



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 093

Year: 2015

Lead inspector: Lorna Wogan

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

Registration and Inspection Report

Inspection Year:	2015
Name of Organization:	Gateway Organization Ltd
Registered Capacity:	Single Occupancy
Dates of Inspection:	24th and 25th February
Registration Decision:	Registered without attached conditions from 15th August 2014 to 15th August 2017
Inspection Team:	Lorna Wogan Lorraine O'Brien
Date Report Issued:	19th June 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 fulfill 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 duly made by the proprietors of this centre for registration of a single occupancy residential centre on 1st August 2014. The centre was registered without attached conditions on 15th August 2014. This announced registration inspection took place on 24th and 25th February over a two day period and this report is based on a range of inspection techniques including:

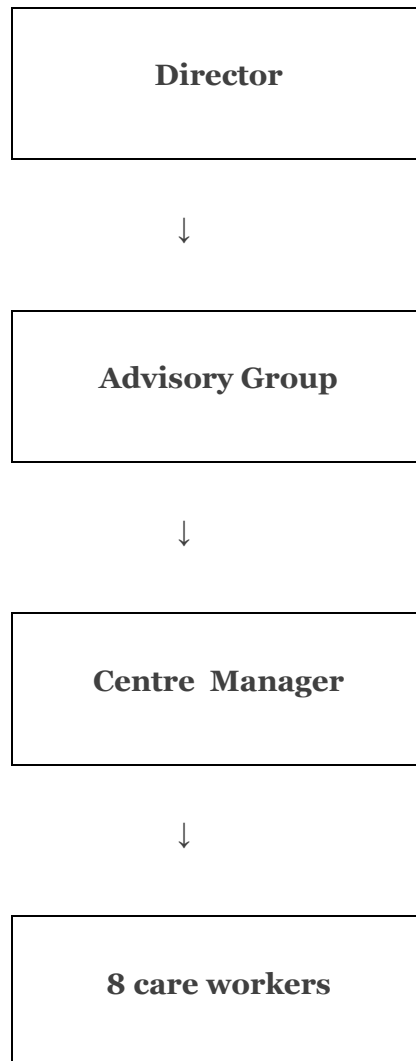
- ◆ An examination of the centres' application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the centre manager.
- ◆ An examination of the questionnaires completed by:
 - a) Eight of the care staff
 - b) The young people residing in the centre
 - c) The allocated social worker with responsibility for the young person
 - d) Consultant psychiatrist
 - e) Educational forensic psychologist
 - f) Key-worker
 - g) Programme/assessment coordinator
 - h) Private tutor
 - i) Service director
 - j) Chairperson of advisory group
- ◆ An examination of the most 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.
- ◆ An examination of the centre's files and recording process.
- ◆ Attendance at team meeting and staff team handover
- ◆ Observations of care practices and the staff/ young person's interactions.

- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - (a) The centre management
 - (b) Young person in placement
 - (c) Four staff
 - (d) Service director
 - (e) Assessment/programme coordinator
 - (f) Social worker
 - (g) Parents of young people in placement
 - (h) Private tutor
 - (i) The monitoring officer
- ◆ Observations of care practices, routines and the staff/ young person's interactions.

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

The Inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young person, 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 8th May 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 this centre, ID Number: 093, 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 15th August 2014 to 15th August 2017.**

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

The centre had a written statement of purpose and function relevant to the application. This statement was developed in July 2014. The statement of purpose and function specified the population catered for, outlined the ethos and aims of the centre, the approach to working with young people and key policies and procedures. Inspectors found there was no date identified to review the statement of purpose and function. The name of the person/s responsible for the document review must also be identified on the front cover of the statement of purpose and function.

The centre had a comprehensive written policy and procedure document. This document had recently been reviewed and updated and was in the second draft at the time of the inspection. There was evidence that the centre manager ensured staff were familiar with newly developed policies and procedures.

A young person's handbook provided information on the centre to young people and they were involved in developing an information leaflet about the centre in conjunction with the staff team.

The aims and ethos of the service was to provide unconditional care and education through an individually tailored programme delivered to young people in a safe environment. Inspectors found through interviews and a review of the centre recording systems that the purpose and function was realized in practice and that the management, staff, social worker and other external professionals had a clear understanding of the organizations approach to working with young people and their core principles, ethos and values.

