



**An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency**

## **Registration and Inspection Service**

### **Children's Residential Centre**

**Centre ID number: 122**

**Year: 2017**

**Lead inspector: Lorna Wogan**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Positive Care Ireland</b>
<b>Registered Capacity:</b>	<b>Four children</b>
<b>Date of Inspection:</b>	<b>4<sup>th</sup> and 5<sup>th</sup> of October 2017</b>
<b>Registration Status:</b>	<b>Registered from 18<sup>th</sup> of November 2016 to 18<sup>th</sup> of November 2019 without conditions attached</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Lorraine O'Brien</b>
<b>Date Report Issued:</b>	<b>5<sup>th</sup> March 2018</b>

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## 1. Foreword

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

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

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

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

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

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

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in November 2016. The centre was registered without conditions from the 18<sup>th</sup> of November 2016 to the 18<sup>th</sup> of November 2019.

The first inspection within year one of the registration cycle was undertaken in April 2017 and the inspection report is available at [www.tusla.ie](http://www.tusla.ie). The inspectors were satisfied that the actions required in this inspection had been met or were addressed in part by the service. The practice of locking some doors in the children's living area continued however it was subject to review and risk assessment since the last inspection. The inspectors requested that the manager continue to work on this issue as the practice was not in keeping with the provision of a homely environment for the children.

At the time of this inspection the centre were in their first registration and were in year one of the cycle. This inspection report reflects the findings of the second inspection within its first year of operation.

The centre was registered to accommodate four children of both genders from age seven to eleven years on admission on a short to medium term basis. There were four children in placement at the time of the inspection. The aim of the centre was to provide care for children that present with impaired socialisation, attachment difficulties and impaired impulse control. The centre offered individualised programmes of care that aimed to assist children to develop in all key areas of their lives. The service had developed a structured care framework that applied the principles of attachment theory, psychodynamic theories and the use of therapeutic relationships to effect change and build resilience.

The inspectors examined standard 2 'management and staffing', standard 4 'children's rights', standard 6 'care of young people' and standard 7 'safeguarding and child protection' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place over two days on the 4<sup>th</sup> and 5<sup>th</sup> of October 2017.

## 1.2 Methodology

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

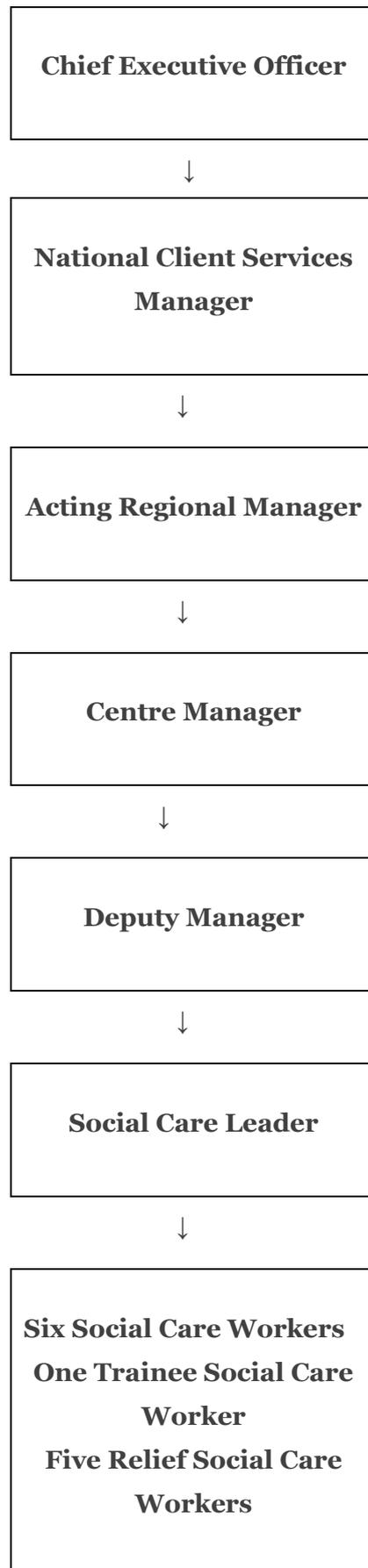
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ Consultation with the lead inspector with responsibility for oversight of the significant event notifications from this centre.
- ◆ An examination of the questionnaires completed by:
  - a) The centre manager
  - b) The deputy manager
  - c) The social care leader
  - d) Six social care staff
  - e) The director of services
  - f) Two of the four children residing in the centre
  - g) The social workers with responsibility for three of the four children residing in the centre.
- ◆ An examination of the following centre files and recording processes:
  - a) centre register
  - b) care files
  - c) personnel files
  - d) supervision records
  - e) staff induction records
  - f) staff rotas
  - g) daily logs
  - h) handover book
  - i) complaint register
  - j) records of child protection concerns
  - k) team meeting records
  - l) sanction logbook
  - m) significant event logbook
  - n) petty cash records

- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre manager
  - b) Two social care
  - c) The acting regional manager
  - d) Two children
  - e) Three social workers
  - f) Parent of child in placement
  
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

## 1.3 Organisational Structure



## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 13<sup>th</sup> February 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 27<sup>th</sup> February 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 122 without conditions pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 18<sup>th</sup> of November 2016 to the 18<sup>th</sup> of November 2019.

## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

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

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

##### **Management**

There were no significant changes to the governance and management structures of this centre since the previous inspection in April 2017. The inspectors found that the centre continued to be well managed and staff were supported and organised to deliver a good standard of care to the children in placement. There were appropriate external management and monitoring arrangements in place that ensured good oversight of the centre. Staff interviewed stated that the national client services manager visited the centre regularly and provided good support to ensure the on-going development of the centre and the inspectors found evidence of these visits on file. There were clear reporting and management structures in place and the staff were familiar with the management structure. The national client manager had responsibility for approving the statement of purpose and function, all policies and for ensuring the centre had adequate resources to fulfil its purpose and function.

There were well established mechanisms in place for assessing the quality and effectiveness of the services provided by the centre. The external management of the centre transferred from client service manager to acting regional manager in August 2017. The acting regional manager completed monthly quality assurance audits of care practices and procedures and monitored care files, personnel files and read all significant event reports. These audits were made available to the inspectors and were of good quality.

There were also systems in place to monitor the children's progress and the outcomes for the children in placement. The regional manager met with the young people on visits to the centre and attended meetings relevant to the children's placement. The regional manager also chaired monthly regional management meetings and the centre manager attended these meetings. Minutes of these meetings were made

available for inspection. There was evidence that the children had made progress in their placements and were benefitting from the care they received. The regional manager was confident that the centre manager and staff were diligent in fulfilling their duties and had assisted the children in placement to progress their individual development. At the time of the inspection the managers, in conjunction with the placing social work team, were reviewing the suitability of the placement for one of the children in placement due to their specialised diagnosis and long term care requirements.

The inspectors were satisfied that there were appropriate and suitable care practices and operational procedures in place to provide a good standard of care for the children currently in placement. The manager was accessible to staff on a daily basis and staff interviewed stated that the manager provided good support and guidance to them in their work. The deputy manager deputised for the centre manager when they were on leave.

### **Notification of Significant Events**

Inspectors were in communication with the lead inspector who had oversight of all significant event reports from this centre. The lead inspector was satisfied that significant events were notified in a prompt manner and there was good communication between the centre manager and the lead inspector. The lead inspector stated that the quality of the written reports was good and there was evidence of oversight of these incidents by the centre manager and the external manager. There was evidence of comprehensive reviews of critical incidents undertaken and reviews of staff interventions and practices. Guidance and direction provided by the regional manager was evidenced on the records.

There was evidence of a decrease in the number of significant incidents in recent weeks prior to the inspection. The social workers interviewed were satisfied they received prompt notification of all significant events relating to the children in placement. The centre maintained a file of all significant event reports on each individual child in the centre.

## **Training and development**

The inspectors found there was an effective ongoing staff development and training programme for the care and education of staff. The regional manager was responsible for highlighting the staff training needs to the national client service manager. The newly recruited staff had recently completed the company's care framework training and the centre manager had additionally requested that the care framework training be provided for the entire team as a refresher and this was approved by external management. The company were also in the process of facilitating staff to undertake online training for staff members. The training audit tool was held electronically and inspectors found that all core training for the team was up to date. There was evidence that a range of other training was provided over the past six months to staff to assist the up-skilling of the team such as report writing skills training, court room skills, HR training and TCI refresher training

Inspectors concluded that specific training on attachment and trauma informed approaches to care would further enhance the skills required to support the cohort of children placed in this centre and the care approach outlined in the written statement of purpose and function.

