and provided induction training for the social care team on the defined model of care. She also facilitated opportunities for staff to reflect on the implementation of their approach when dealing with specific incidents and issues with young people. This was evident at the team meeting when staff reflected on how their approach and response to young people during critical incidents were intrinsically linked to the defined theoretical perspectives. The development officer had also contributed to the development of the written policies, procedures and model of care.

Notification of significant events

The centre had a written policy relating to the notification of significant events. There were written guidelines as to what constitutes a significant event. Significant event reports for young people in placement were promptly notified to social workers, social work team leaders, Tusla central office, guardian *ad litem*s and the local Child and Family Agency monitoring officer. Significant event reports were stored on individual care files. The centre manager reviewed all significant event reports. There were good systems in place for cross-referencing significant events. The centre maintained a register of significant events and significant event reports were also referenced in the daily logs. The social workers and the monitoring officer were satisfied that significant events had been reported in a prompt manner. Inspectors found a good standard of record keeping and report writing in relation to significant events. It is practice in the centre that significant events are reviewed at team meetings and in staff supervision and the inspectors found evidence of this. There were two significant event notifications on file. The inspectors were satisfied that these incidents had been managed in accordance with the agreed policies and procedures.

Training and development

The inspectors found that the directors through modeling and a reflective practice approach placed a strong emphasis on staff developing a deep understanding of young people's behaviour along with developing the skills they need to support young people to have positive, respectful and trusting relationships with the staff. The staff interviewed stated the induction-training day on the model of care was beneficial and provided the opportunity to discuss the theoretical perspectives and the approach to creating a positive, supportive and reflective environment for young people. The induction day also provided an opportunity to discuss the culture and values the organization wanted to establish within the centre. The centre manager

also provided induction for staff in relation to the general operation of the centre and the written policies and procedures.

All training undertaken by staff is input on the centre's training database and was available to inspectors.

'Always Children First' foundation training on the national guidance for the protection and welfare of children was scheduled to for the team in July 2015. This training will be facilitated by the TUSLA 'Children First' information officer.

The staff team undertook fire safety training in May 2015. All team members had valid rescue and emergency care training (REC). Refresher REC training was provided for the team in June 2015.

The team undertook T.C.I. training in March 2015. The deputy manager is a qualified T.C.I trainer and his certification was on file at the centre.

The centre manager indicated that a dedicated training session was planned to ensure the team were fully appraised in relation to the recently developed health and safety statement. The centre manager informed inspectors that he planned to provide the team with training on report writing in the coming months.

The inspectors recommended that the centre manager undertake a training needs analysis on an annual basis and set out a core staff-training programme for the year ahead.

Administrative files

The organization had the support of an administrative officer to assist in developing the systems for maintaining records. The organization was in the early stages of developing clear administrative procedures to support effective recording practices. The development of written guidelines for staff to support effective recording practices and facilitate good communication and accountability would benefit the service. There was evidence that the centre manager monitored centre records. Records regarding the use of petty cash are maintained and signed by staff at the end of each shift. Staff informed inspectors that the centre had sufficient financial resources to provide good quality care. It is centre policy that all records relating to the young people in placement are returned to the placing authority when discharged from the centre.

3.2.2 Practices that met the required standards in some respects only

Register

The centre manager maintained a register to record all admissions and discharges at the centre. The name and address of parents were not entered on the register and therefore did not comply fully with the requirements of the Child Care (Placement of Children in Residential Care) Regulations, 1995.

The inspectors recommended that the name of the allocated social worker and the placing area is also identified on the centre register. There was a protocol in place whereby the centre manager notified the local Child and Family Agency area manager and the monitoring officer in writing of all admissions and discharges.

Staffing

The centre manager stated that the programme of care was dependent on staff that had a positive regard for the young people in their care. There was evidence that the directors had selected staff members that were competent, trained and supported in the knowledge, skills and values necessary to deliver the model of care and positive regard for the young people in their care.

Inspectors found there was a sufficient number of staff with a varied skills mix to deliver the service as set out in the statement of purpose and function. The team comprised of a core group of six male care staff and one female who was the appointed staff development officer. All staff members had relevant equivalent qualifications and experience in youth and community work. Inspectors found there was sufficient numbers of experienced social care staff on the team. The centre manager stated that the staff roster was structured to meet the needs of the young people and to ensure their safety and welfare. There were always two staff members on duty who worked from 10am to 12pm the following day and they provided sleepover cover at the centre.