The Director provided evidence that the service continued to develop the model of care operating within the centre and build on the staff skills and expertise.

Inspectors found that the core principles of practice were based on resilience, understanding trauma and attachment. The day-to-day operation of the centre reflected the statement of purpose and function.

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 name of the person/s 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

Inspectors found that the director was aware of his role and responsibilities in relation to the governance and management of the service. Formal monthly meetings were held with centre managers within the service. These meetings provided an opportunity for centre managers to meet formally with the director and review and examine operational issues relevant to each centre. Records of these meetings were held on file.

The director stated he visited the centre occasionally and met with the staff on duty and the young person. In the course of these visits he periodically examined the daily logs and other records to ensure they were maintained to a good standard. Inspectors advised that the director sign records examined and provide documentary evidence of his visit to the centre and any actions to be taken as a result of this visit.

The organization's advisory group consisted of a chairperson and six ordinary members who have specific expertise including corporate governance, child welfare, human resources, assessment, effective administration and the provision of quality care. The advisory group had written terms of reference in relation to their role within the organization and met on a bi-monthly basis. Service development, policy development, complaints and child protection concerns are a standing item on the agenda of their bi-monthly meetings. Minutes of these meetings were reviewed by the inspectors. The centre manager was required to present an annual report on the operation of the centre to the advisory group meeting. The advisory group also had responsibility to manage complaints and appeals that cannot be resolved through normal channels. The director stated that the chairperson of the advisory group will commence visits to the centre once every six months to provide external oversight of practices.

The director received a copy of all significant event reports and weekly written reports relating to young people residing within the centre.

The therapeutic programme at the centre was supported and reviewed by the organizations programme coordinator. A forensic educational psychologist supervised the work of the programme coordinator. This professional was an external consultant employed by the organization. There were a number of internal systems in place to evidence and review the progress of young people for example through monthly key-work meetings.

The centre manager was well established as a manager within the organization. The centre manager was appropriately experienced and qualified to undertake the management role and responsibilities within the centre. The inspectors were informed that the centre manager was also responsible for managing another centre within the organization and divided her working week between both centres. The inspectors were of the view that if the demands in the other centre increased the centre manager would not be in a position to manage both centres effectively. The inspectors stated that there should be a person-in-charge available at the centre each day to monitor, guide, coordinate and supervise practice at the centre. The director and the centre manager indicated that there were plans in place to address this matter and the director confirmed that the issue would be resolved within the following two months.

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. The centre manager had regular meetings with the organizations human resource (HR) consultant and had received training and advice in this area of responsibility. The centre manager had applied to undertake recognized management training course and will be supported by the organization in undertaking this course.

Overall the inspectors found there were good systems in place in relation to the governance and management of the centre and were of the view that the planned external oversight of the centre by the chairperson of the advisory group will further enhance and strengthen governance within the organization.

Register

The centre manager maintained a register at the centre. The inspectors were satisfied that the register complied with the Child Care (Placement of Children in Residential Care) Regulations, 1995. The inspectors recommend that the centre manager identify the placing Child and Family Agency (CFA) area on the register. The centre manager notified the local CFA area manager and the monitoring officer in writing of admissions and discharges.

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 were promptly notified to the principal social worker, supervising social worker, director, programme coordinator and the monitoring officer. Significant event reports were stored on individual care files. There was evidence that 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 worker and the monitoring officer were satisfied that all significant events had been reported in a prompt manner. Inspectors found a high 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. At the time of the inspection the director was developing an electronic database to store information on all significant events reports within the organization.

Supervision and support

The centre had a written supervision policy. The external consultant had recently commenced developmental supervision with the centre manager. The inspectors reviewed the minutes of the initial supervision session. Supervision was to be provided every eight weeks and a date had been identified on file for the next supervision session. Inspectors recommend the centre managers supervision records outline a more detailed account of the issues discussed and decisions taken. A supervision contract between the centre manager and the supervisor had not been established and inspectors recommend a written contract is developed and held on file.