## **Administrative files**

The company had a well-developed computerised system that provided oversight of all elements of practice within the house. The centres recording systems were organised and maintained in a manner that facilitated effective management and accountability. Records were stored in a manner that maintained appropriate levels of privacy and confidentiality about the children's circumstances. The inspectors found that records were written in an appropriate professional manner. There was evidence that the centre manager and the regional manager monitored the centre registers, logbooks and the centre filing system on a regular basis. The inspectors found evidence that appropriate action was taken by managers to remedy deficiencies and safeguard the interests of the children in placement and the staff working in the centre. Staff interviewed stated that they had sufficient financial resources to care for the children and to provide recreational and educative programmes. There were clear financial management systems and records in place and the centre manager had oversight of the financial management systems. The centre manager confirmed that all centre records are kept in perpetuity and are archived in the company head office.

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

#### **Register**

The centre manager maintained a register of all children who lived in the centre to date. The centre's register of admissions and discharges was accurate, up to date however the addresses of the parents of the two most recent residents were not recorded on the centre register and the name of the centre was not identified on the register; issues that must be addressed.

The register recorded four admissions and no discharges since the initial registration of the service. The admissions to date were in line with the registration granted and the centres purpose and function. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

#### **Staffing**

The core team was comprised of the centre manager, six social care and two relief staff. There were eight female staff and two male staff employed to work in the centre. Apart from one staff member who was employed as a trainee all core and relief staff were appropriately qualified. The requirement for the trainee to register on a relevant training course was evidenced on the trainee's contract of employment. The manager confirmed to the inspectors that the unqualified staff was always supervised in their work by a qualified member of staff. However the inspectors found there was little evidence of regular and robust systems in place to monitor and support the unqualified staff member. The centre manager must ensure that the unqualified staff member receives more frequent supervision, support and in-service training until they are fully qualified. The centre must not employ any additional unqualified staff members on the team due to the complex and challenging presentation of the children.

The core team identified at the point of registration continued to work in the centre at the time of the inspection. Additional staff had been recruited to work at the centre to support the placement of a fourth child. No staff member had left the team in the six months since the last inspection. The inspectors found there were adequate numbers of staff to care for the children. The staff child ratio was 1:1 and there were four staff on duty at all times during the day with three staff members sleeping overnight in the centre. The inspector examined the staff roster over the previous months and found

evidence that a number of relief staff worked at the centre on a regular basis however the centre manager was conscious to ensure where possible there was consistency of care for the children. The centre manager stated that the team had become more cohesive and confident in their practice over the past number of months. There was evidence that the staff team had adopted the principles of community living into the daily living programme at the centre. The inspectors observed staff interacting with the children in a caring, supportive and sensitive manner. The centre manager evidenced that staff members were open and honest in their interactions with each other.

The inspectors examined a sample of personnel files for recently recruited relief staff. Garda vetting and police checks from other jurisdictions were evidenced on the files. Three references were secured for all staff recently recruited however the inspectors found the references for one staff member were not suitable as there was no reference from the most recent employer and one reference was a testimonial. A third reference was also required from a more recent employer than the one provided by the applicant. Verification of this staff member's qualification was also not evident on their personnel file. The centre manager must ensure that suitable references and verification of qualifications are secured and placed on file. The inspectors also found that the date of commencement of employment was not evident on the personnel files examined therefore it was difficult for the inspectors to ascertain if the required vetting was completed prior to commencement of employment. The regional manager informed the inspectors that the date of commencement of employment was set out in the individual staff contracts and these were stored in the company's head office. The centre manager must ensure that the date of commencement of employment is evidenced on the personnel files in the centre. Inspectors also advised that the services reference pro forma should include not only the name of the person undertaking verbal checks but their position within the company.

Company induction consisted of five days training and there was a one day centre-specific induction. There was evidence on file that all newly recruited staff working in the centre had participated in the company induction programme.