An audit of the personnel files was carried out. Personnel files were well organized. Inspectors found that verbal checks were evidenced on the personnel files. Garda vetting was on file for all employees. Where required police checks were secured and placed on file.

Three references were secured for all but one staff member. Inspectors found that one recently recruited staff member worked at the centre alongside the centre manager prior to receipt of the three required references. Inspectors informed that centre manager that all three references must be secured prior to the staff member working at the centre again. The references outstanding were secured and examined by the inspector prior to writing this report. All staff had contracts of employment and a job description. There was evidence that the new staff member had participated in a staff induction process.

Supervision and Support

The centre had a written supervision policy. Staff supervision files were subject to inspection. Supervision records were stored in a secure cabinet. The centre manager did not have a formal structured supervision process in place for himself at the time of the inspection. The centre manager, deputy manager, and the senior practitioner had each been assigned responsibility to undertake formal supervision with specific members of the care team. Inspectors felt that this was not conducive to ensuring clear lines of accountability for practice and did not facilitate a consistent and coherent supervision process. The centre manager should review the current supervision structure within the centre.

Inspectors found that the supervision process could be more robust in terms of getting staff to reflect on their individual skills and individual work with the young person. Supervision records should evidence that key-work and individual work is reviewed and linked to the centre's individual development plans (placement plans).

The centre manager and the staff development officer had completed supervision training in a recognized model of supervision practice.

Inspectors recommended that the staff supervision schedule is displayed in the office. Where planned supervision is re-scheduled this should be evidenced on the supervision records. Inspectors found that supervision was not conducted within the time frames set out in the supervision contracts.

Team meetings were undertaken every four weeks and a structured handover meeting was undertaken every day at when staff came on duty. The meeting records were examined by inspectors and showed that there was good staff attendance at monthly staff meetings. The inspectors attended a staff meeting during the inspection process.

The inspectors found that these meetings contributed to the placement planning process and consistency amongst the staff team so as to ensure the implementation of agreed programmes of care for young people as outlined in the individual development plans. The development officer attended staff meetings. There was evidence that team members were confident to challenge colleague's practice and give feedback to each other. A whistle blowing policy was developed by the organisation and was outlined in the health and safety statement.

The centre manager and the deputy manager within the organization provided an out-of-hours on-call service for the staff on duty.

The organization had developed a stress management policy for staff to provide guidance for staff in relation managing stress and the supports available to staff in circumstances where they may be experiencing stress within the work environment. At the time of the inspection the team was planning to undertake a team building 'away day' in the coming month. There was evidence that the manager provided specific debriefing support following critical incidents

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 6, Paragraph 2, Change of Person in Charge -Part III, Article 16, Notification of Significant Events.*

The centre has not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 7, Staffing (Numbers, Experience and Qualifications) -Part III, Article 5, Care Practices and Operational Policies*

Required Actions

- The centre manager must ensure that the name and address of parents is entered on the register to ensure compliance with the requirements of the Child Care (Placement of Children in Residential Care) Regulations, 1995.
- The centre manager must ensure that three references are secured for staff members prior to their employment at the centre. One reference must be from their most recent employer.
- The centre manager must ensure that formal staff supervision is conducted in accordance with the organizational policy.
- The centre manager must ensure staff supervision is undertaken in a manner that ensures clear lines of accountability for practice and facilitates a more consistent and coherent supervision process.

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 authorized person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

3.3.1 Practices that met the required standard in full

The support inspector assessed this standard as the lead inspector also undertakes the monitoring function under the Child Care (Placement of Children in Residential Care) Regulations, 1995. The centre manager was aware of the dual role undertaken by the local Child and Family Agency inspector/monitoring officer and was able to distinguish the difference between the two roles. The monitoring officer had undertaken three monitoring visits to the centre since it was first registered. Dates for visits to the centre were set out in the monitoring officer's work plan and monitoring visits were undertaken every six to eight weeks approximately. Two unannounced visits were undertaken since the centre was established. There was evidence that the monitoring officer met with the staff and the young people on visits to the centre and read and signed the records held at the centre. The monitoring officer confirmed that she received prompt notification of all significant events. There was evidence that the monitoring officer responded to all significant event notifications either by email or telephone contact and provided advice and support to the centre in relation to best practice. There were no written monitoring reports completed prior to the first full inspection.