Staff supervision files were inspected. There was evidence the centre manager provided regular formal supervision, every four to six weeks, to all members of the team. Each staff member had a supervision contract on file. Supervision records were stored in a secure cabinet. There was a comprehensive template for recording staff supervision. The staff supervision schedule was displayed in the office. The records evidenced that staff received regular supervision in accordance with the organizational policy. There was evidence that individual work, key-work, significant events and placement plans were reviewed within supervision. There was evidence that staff were provided with the opportunity to raise concerns in supervision and practice issues were addressed in this forum. The records indicated that staff received feedback on their work from the centre manager and training needs were identified in the context of supervision. This was confirmed by staff members interviewed by the inspectors. When planned supervision had to be re-scheduled this was evidenced on the record.

Annual appraisals with all staff were undertaken by the centre manager and the HR consultant in July 2014 and a record of each appraisal was held on the staff supervision file. Inspectors were of the view that the supervision process could be further enhanced with the provision of additional training for the centre manager in this area of practice.

The centre manager had not been subject to an annual appraisal of her work since her employment. The director should ensure that the centre manager is subject to a similar appraisal process as all other employees.

The programme coordinator was supervised by the organizations external educational psychologist and met him on a monthly basis to review their work. The programme coordinator also had regular telephone contact with the consultant where additional guidance or support was required. The organization's attachment specialist also provided guidance and support to the centre managers and staff where required in the interim periods between team training.

Team meetings were undertaken every three weeks and a structured handover meeting took place every day when staff came on duty. The records showed there was good staff attendance at staff meetings. The support inspector attended a staff meeting. The inspector 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 the young people as outlined in the recovery plan.

The programme coordinator attended staff meetings and reviewed the individual therapeutic plans and outcome reports with the team. The programme coordinator provided support and guidance to the staff in relation to key-work, individual work and opportunity led work.

There was evidence that team members were confident in challenging a colleague's practice and giving feedback to each other.

The centre manager and other managers within the organization provided an out-of-hours on-call service for the social care team.

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.

Training and development

The inspectors found that the organization placed a strong emphasis on training and the on-going development of skills within the team. Training required the staff to develop 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 organization had an effective on-going staff development and training programme for the education of staff particularly in the area of attachment and managing behaviours that challenge. Attachment training was undertaken by the team every 6 weeks and new staff received foundation training in attachment. All staff interviewed stated that this training was highly beneficial to them in their work.

Relevant certified training to further develop and enhance the model of care at the centre was provided for staff in 2014. Three modules of this training programme were completed by the team.

Two staff members within the organization were trained to deliver certified training to support young people who display high risk behaviours. Staff were trained to employ physical interventions and restraint holds. All staff had completed the foundation training and the required refresher training was up to date. The majority of the team members had participated in applied suicide interventions skills training facilitated by the HSE. Fire safety training was undertaken in February 2015. Occupational first aid training was provided for staff that required it in April 2014 and Children First briefing was provided in February 2014.

The centre manager maintained a record of training attended by each member of staff. At the time of the inspection the director was developing an electronic system for capturing all data relating to staff training. There was evidence that individual training needs were discussed and identified in the context of staff supervision.

Administrative files

The organization had written guidelines for staff to support effective recording practices. The work within the centre was supported by a comprehensive recording system. Files and records were well organized and maintained in a manner that facilitated good communication and accountability. The defined therapeutic approach and the outcomes of the identified interventions are reflected in the centre records. There was evidence that the centre manager monitored all records. Clear records regarding the use of petty cash are maintained and signed by staff at the end of each shift. Staff stated that the centre had sufficient financial resources to provide good quality care. All petty cash records are forwarded to the service accountant. All records relating to the young people are kept in perpetuity. It was the policy of the organization that should the company cease to operate in the future the individual care records will be returned to the placing area.

3.2.2 Practices that met the required standards in some respects only

Staffing

Inspectors found there were adequate levels of staff to fulfill its purpose and function. All staff members were appropriately qualified. The staff team consisted of the centre manager and eight social care staff. There were four male staff and four female members of staff. There were always two staff members on duty that worked from 12pm to 12pm the following day and provided sleepover cover at the centre. The inspectors found evidence that the staff duty roster was structured to best meet the needs of the young person in placement and to ensure their safety and welfare.

There had been some staff changes due to internal staff redeployment in recent months however a core team of social care staff had remained consistent over the past 6 years. Only one staff member had resigned from the centre in the past 12 months.