## **Supervision and support**

The centre had a written policy in relation to supervision and support. A sample of supervision files was inspected. Inspectors found that staff continued to receive regular and formal monthly supervision in accordance with the centre policy. There were supervision contracts on file for all staff members. The deputy manager and the social care leader were allocated a number of staff members to supervise. There was evidence that the centre manager also had oversight of these supervision records. There was a structured format for conducting staff supervision and there was evidence that the supervisors reviewed staff practices and provided feedback to staff within the supervision process. There was evidence that staff completed teaching and development plans and were subject to annual appraisals. Following a review of the supervision files inspectors found that records did not consistently evidence oversight of the implementation of the placement plan and evaluation of the work completed to address the needs identified in the plan. Staff supervisors must ensure they evidence an effective link between supervision and the implementation of the placement plan for each child in accordance with the standards.

The centre manager received monthly supervision from the acting regional manager however there were some gaps in the manager's supervision records between April and August 2017 prior to appointment of the acting regional manager however the centre manager stated that they had continued to receive regular supervision from the service manager during this time. The centre manager confirmed that they reviewed the children's placement plans in the context of their supervision with the regional manager.

The organisations counselling psychologist was available to the centre manager and the team for on-going clinical support and guidance however due to the demands on their resources over the past six months they did not have the capacity to visit the centre and meet with the team as often as required. The regional manager indicated that this matter would be rectified in the near future as the company had recruited an additional psychologist. The inspectors advise that regular consultation with the external clinicians is imperative to assist the staff to further develop their therapeutic responses to the children's emotional and developmental needs.

Communication systems within the centre were effective. Communication between the centre manager and the staff team was clear, regular and was of good quality. One inspector observed a handover and found that staff passed on important information to each other. Day-to-day logs were meaningful and staff engaged well

with each other. The handover records were structured to ensure all areas of work and all tasks were completed and/or handed over to staff coming on duty. Team meetings were held on a monthly basis and offered an opportunity for staff to raise issues with the manager.

The inspector found that both the team and handover meetings contributed to the placement planning process and consistency amongst the staff team to ensure the implementation of agreed programme of care for the children as outlined in their daily plans and placement plans. There was evidence that staff had a structured format for undertaking reflective practice.

The organisation had systems in place to ensure that all statutory provisions in relation to employment law were adhered to. There was one incident in relation to staff practice under investigation at the time of the inspection and the inspectors were satisfied this incident was reported and investigated in compliance with the centres policies and procedures and in accordance with the national guidelines for the reporting and management of child protection concerns.

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

None identified.

### **3.2.4 Regulation Based Requirements**

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

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

### **Required Action**

- The centre manager must ensure that the name of the centre is clearly identified on the centre register and the parents address is recorded on the register.

- The management team must ensure their staff vetting complies with the department of health and children circular, 1995 and with the additional recommendations outlined under ‘staffing’.
- The centre manager must ensure that the unqualified staff member receives more frequent supervision, support and in-service training until they are fully qualified.
- The staff supervisors must ensure they evidence an effective link between supervision and the implementation of the placement plan for each child.

### 3.4 Children’s Rights

#### ***Standard***

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

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

##### **Consultation**

The inspectors found many instances of children being facilitated to exercise their rights and there continued to be good practice in relation to advocacy. The inspectors found that the staff were child-centred in their approach and the inspectors found evidence that children's rights were respected and promoted. There was evidence that staff sought opportunities to seek the children’s views and opinions. Daily community meetings at the evening meal provided the children to reflect on their day and express their views and opinions. Children were consulted around meal planning and activities on a day-to-day basis. There was evidence that routines were changed and adapted based on the views and opinions of the children.

Due to the young age of the children they did not attend their statutory review meetings however each of their social workers consulted with them prior to their review meeting to ascertain their views on their care plan.

## **Complaints**

There was a robust system in place to manage complaints and issues raised by the children. The children were informed about their right to make a complaint and the complaints procedure was explained to them. Children were aware of their right to complain.