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 authorized 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

There was evidence of a genuine engagement of the young people in decision-making processes and staff outlined the importance of creating opportunities for experiential learning thus enhancing each young person's resiliency.

The inspectors found evidence that young people's rights were valued and respected by the staff team. The centre manager had made contact with the national advocacy group Empowering People in Care (EPIC) and one of their advocates visited the centre. Information on EPIC was available to young people at the centre.

Centre policy and practice acknowledged young people's right to privacy. There was evidence that day-to-day living arrangements respected the young people's dignity and privacy. Young people were allowed to make and receive telephone calls in private.

The level of consultation with young people in relation to daily planning was good. Staff promoted young people's right to liberty and free movement and managed behaviour without the need to use coercive or restrictive practices. Care files reflected the inclusion of young people and families in decision-making processes where appropriate and demonstrated the support provided to use advocacy and guardian *ad litem* services.

The level of consultation with young people and their families in the preparation of care plans and their participation in statutory reviews was good. The young people were supported by staff to participate in their statutory review meetings and the staff team conducted the meeting in a manner that supported and encouraged participation.

Inspectors found that the care programme at the centre is very much led by young people. Young people in placement are actively encouraged to exercise choice and participate in decision-making about their life. Young people's views are sought about various aspects of daily living through house meetings and key-work sessions. Records of house meetings were examined by inspectors. House meetings allowed for discussions around recreational activities, daily living, family contact where young people were encouraged to participate and make positive choices and express views on the issues that affected them.

External professionals informed inspectors that the staff team were strong advocates for young people in placement. There was evidence that young people were supported to exercise their rights. The young person interviewed by inspectors stated that they felt listened to by staff.

Access to Information

Young people were provided with information on their right to access information. Staff interviewed stated that they offered young people opportunities to read the daily log books. Inspectors advised that this should be noted by staff on the daily log books. Inspectors felt that key-workers could be more proactive to encourage and support young people to access information held on their file and in their daily logs as appropriate to their age and level of understanding.

3.4.2 Practices that met the required standard in some respects only

Complaints

Inspectors found that there was a written complaints policy and procedure in place. Young people were aware of their right to make a complaint about any aspect of their care and could identify people to whom they could make a complaint. Complaint cards were available in the centre which provided a means for young people to make a written complaint and the card identified the people to whom they could make a complaint. Staff were aware of the purpose of a complaints procedure and there was evidence on the records of how young people's individual concerns were resolved.

The young person interviewed by inspectors had no complaints about the service and was satisfied with the care received at the centre.

The centre had developed child-friendly written information on the centre's complaint's process and this was available to young people at the centre.

The centre had established a complaints register. There were no complaints recorded in relation to care practices, standards of care or the management of behaviours that challenge. The inspectors advise that complaints and the status of an investigation into any complaint made should be a standing item for review on every team meeting agenda.

The social worker had not provided the young person with the Child and Family Agency complaints document for young people in care 'Speak Up, Speak Out'

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 not 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 social worker must provide the young person with the Child and Family Agency complaints document for young people in care 'Speak Up, Speak Out'.

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 placement and admissions

Inspectors found there was good attention paid to planning and preparation, in conjunction with other relevant professionals, prior to an admission to the centre. There were good transition plans in place which benefitted the young people in preparation for the move. Referral documentation and the pre-admission risk assessment were completed by the placing social worker prior to admission.

The centre manager stated that all referrals would be subject to careful placement mix assessment by the staff team in conjunction with referring social workers and social workers with young people in placement.

Statutory care planning and review

Care planning and statutory review processes were in place for young people in placement. A review of care files found that care plans were comprehensive, and based on assessed need, with clear roles, responsibilities and timeframes outlined for completion of tasks identified. Reviews were undertaken in compliance with the standards and regulations and demonstrated consultation with young people, parents and other professionals.

Individual development plans (placement plans) were subject to monthly review by the team to assess progress against the identified goals. Inspectors recommended that the outcome of key-work interventions should be recorded on the individual placement plan.