An audit of the personnel files was carried out. Personnel files were well organized. Three references were secured for all but one staff member however a verbal reference had been secured by the centre manager and was recorded on the file. Verbal checks on references were evident for all newly recruited employees.

Garda vetting was on file for new employees and vetting was updated for all staff in 2014. Where required, police checks were secured and placed on file. Garda vetting was secured and updated for the director, the programme coordinator and the organizations external consultant. Verification of the external consultants' qualifications was submitted for inspection. Garda vetting had been processed for the chairperson of the advisory group. The centre manager should ensure that social care applicants provided references from relevant social care work placements in addition to their most recent employer if the most recent employment was not within a social care environment.

There was evidence on file that newly recruited staff members undertook a structured induction process that included 'shadowing' staff on duty prior to the commencement of employment.

All staff had contracts of employment. The HR consultant and the centre manager met with all staff members individually in early 2015 to discuss their employment contracts and conditions of employment. At the time of the inspection the director was in the process of issuing new employment contracts for all staff offering full-time permanent contracts or part-time permanent contracts following the required probationary period. A new staff contract and staff handbook had been developed and was recently circulated to all staff for consultation and review.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

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

Required Action

- The director must ensure that the person-in-charge is available at the centre every day to monitor, guide, coordinate and supervise practice at the centre.
- The centre manager must ensure that applicants provide references from relevant social care work placements in addition to their most recent employer where this employment is not within a social care environment.

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 Child and Family Agency inspector/monitoring officer and was able to distinguish the difference between the two roles. The monitoring officer had undertaken four monitoring visits to the centre in the previous five months. Dates for visits to the centre are set out in the monitoring officer's work plan and monitoring visits are undertaken every six to eight weeks approximately. Unannounced visits to the centre were built into the visiting schedule. There was evidence that the monitoring officer met with the manager, staff and the young person on each visit and read and signed the records held at the centre. There was evidence that the monitoring officer had regular contact with the principal social worker and the social worker. A written monitoring report dated December 2014 was completed and circulated to the relevant professionals. The report provided written commentary on the service and recommendations for service improvement. There was evidence that the recommendations highlighted following monitoring visits were promptly acted upon and this ensured that service continued to meet the requirements of the standards and regulations. The monitoring officer received a copy of all significant event reports. There was evidence that the monitoring officer responds to all significant events either by email or telephone contact. There was evidence that the monitoring officer provided advice and support to the centre in relation to best practice.

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.

Monitoring

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

Inspectors found evidence that the views of the young person were sought when decisions were made that affect their daily life and routine. This was confirmed through inspection interviews. There was evidence of involvement in the development of daily and weekly plans, thus the young person experienced a sense of inclusion and this further promoted a sense of well-being. Expectations in relation to behaviour and boundaries were clearly and effectively communicated. The centre handbook provided user-friendly information on young people's rights and responsibilities. House meetings, scheduled every three weeks before the team meeting provided an opportunity to express views and contribute to the care programme. There was evidence that the staff facilitated a number of requests made at house meetings. There was evidence that where it was not possible to act on requests made, the staff explained the reasons for this. The centre manager periodically attended house meetings. A record was held of the house meetings and issues raised are discussed at the team meeting.

There was evidence that the young person's views were represented at child-in-care reviews by both the key-worker and social worker. There was evidence that the young person was encouraged and supported by staff to attend the statutory child-in-care review meetings. There was evidence that the centre manager and key-workers were strong advocates for the young person at statutory reviews. The centre manager had made contact with the child in care advocacy group Empowering People in Care (EPIC) and had extended an invitation to their advocate to visit the centre. Information on EPIC was available at the centre.

Access to Information

Written information on young peoples' rights to access information was held at the centre. There was evidence that key-workers provided access to written information in accordance with the young person's 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 complaints procedure in place. The centre's complaints procedure was incorporated into the centres suite of policies. Inspectors found that the written complaints policy/procedure did not outline what constitutes a complaint, the purpose of a complaint's procedure, the stages that will be followed in addressing any complaint and how the person making the complaint can appeal a decision if they are unhappy with the outcome of an investigation by the organization.