There was evidence that the children's complaints and issues of concern were picked up by staff and fully investigated with a clear outcome. There was evidence that where children were unhappy or complained they were listened to and their concerns were taken seriously. Complaints and issues raised by the children resulted in change within the centre for example bedtimes at weekends, changing bedrooms, unlocking of utility door, change of x-box times. The complaints register examined by the inspectors evidenced this. There were internal systems in place to monitor the incidence and outcomes of all complaints arising within the centre.

The centre's complaints register was up to date and outlined the outcome of the investigation into the complaint and recorded whether the children were satisfied or not with the outcome of the complaint. The register showed that one of the children had recently made a formal complaint in relation to their care plan. The inspectors found that this complaint was being appropriately dealt with at the time of the inspection. The inspection questionnaire completed by one of the young people indicated that they were unhappy about being in care. The inspector contacted the child's social worker to highlight concerns arising from the child's completed questionnaire. The social worker informed the inspector that they would ensure that they would meet with the child and explore the child's issues with them and consider these issues at the scheduled child in care review. There was evidence that the care staff know how to facilitate children in articulating complaints. All serious complaints were notified in a prompt manner to the relevant social worker.

## **Access to information**

There was evidence that children had access to written information about the centre and the care provided at the centre on their admission. This information was presented in a child-friendly document that gave information in relation to the centre, advocacy groups and their rights and was signed by the children and placed on their individual care files. The manager stated that staff regularly reminded the children of their rights through the daily care routines.

The staff involved the children when writing their monthly progress reports and consulted with them to identify the areas of success and the things they needed to continue to work on. The children also contributed to the development of their daily and weekly plans. The inspectors found evidence that children had access to sections of their care files and had signed records that they had read.

The centre manager informed the inspectors that the children had an understanding of why they were in care which was discussed with them periodically by staff and by their social workers.

Children had access to advocacy services. Children were given information about EPIC (Empowering People in Care), which is a national agency that advocates for young people in care. There were plans for an advocate from EPIC to visit the centre to meet with one of the children who had issues in relation to their care plan.

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

None identified.

#### **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*.

### 3.6 Care of Young People

#### **Standard**

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

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

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

The children's placement plans were individually tailored to meet their needs in a structured and planned way. The children had allocated key-workers who undertook individual work with them as set out in the placement plan and therapeutic plan. There was evidence that key-workers advocated on behalf of their key-child. Relationships and attachments between staff and children were forming and there was evidenced that staff treated children respectfully and warmly. Staff were focusing on getting to know the children and establish good professional relationships with them.

Children had opportunities to engage in leisure activities, were encouraged in their hobbies and interests and were facilitated to take part in activities in the community that would assist them develop their social and teamwork skills. Children were encouraged to participate in activities and hobbies similar to their peers, including swimming, football, camping, summer camps and regular trips to the local park, cinema and library. The children were appropriately involved in the daily routines of the centre.

Staff told inspectors that children's birthdays and special events were celebrated. Staff interviewed were aware of significant events and dates in children's lives. The children were provided with opportunities to choose their own clothes and to make choices about their personal appearance with support from the staff. They had their own bedrooms and were given the opportunity to personalise it. The children interviewed were able to identify staff members they would talk to if they felt sad or upset about something.

Children's right to health and education were promoted by the staff team. Staff and social workers informed inspectors that there was a plan in place to meet the educational needs of all four children. The health needs of all the children were found to be met also. The children received a medical screening on admission and had access to local general practitioners, dentists and opticians in the community and availed of these services when required.

The children received pocket money based on their age and they had the opportunity to spend it as they wished. However the inspectors found that the children could have been given more opportunities to handle money, save and to engage in budgeting tasks.

There was evidence that staff supported and encouraged the children to engage in community facilities and to form and maintain friendships with children living outside of the centre.

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

Children were provided with a varied and nutritious diet. Children expressed their preferences regarding food and were encouraged to participate in shopping and meal preparation. Staff were vigilant in ensuring the children had healthy snacks and minimized their opportunities to eat sweet and sugary foods and snacks.

### **Managing behaviour**

The centre had a written policy on bullying, sanctions and approach to managing behaviours that challenge. The main emphasis for the care staff was on care and positive relationships with the children. There was evidence that the staff helped the children to understand the relationship between actions and their consequences to enable them to develop self control. The main consequence employed to support challenging and unsafe behavior was to slow the daily routine down until the child returned to baseline behaviour and there was evidence that this intervention was age appropriate and was working.