The care file demonstrated good coordination and consultation with all relevant personnel. The statutory care plan on file for one young person was developed prior to the current placement and outlined the transition process. The social worker informed the inspectors that the care plan had been updated following the recent

initial statutory review and would be forwarded to the centre in the coming days. The inspector subsequently examined the updated care plan that was forwarded to the centre. The social worker stated that the next statutory review would take place within six months of the initial review.

The individual development plan (placement plan) was drafted at the time of the inspection and was placed on file. The individual development plan was examined by the inspectors and was found to be comprehensive and detailed all relevant aspects of the young people's welfare and development. The plan detailed specific tasks to be undertaken to address the needs identified under specific areas. These plans were congruent with known information, the care plan and the behaviour and defined therapeutic responses. The inspectors recommended that the individual development plan record the outcome of specific goals/ interventions in order to track progress.

Key-working was consistent with the areas identified in the individual development plan. There was evidence that the individual development plans were reviewed by the team once a month and with key-workers in the context of formal supervision.

Contact with families

Inspectors found that the centre staff facilitated, promoted and supported family contact to ensure that young people in placement had regular contact with family members and/or significant others. The staff team had established significant and trusting relationships with family members within a short period of time. They spent considerable time with family members and their engagement with family clearly helped to support the placement. A copy of contact arrangements agreed at the statutory review was held on file. At the time of the inspection one young person spent every weekend with relatives. This was agreed on admission and contact arrangements were reflected in the young person's care plan. This contact was important to the young person and the centre staff recognized the significance of this contact for the young person. On-call support during family contact was evidenced on the record. Regular telephone contact with parents, siblings and significant family members was maintained. A parent interviewed by the inspector was aware they could raise any concerns about their child's placement with the centre manager, centre staff and/or social worker. The parent interviewed by the inspector was satisfied with the quality of care at the centre.

Emotional & specialist support

Relevant specialist reports were held on the individual care file at the centre. There was appropriate psychological support and referrals to other specialist services had been made. Inspectors found that young people received the emotional and physical care they required on a day-to-day basis. Central to the programme of care was the development of positive relationships between staff, young people and their extended family. Inspectors observed appropriate interactions that were warm and respectful. There was evidence that the staff provided significant emotional support to young people. There was evidence that the staff members were attuned to young people's emotional and psychological needs and practice was responsive to these identified needs.

Preparation for leaving care and aftercare

The social worker had recently met one young person and outlined the aftercare supports available to them in preparation for leaving care. The social worker had completed a referral to the Child and Family Agency aftercare service and at the time of the inspection was awaiting the allocation of a leaving and aftercare worker.

Staff at the centre encouraged the young person to undertake his own laundry, cook some of his own meals and keep his personal space clean and organized. The young person participated in grocery shopping with the team. There was evidence of staff encouraging, supporting and teaching independence living skills in the course of the inspection.

Discharges

There were no discharges from the centre since registration in April 2015.

Children's case and care records

Care records were found to be legible, organized and accessible. A secure individual care file was maintained for young people at the centre. The required regulatory documents were evident on individual care files. Individual key-work was recorded on the files. Planned training for staff on report writing and record keeping will further assist staff in this area of practice.

3.5.2 Practices that met the required standard in some respect only

None identified.

3.5.3 Practices that did not meet the required standard

None identified.

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.

3.5.4 Practices that met the required standard in full

Supervision and visiting of young people

The social worker allocated to the young person in placement visited the centre on a regular basis and these visits were evidenced on the records. The social worker was provided with the opportunity to meet with the young person in private. The social worker maintained a record of every visit and the outcome of each visit. The centre maintained a record of all social work visits to the centre. The social worker was aware of his responsibility to read and sign the care file and daily logs occasionally.

Social Work Role

The young people in placement to date had an allocated social worker on admission. The social worker interviewed by inspectors had a good understanding of the care approach. The social worker confirmed that there was regular communication with the centre manager through emails and telephone contact. The social worker was satisfied that he was notified of all significant events in a timely manner and received written reports from the centre about these events. The social worker received a copy of the individual development plan and had reviewed the relevant absence management plan.