Information on the complaint's process was outlined in the young person's handbook. There was evidence that the key-workers had provided information about the centre complaints procedure and the young person was aware of their right to make a complaint about any aspect of their care. Key staff and family members were identified as persons to whom a complaint could be reported to. The centre had established a complaints register. There were no complaints recorded on the register and the inspectors were informed through interviews that there were no grievances or complaints about the standard of care or practices at the centre to date.

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 ensure that the written complaints procedure in the updated draft policy document is more detailed to ensure it reflects the organizations agreed practice for managing complaints and best practice guidelines for managing complaints in children’s residential care centres.

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 that the placement was suitable to the specific needs of the young person in placement. The placement was supported by all relevant parties. The care plan indicated that the continued suitability of this arrangement would be subject to review at the six monthly statutory care plan reviews.

The centre’s referral documentation and the pre-admission risk assessment was completed by the placing social worker prior to admission.

As this application related to the registration of a single occupancy centre referrals will not be considered by the organizations admissions committee.

Statutory Care Plans

Inspectors found that the placement was supported by a statutory comprehensive written care plan developed by the social worker in consultation with all relevant parties. At the time of the inspection there was an updated care plan on file at the centre. The care plans examined by the inspectors were of good quality and clearly identified the young persons' needs and the aims and objectives of the placement. Actions were clearly set out in the care plans examined by the inspectors. The views of the young person and parents were reflected in the care plan. Parents informed inspectors that they received a written copy of the statutory care plan.

The individual placement plans were updated every three months in conjunction with the organizations overview of work undertaken. The placement plans examined by the inspectors were found to be comprehensive and detailed all relevant aspects of welfare and development. The plans detailed specific tasks to be undertaken to address the needs identified under specific areas. These plans were congruent with known information, the care plans and therapeutic response strategies. Key-working was taking place in accordance with the areas identified. There was evidence that the placement plans were reviewed with key-workers in the context of formal supervision, at monthly key-work meetings and at team meetings. The programme coordinator attended the staff meetings to support, guide and review the individual work and key-work undertaken.

Statutory care plan reviews

The statutory care plan reviews were held in accordance with the timeframes set out in the regulations. Statutory reviews were coordinated by the social worker and chaired by the principal social worker. There was evidence that the care plan was updated following every statutory review. The key-worker submitted comprehensive written reports to the statutory reviews. Parents attended and participated in statutory review meetings and they received copies of the reports presented to the meeting. The inspectors noted that shared-care meetings were conducted periodically and a record of these meetings was held on the care file.

Contact with families

Contact arrangements with family members were outlined in the statutory care plan. There was regular contact with parents and members of the extended family. There was evidence that family contact was regularly reviewed by the centre manager, social workers and parents.

Supervision and visiting of young people

Social work visits to the centre were in compliance with the statutory regulations. There was evidence of good communication between social work personnel and the centre staff. A record of social work visits to the centre was evidenced in the individual care file together with details of any action taken as a result of the visit. The young person had the opportunity to meet with their social worker in private and there was evidence that the social worker enquired about the welfare and happiness of the young person they supervised.

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.

Social Work Role

There was evidence that the social worker prepared the care plan and made arrangements to conduct care plan reviews. The social worker received copies of placement plans, weekly progress reports and significant event reports. There was evidence of regular communication with the centre manager through emails and telephone contact. Inspectors found there were effective working relationships between the social worker and the centre staff. The organizations programme coordinator met with the social worker to review the updated placement plans and other progress documents completed within the centre. The social worker confirmed they could raise any issue or concern about the standard of care with the centre manager if required and was confident any concerns would be addressed by the organization. The social worker was satisfied that the placement met the needs of the young person. Parents confirmed they had regular communication with social work personnel.

Emotional and specialist support

There was evidence that the staff team were attuned to the emotional needs of the young person. An external professional familiar with the centre stated that ‘the staff team worked with exceptional professionalism and dedication’. The key-workers interviewed by the inspectors were knowledgeable about the young person and their individual needs.

The young person had access to a range of specialist services. All specialist services were coordinated and reviewed at the statutory review. There was evidence that work between professionals was coordinated to meet the young person's identified needs. There was evidence that the findings and recommendations of specialist professionals were reflected in the care plans and the work of the centre staff. The organizations internal assessment was reviewed annually and review assessments were evidenced on the individual care files. With the support of the programme co-coordinator these assessments were considered by the team in the on-going development of placement plans and internal care programmes.

There was evidence that the organization were experienced and competent in supporting the young person and the wider family network. There was evidence of trusting and caring relationships with the care staff, in particular with key-workers and staff members known for many years. External professionals stated the staff team was committed to providing a supportive, safe, secure homely environment.

Preparation for leaving care

There was evidence on the key-work records that care staff undertook specific educative programmes to assist the young person to develop life skills. There was evidence that young people in care are referred by social work services to the leaving and aftercare services on reaching 16 years of age.

Children's case and care records

A secure individual care file was maintained at the centre. The file examined during the inspection process contained all the required statutory information. The recording systems were well structured and well maintained so as to ensure effective organization, placement planning and decision-making. Individual key-work was recorded on the files. There was a high standard of report writing across all the individual care records.

3.5.4 Regulation Based Requirements

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

Regulations 1995

-Part IV, Article 23, Paragraphs 1and2, Care Plans

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

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 excellent. Inspectors found that the care provided took account of the young person’s wishes, preferences and individuality. Family/staff team photographs were displayed throughout the home to increase a sense of belonging. Weekly pocket money was provided and the young person had opportunities to earn additional money each day by undertaking specific tasks. In preparation for adulthood the staff team encouraged and supported the young person to keep their room clean and tidy and undertake their own laundry.

Inspectors found that individual work carried out by key-workers was carefully planned, well documented on the care file and specific to the individual needs of the young person. Key-work was regularly reviewed and evaluated. There was evidence of well-structured daily routines which included education, free time and extra-curricular activities.

Key-workers met on a monthly basis with the programme coordinator and the centre manager to review and evaluate the key-work undertaken to date and to plan further key-work. Minutes of key-worker meetings and action plans are on file in the staff office.

The young person was supported to participate in activities with peers to help increase confidence and social skills. Inspectors found that the team members were attuned to emotional, psychological and developmental needs of young people, in particular, the need for socialization was recognized and attended to by staff given the nature of the placement.

The staff undertook planned outings and holidays during the summer months that were suitable to the young person's particular hobbies, interests and specialized needs. The inspectors noted that the team members were continuously seeking ways to engage the young person in activities that were safe and provided them with the opportunity for interaction with peers. All activities and outings were subject to risk assessment.

Provision of food and cooking facilities

There was evidence that varied, home cooked meals and healthy menu planning provided a balanced diet that took into account dietary needs as well as preferences. The young person was involved in weekly menu planning and food preparation. Inspectors found that there was good social interaction around mealtimes which helped with the development of personal skills. There was clearly an established culture where staff sat with young people and ate meals together on a daily basis.

Race, culture, religion, gender and disability

The centre had a written policy on anti-discrimination practice. Inspectors found that the staff made every effort to ensure the young person enjoyed, in so far as is possible, the same opportunities as peers in the community. The staff encouraged and supported the young person to attend religious services. Parents were fully informed of their choices with regard to the practice of religion.

Managing behaviour

The centre had a written policy on behaviour management that was understood by all. Boundaries in the home were clear, consistently applied by staff. The staff team provided a personalized care approach that promoted positive outcomes for young people and supported them to achieve their potential. Positive behaviour was praised and acknowledged. All consequences for behaviour were recorded in a separate book and monitored by the centre manager. Staff occasionally employed consequences for inappropriate behaviour. Consequences sometimes involved participation in a specific piece of individual work where there was a clear learning outcome. There was evidence in the consequences logbook that positive behaviour was rewarded.

The inspectors found that consequences employed by staff were reasonable and fair and were reviewed for effectiveness.

The staff team were 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 (ICMP's). The ICMP's on file were comprehensive and well-detailed and identified triggers, indicators of distress and associated management strategies. The ICMP is subject to regular review and new and emerging behaviour patterns are accounted for in updated plans. The social worker was consulted in the development of the ICMP and had a copy of the document.

Inspectors found the staff team was skilled in supporting young people in crisis and de-escalating behaviours that challenge.