The social worker was confident that he could raise any issue or concern about care practices with the centre manager or staff member if necessary. The social worker described the staff as professional in their approach, supportive of the young person at all times and courteous and co-operative with external professionals.

3.5.5 Practices that met the required standard in some respect only

None identified.

3.5.6 Practices that did not meet the required standard

None identified.

3.5.7 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 Authorized Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision

3.6 Care of Young People

Standard

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

3.6.1 Practices that met the required standard in full

Individual Care in Group Living

Inspectors found the standard of primary care was good. Inspectors found that the young person was cared for in a manner that took account of their wishes, preferences and individuality.

Young people in placement received weekly pocket money and mobile phone credit. Bedrooms were nicely decorated with personal possessions.

Inspectors found that individual work carried out by key-workers was carefully planned and specific to the individual needs of the young people. Key-work was regularly reviewed and evaluated.

Provision of food and cooking facilities

Young people benefitted from varied, home cooked and healthy menus that provided a balanced diet and took into account dietary needs as well as personal preferences. There was evidence that young person was involved with staff in weekly menu planning and assisted staff with cooking the main meal of the day during the inspection. The inspectors had lunch and dinner at the centre and found that there was good social interaction around mealtimes. There was an expectation that the young people in placement and staff sit and eat meals together on a daily basis.

Race, culture, religion, gender and disability

The centre had a written policy on recognizing diversity and on anti-discrimination practice. Inspectors found that the staff made every effort to ensure that the young people in placement enjoyed, in so far as is possible, the same opportunities as their peers.

Managing behaviour

A written policy in relation to the management of behaviour was in place. The centre recognized the validity of the young person's involvement in the process of experiential learning, that is, 'learning by doing'. There was evidence that staff assisted the young people to engage in social learning through their involvement in understanding the need to develop appropriate boundaries and upholding the limits of safe and acceptable behaviour as agreed.

Staff helped young people to understand the rationale behind the boundaries and expectations established. There was evidence that staff were confident to use their professional judgment and their relationship with the young person to support behaviours that challenge. Positive behaviour was praised and personal struggles were recognized and acknowledged with young people. Staff helped the young people to reflect on the impact of making poor choices in relation to their behaviour and the potential outcome of poor decision-making. Consequences for poor behaviour were recorded in a separate book and monitored by the centre manager. Consequences generally involved the young people participating in a specific piece of individual work where there was a clear learning outcome.

The staff team was trained in Therapeutic Crisis Intervention (TCI) and used this intervention model to de-escalate and support young people in crisis. The principles and practices of this crisis intervention model are reflected in the individual crisis management plans (ICMPs). The ICMPs on file were detailed and identified triggers, indicators of distress and associated management strategies. The ICMPs were subject to regular review and new and emerging behaviour patterns were accounted for in updated plans. The centre manager should ensure that social workers received a copy of the ICMPs.

Absence without authority

There was evidence that the centre staff reported and managed absences from the centre in accordance with the TUSLA/Garda Síochána Protocol for Children Missing from Care. Staff members interviewed by inspectors were familiar with this protocol. An absence management plan was developed for the young person in placement and was signed by the social worker and the centre manager. Influencing and precipitating factors of absence were noted on the plan. A date for the review of the plan was evident on the record. At the time of the inspection there was one incident of an unauthorized absence from the centre.

3.6.2 Practices that met the required standard in some respect only

Restraint

Inspectors found that the individual crisis management plan on file indicated that physical restraint could be employed as a last resort however the specific type of restraints and/or physical interventions that may be employed to minimize the risk of harm were not identified on the plan. Staff must be fully aware of the agreed physical restraint holds/interventions that may be employed. The approval to employ specific physical restraint holds should be noted in the risk management plan and the care plan.

The centre staff maintained a logbook where restraint and physical interventions were recorded. The centre manager monitors this logbook. There were no incidents where physical restraint was employed to manage crisis behaviour. Staff had up-to-date training in the approved model of behaviour management.

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

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 16, Notifications of Physical Restraint as Significant Event.***

Required Action

- The centre manager must provide the social worker with a copy of the ICMP.
- The centre manager must ensure that all staff are fully aware of the approved physical restraint holds and interventions that may be employed when supporting crisis behaviour.
- The centre manager must ensure that the specific restraint interventions approved should be recorded on the ICMP.