Restraint

The staff do not employ TCI physical restraint techniques to manage behaviour. This was reflected in ICMPs that were updated on a regular basis. There were incidents recorded in the physical interventions logbook where staff employed physical intervention techniques to protect themselves and/or young people. The records demonstrated that on each of these occasions the actions of the staff were appropriate to the circumstances and undertaken in accordance with the written ICMP and the principles of TCI. There was evidence that the centre manager reviewed the physical restraint/physical interventions logbook on a regular basis. Staff were appropriately and sufficiently trained in the use of physical restraint and refresher training was undertaken by all staff.

Absence without authority

The centre staff reported and managed absences from the centre in accordance with the HSE/Garda Síochána Protocol for Children Missing from Care. The staff were familiar with this protocol. Absence management plans were developed and signed by the centre manager, key-workers and the social workers.

3.6.2 Practices that met the required standard in some respect only

None identified.

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.

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

The centre had a comprehensive written policy on safeguarding and child protection. There was good evidence of safety planning and information sharing in support of safeguarding young people. Staff were aware of events or circumstances that might trigger 'high risk' behaviour. The centre staff placed a lot of emphasis on 'keeping safe' and 'feeling safe' and the staff team were proactive to ensure safety needs were met. Staff regularly spoke about keeping safe in the community and role plays undertaken with staff were a useful teaching tool. The young person interviewed by inspectors was able to identify a range of people they could go to if they felt unsafe in care.

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

All outings were planned and risk assessed prior to the event. The centre had written guidelines on the nature of appropriate professional relationships between staff members and young people, including one-to-one contact.

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 in full

The organizations child protection policy was consistent with the national guidelines for the protection and welfare of children as set out in Children First. The written policy was signed by all staff members in 2014. The centre manager is the designated liaison person and staff were familiar with the role of the designated liaison person for reporting abuse or neglect. In February 2014 staff completed training in Children First: National Guidance for the Protection and Welfare of Children (2011) and staff followed the HSE/ Garda Protocol for Missing Children in Care.

The inspectors found that there were competent practices in reporting child protection concerns to the social worker. The centre staff were clear on their obligation to report any child protection concern to the centre manager (designated liaison person). Child protection concerns and complaints were standing items on the agenda at each staff team meeting. Child protection concerns were appropriately managed with clear outcomes recorded on the file.

There were arrangements in place for bringing any allegation of abuse to the attention of parents.

The organization had developed a policy and procedures to risk assess staff vetting disclosures. This policy also required staff to provide a written declaration at annual appraisals to confirm that no criminal convictions were recorded against them in the previous year.

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.

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

Appropriate educational assessments had been undertaken and these assessments informed the educational plans. There was evidence of good communication between the key stakeholders to support and address educational needs. Private tuition was provided when necessary. There was evidence that staff fully supported the young person with their education and ensured homework assigned was completed. There was evidence of good routines in relation to completing school work at the centre. There was evidence that parents are fully consulted and involved in meetings with schools and education providers.

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 inspectors were satisfied that this standard was met. Medical assessments were completed on admission. The young person was registered with the family general practitioner and had an individual medical card. There was evidence that appropriate information was shared between the centre staff and general practitioner.

The individual care records contained information on medical appointments, medical interventions and the outcome of same. There was evidence that medical, dental and other specialist services were secured when required. Written parental consent regarding medical care was held on file. The care records contained a clear record of all medications administered. Prescribed medication was reviewed and monitored every three months by the relevant professionals.

The young person was encouraged to maintain a healthy lifestyle. Staff ensured a physical activity was undertaken each day, weather permitting.

There was evidence within the placement plans that the key-worker had undertaken health and sexual education programmes with the young person.

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 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

Maintenance and repairs

Routine maintenance and repair work was carried out promptly and the centre manager maintained a log of all maintenance and repair requirements. The director monitored the premises periodically to ensure the maintenance of safety and standards.

Safety

The centre had a named health and safety representative. The inspectors found that the centre had an up to date health and safety statement and there were effective ways of reporting health and safety hazards in place. A copy of the service safety statement was held in the staff office and was signed by all staff. Emergency contact numbers were recorded on the safety statement. The site-specific risk/hazard identification record evidenced that the house and its environs were risk assessed on a weekly basis. Concerns identified in the course of audits were noted on the logbook. Inspectors found that issues identified were addressed promptly. This record was monitored by the centre manager. Quarterly health and safety reports were completed by the team's health and safety representative and there was evidence that the team were informed about the findings of these reports. Daily checks on the centre's sharps box were evidenced on a logbook. All medicinal products were stored safely and securely in the staff office.