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

Safeguarding

There was evidence that safeguarding measures were appropriately put in place to address risks for young people as they arose.

There was evidence of safety planning and information sharing in support of safeguarding the young people. The manager and staff demonstrated a good knowledge of risk associated with the provision of care. The care records demonstrated that individual risk assessments and management plans regarding individual care approaches and presenting 'at risk' behaviours were undertaken which provided an adequate assessment of risk.

Staff interviewed displayed an awareness of events or circumstances that might trigger 'high risk' behaviour. There was evidence that centre staff placed a lot of emphasis on keeping the young people safe.

The inspectors found that the staff team had an awareness of safeguarding practices. Staff identified safe care practices when young people were undertaking bedtime routines, personal care routines, one-to-one work and external activities. The inspectors advised that safe care practices are reviewed regularly at team meetings.

All outings were planned and risk assessed prior to the event. A contract in relation to use of mobile phones was established with young people. Appropriate consent signed by the social worker was on file in relation to taking photographs of young people.

The centre had written guidelines on the nature of appropriate professional relationships between staff members and young people, including one-to-one contact and lone working.

There was evidence that staff reflected on their practice with their colleagues and had the ability to challenge poor practices and bring it to the attention of the centre manager.

Staff and managers interviewed stated there was an open culture to express concerns or challenge practice and this was evident to inspectors in the course of the team meeting.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

3.7.4 Practices that met the required standard

There were adequate measures in place to safeguard and protect young people from abuse. The centre had a comprehensive written policy on safeguarding and child protection that was consistent with the National Guidelines for the Protection and Welfare of Children (2011). The Inspectors recommend this policy is signed by all staff members to indicate they have read and understood the policy. The centre manager and staff interviewed were aware of their responsibilities for the reporting of child protection concerns to the social work department. The centre manager was the identified designated liaison person and staff were familiar with the role of the designated liaison person for reporting abuse or neglect. The deputy manager was the deputy designated liaison person. Training in Children First: National Guidance for the Protection and Welfare of Children (2011) was scheduled to be undertaken by all staff members in July 2015.

At the time of writing this report all but one staff member had completed 'Always Children First' Foundation Training Course. There were arrangements in place for this staff member to undertake the training at the earliest opportunity. The inspector saw evidence of this training on staff files and the centre training database.

There were no allegations against staff since the centre was first registered. No child protection concerns had been reported to the Child and Family Agency to date. The inspectors recommended that child protection concerns should be a standing item on the agenda at every staff meeting.

3.7.5 Practices that met the required standard in some respect only

None identified.

3.7.6 Practices that did not meet the required standard

None identified.

3.8 Education

Standard

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

3.8.1 Practices that met the required standard in full

The young person in placement had completed his formal education. At the time of the inspection the staff team were supporting the young person to consider undertaking formal training in outdoor pursuits. They were also exploring the options of pursuing vocational training in the evening with the staff in the centre. There was evidence that staff used opportunities as they arose to assist the young person to further develop literacy skills.

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

None identified.

3.9.2 Practices that met the required standard in some respect only

The young person did not undertake a medical assessment on admission. There was no record on the file indicating that the social worker and the centre manager were satisfied that a medical assessment on admission was unnecessary. The young person was registered with the local general practitioner and had an individual medical card. Written consent regarding emergency medical treatment was evident on file. Dental and ophthalmic services were accessed where required.

The individual care records contained information on medical appointments, medical interventions and the outcome of interventions. There was no record of immunization history on file at the centre.

Case records contained a clear record of all medication administered both prescribed and across the counter.

There was evidence that young people were encouraged to maintain a healthy lifestyle. Staff ensured the young people undertook a physical activity every day. At the time of the inspection the young person was responsive to all the outdoor activities and recreational activities on offer at the centre. There was a strong emphasis on establishing a daily routine in relation to undertaking physical/recreational activities.

There was evidence within the placement plan that the key staff undertook health and sexual education programmes with young people. There was evidence that staff informed the young people about the health issues associated with smoking. Staff placed emphasis on supporting and encouraging young people not to smoke.

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 not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

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

Required Action

- The centre manager must ensure there is a record on the file indicating that the social worker and the centre manager were satisfied that a medical assessment on admission was unnecessary for the young person.
- The social worker must provide the centre manager with a record of the young person's immunization history and this record should be secured on the individual care file.