The vehicle used to transport young people was roadworthy, legally insured and driven by persons who were properly licensed. Vehicle service records, insurance, car tax and NCT details were held on file. The central heating system was serviced annually.

Medication was stored in a locked cabinet. Medication administered was recorded appropriately.

First aid kits were placed in the centre vehicle, the utility room and the staff room and were well stocked when examined by the inspector. There was evidence that staff undertook monthly stock checks on the first aid kits. All accidents are recorded separately in a record book. The inspectors found that action taken in relation to these accidents were appropriate to the circumstances.

An audit of the food storage and food preparation areas was undertaken in 2014 and a written report on the findings of this audit was forwarded to the inspector. The recommendations outlined in this report were met at the time of the inspection. Fridge and freezer temperatures are monitored daily by staff.

Fire Safety

A report from a suitably qualified engineer confirmed that the statutory requirements relating to fire safety and building control were complied with. A Fire Planning Certificate was issued from the local County Council in 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 throughout the centre. Fire-fighting equipment was subject to annual maintenance checks and the maintenance certificates were held on the centre fire register. Fire drills had been undertaken on a monthly basis and any concerns identified following the drill were recorded in the logbook. There was evidence that fire risk assessments were undertaken on a monthly basis and identified guidance and concerns were noted on the fire assessment report. Quarterly fire safety reports were completed by the team's fire safety representative and the findings of these reports were notified to the team. Staff completed the fire safety logbook on a nightly basis. Specific roles for staff members were outlined in the event of an emergency evacuation. 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. Training in fire prevention and evacuation was undertaken by the staff team in 2015. The Centre had an up-to-date statement on fire safety.

3.10.2 Practices that met the required standard in some respect only

Accommodation

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. There was a cleaning schedule displayed in the staff office. There was adequate space within the centre for the young person to receive visits from family members and social workers that was private. The bedroom was personalized and had good storage space for personal belongings. The director provided evidence that the centre was adequately insured against accidents and injuries to staff and young people.

The staff had developed an area outside the house to support the young person's particular interests. The inspectors recommended that the grounds around the house be further developed to facilitate young people to engage in more physical activities/outdoor pursuits at the centre.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

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

-Part III, Article 15, Insurance

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

-Part III, Article 13, Fire Precautions

4. Action Plan

Standard	Issues Requiring Action	Response
3.1	<ul style="list-style-type: none"> 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 name of the persons responsible for the document review. 	<p>The centre manager has reviewed statement of purpose and function and named person in charge is documented and review date on the front cover of the statement. Complied with on 5/5/2015.</p>
3.2	<ul style="list-style-type: none"> The director must ensure that the person-in-charge is available at the centre every day to monitor, guide, coordinate and supervise practice at the centre. The centre manager should ensure that applicants provide references from relevant social care work placements in addition to their most recent employer where this employment is not within a social care environment. 	<p>A person-in-charge was appointed on the 05-05-15. Person-in-charge is present at the centre each day monitoring, guiding, supervising and coordinating practice at the centre.</p> <p>The centre manager will ensure that all social care workers provide references from relevant social care work placements in addition to their most recent employer where this employment is not within a social care environment.</p>

Standard	Issues Requiring Action	Response
3.4	<ul style="list-style-type: none"> The centre manager must ensure that the written complaints procedure in the updated draft policy document is more detailed to ensure it reflects the organizations agreed practice for managing complaints and best practice guidelines for managing complaints in children's residential care centres. 	<p>The centre manager will review the centre's complaints procedure in the updated draft policy document to ensure it reflects the organizations agreed practice for managing complaints and best practice guidelines for managing complaints. This work will be completed by 16/6/2015.</p>
3.10	<ul style="list-style-type: none"> The centre manager must ensure the grounds around the house are further developed to facilitate young people to engage in more physical activities/outdoor pursuits at the centre. 	<p>The summer months will provide more opportunities to utilize the large grounds surrounding the house to engage young people in horticulture and other physical activities. The centre manager will ensure the grounds around the premises are further to enhanced / developed in accordance with the young people's specific interests.</p>