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 on a one acre site on the outskirts of a small rural village. Inspectors were satisfied that the accommodation was fit for purpose. The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The centre was clean and well maintained. The centre had adequate private and communal space. Young people had their own bedroom that had storage space for the young person's personal belongings. The director provided evidence that the centre is adequately insured against accidents and injuries to staff and young people.

The inspectors recommend that the grounds around the house be further developed to facilitate young people to engage in play/recreational/outdoor projects.

3.10.2 Practices that met the required standard in some respect only

Maintenance and repairs

The service had an identified maintenance worker. Inspectors found that routine maintenance and repair work was carried out in a prompt manner. The centre manager should ensure a maintenance logbook is kept up to date and monitored on a regular basis to ensure all maintenance issues are identified and dealt with.

Bathroom/Shower area should have appropriate globe light fitting installed as the current light fitting presents a potential hazard in a shower area.

Safety

The centre had a named health and safety representative. The centre had recently developed a comprehensive health and safety statement for the service. Emergency contact numbers were recorded on the safety statement. All members of the staff team should undertake training on the centre specific health and safety policy and all staff should sign the statement to evidence they have read and understood the policy.

The centre required a site-specific risk/hazard identification record which evidences that the house and its environs are risk assessed on a regular basis and to ensure there are effective ways of reporting potential health and safety hazards. Any concerns identified during the audit should be noted on the record. Daily checks on the centre's sharps box should be evidenced on a logbook.

All medicinal products were stored safely and securely in the staff office.

The team members used their personal vehicles to transport the young person. Staff files evidenced that the vehicles used to transport the young people were roadworthy, legally insured, taxed and driven by persons who were properly licensed.

The central heating system and boiler was serviced prior to registration in October 2014.

First Aid kits were placed in the centre and in the staff vehicle when going on outings with the young person. There was evidence on the record that monthly stock checks are undertaken on the First Aid kits. All accidents are recorded separately in a record book.

An audit of the food storage and food preparation areas was undertaken in May 2015 by a HACCAP Consultant and a written report on the findings of this audit was available for inspection. The recommendations outlined in this report were met at the time of the inspection. Inspectors noted there was no date identified on the report to evidence when the food hygiene audit was undertaken. The date should be evidenced on the report.

Fire Safety

Confirmation was secured from a suitably qualified health and safety and architectural consultant that the premises was in a sound structural state in terms of fire safety and design. A fire planning certificate was issued from the local County Council on 19th November 2014 and was granted with no conditions. The building had an appropriate fire detection and central alarm system and adequate exit availability in the event of a fire. Emergency lighting and self-closing fire doors were installed in the centre. Site-specific fire evacuation plans were displayed in the house. The installation certificate for the fire-fighting equipment was not on the fire register at the time of the inspection. This certificate must be secured. The annual maintenance check of the fire-fighting equipment is due to be undertaken in September 2015. Regular fire drills had been undertaken however these drills should be recorded on the new fire drill template. Any concerns identified following the drill should be recorded in the logbook. There was a fire safety representative appointed within the team whose role was to ensure compliance with the all fire safety policies and procedures. A fire safety audit was undertaken by staff in June 2015 and was evidenced on the fire safety records. The fire assembly point was identified outside the house and fire extinguishers and a fire blanket were located at identified fire points in the centre. The staff team undertook training in fire prevention and evacuation in May 2015. The centre had an up-to-date statement on fire safety.

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

The centre has not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996,*

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

-Part III, Article 13, Fire Precautions

Required Actions

- The centre manager must ensure a maintenance logbook is kept up to date and monitored on a regular basis to ensure all maintenance issues are identified and resolved.
- The centre manager must ensure that the bathrooms/shower area has a globe light fitting installed as the exposed light bulb fitting presents a potential hazard in a shower area.
- The centre manager must ensure that all members of the staff team undertake training on the centre specific health and safety policy and all staff must sign the statement to evidence they have read and understood the policy.
- The centre's health and safety representative must develop a site-specific risk/hazard identification record which evidences that the house and its environs are risk assessed on a regular basis and to ensure there are effective ways of reporting potential health and safety hazards.
- The centre manager must secure the installation certificate for the fire-fighting equipment should be held on the Fire Register.
- The centre manager must ensure the grounds around the house are further developed to facilitate young people to engage in play/recreational /outdoor projects.

4. Action Plan

Standard	Issues Requiring Action	Response
3.1	<p>The centre manager must ensure a date for review of the statement of purpose and function and the name of the person/s responsible for the review is clearly identified on the document.</p>	<p>This has been addressed. The centre manager and the staff development officer are nominated to review the document in January 2016. This is now written into the document.</p>
3.2	<p>The centre manager must ensure that the name and address of the young person's parents is entered on the register to ensure compliance with the requirements of the Child Care (Placement of Children in Residential Care) Regulations, 1995.</p> <p>The centre manager must ensure that three references are secured for all staff members prior to their employment at the centre. One reference must be from their most recent employer.</p> <p>The centre manager must ensure that formal staff supervision is conducted in accordance with the organizational policy.</p> <p>The centre manager must ensure staff supervision is undertaken in a manner that ensures clear lines of accountability for practice and facilitates a more consistent and coherent supervision process.</p>	<p>This information has been added to the Centre Register.</p> <p>There are three references secured and placed on file for all staff members.</p> <p>The supervision process is currently under review using a recognized model of supervision.</p> <p>Social care practice guidelines recommend supervisors should supervise no more than four individuals at any one time. The centre manager will consult with monitoring officer as part of the supervision review process.</p>

Standard	Issues Requiring Action	Response
3.4	The social worker must provide the young person with the Child and Family Agency complaints document for young people in care 'Speak Up, Speak Out'.	This document will be delivered at the next visit to the young person in November 2015. Social worker has informed young person of his rights and young person was linked into EPIC since admission to centre.
3.6	<p>The centre manager must provide the social worker with a copy of the ICMP.</p> <p>The centre manager must ensure that all staff are fully aware of the approved physical restraint holds and interventions that may be employed when supporting crisis behaviour.</p> <p>The centre manager must ensure that the specific restraint interventions approved should be recorded on the ICMP.</p>	<p>This was completed and signed off by social worker on the 13/08/15</p> <p>This was clarified at the team meeting held on the 25/06/15 and further subsequent team meeting held on 11/09/15</p> <p>This was completed on the 07/07/15</p>
3.9	<p>The centre manager must ensure there is a record on the file indicating that the social worker and the centre manager were satisfied that a medical assessment on admission was unnecessary for the young person.</p> <p>The social worker must provide the centre manager with a record of the young person's immunization history and this record should be secured on the individual care file.</p>	<p>GP appointments were offered on admission to centre. Full medical assessment was completed in June 2015. Social worker and centre manager received copy of medical assessment.</p> <p>Social worker will obtain vaccination records from HSE.</p>

Standard	Issues Requiring Action	Response
<p>3.10</p>	<p>The centre manager must ensure a maintenance logbook is kept up to date and monitored on a regular basis to ensure all maintenance issues are identified and resolved.</p> <p>The centre manager must ensure that the bathrooms/shower area has a globe light fitting installed as the exposed light bulb fitting presents a potential hazard in a shower area.</p> <p>The centre manager must ensure that all members of the staff team undertake training on the centre specific health and safety policy and all staff must sign the statement to evidence they have read and understood the policy.</p> <p>The centre's health and safety representative must develop a site-specific risk/hazard identification record which evidences that the house and its environs are risk assessed on a regular basis and to ensure there are effective ways of reporting potential health and safety hazards.</p> <p>The centre manager must secure the installation certificate for the fire-fighting equipment should be held on the Fire Register.</p> <p>The centre manager must ensure the grounds around the house are further developed to facilitate young people to engage in play/recreational /outdoor projects.</p>	<p>This is currently under development in conjunction with existing maintenance records and maintenance worker. This will be completed and forwarded to inspectors by the 30th October 2015.</p> <p>This issue has been resolved.</p> <p>This training took place on 11th September 2015.</p> <p>This is currently under development and will be completed and evidenced by 30th October 2015.</p> <p>The installation certificate for fire-fighting equipment was secured in September 2015.</p> <p>The centre management continues to maintain a high standard of exterior grounds and continues to explore creative ideas for further development of same.</p>