Each child had a behaviour support plan that assisted staff to deal with challenging behaviour. The centre operated a consequence model and each child's file maintained a separate sanctions log. This log was subject to regular monitoring by the centre manager. The inspectors found that sanctions and consequences were reasonable, fair and age appropriate. Staff were aware of permitted and prohibited sanctions.

Positive behaviour was rewarded by staff and recorded on the logbook. There was evidence that staff supported the children to participate in reflective discussions following incidents where unacceptable behaviour was displayed.

## **Restraint**

The centre staff were trained in a method of physical restraint that had been researched and was based on reputable practice (Therapeutic Crisis Intervention). The centre had a written policy in relation to the use of restraint. There was evidence on the individual behaviour management plans that staff had identified a range of alternative interventions to de-escalate situations before using physical restraint. The behaviour support plans identified the specific restraints that had been agreed to be employed should the child require a restraint intervention. All staff were appropriately and sufficiently trained in the use of physical restraint. There was evidence that life space interviews were undertaken with the children following a physical restraint. The restraint logbook evidenced that there was a decrease in the number of physical restraint interventions and the records evidenced that these interventions were carried out in compliance with the principles and practices of the crisis intervention model. The inspectors found there were robust systems in place to review restraint interventions and all restraints were notified to the relevant parties. All restraint interventions were reviewed by a qualified TCI trainer. Two formal reviews relating to the use of physical restraint for two of the young people was undertaken within the company.

## **Absence without authority**

There were no incidents whereby the children were absent without authority or missing from their care placement. The staff were familiar with the national protocol for children missing from care and were aware of the reporting procedures should a child go missing or absent themselves from the centre. An absence management plan was developed for each child in conjunction with their social worker and the inspectors found this plan was subject to regular review. The absence management plans outlined the procedure to be followed if the child was absent without authority. The plan included who should be notified and within what timeframe.

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

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

The centre had a written policy on diversity and anti-discrimination. The inspectors found the children enjoyed the same opportunities as their peers and were not subject to any form of discrimination. Staff helped the children to find appropriate ways to explain where they lived and to deal with issues in school and community regarding living in residential care. The centre manager, staff and social workers facilitated and supported the children to maintain positive contact with their family and community of origin.

Staff encouraged the children to practice their religion however the children generally refused to engage in formal religious practice. The staff should consider alternative ways in which they could support the children in their spiritual development. The inspectors found that the parent's view in relation to their child's religious practice was not routinely sought on admission. There was also no evidence on the centre admission documentation to evidence the child's religion. This aspect of the children's care must be outlined on the admission documentation and taken into account in placement planning.

### **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 12, Provision of Food***

***-Part III, Article 16, Notifications of Physical Restraint as Significant Event.***

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 11, Religion***

## Required Action

- The centre manager must ensure that the parent's view in relation to their child's religious practice is taken in to account in placement planning and recorded on the centres admission documentation.
- The centre manager and key-workers must consider alternative ways in which they could support the children in their spiritual development.
- The centre manager must ensure that children are given more opportunities to handle money, save and be involved in budgeting tasks.

### 3.7 Safeguarding and Child Protection

#### **Standard**

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

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

The inspectors spoke with two children who confirmed that they felt safe in the centre. There was a range of measures in place to ensure that children were safeguarded. There was a strong focus on keeping children safe and a good awareness amongst the team of safe care practices. There were a number of safeguarding practices implemented within the centre including An Garda Síochána vetting of staff, a lone workers policy, staff supervision, whistle blowing policy and on-going training. There was evidence that staff were confident to challenge each others' practice and the primary focus for staff was to keep the children safe in care. Each child had an individual risk assessment on file. Staff were aware of the children's right to privacy and respected this right. There was evidence that the staff regularly discuss issues relating to bullying and support the children to understand the impact of it and how best to deal with issues relating to bullying.

Due to the age of the children they did not have access to the internet in the centre however they were brought to the library to access the internet under supervision, as and when required.

There was good attention paid to ensuring the children had privacy in relation to their personal care routines. The boys in the centre had ensuite facilities and the

female resident has a bathroom beside their bedroom. The children did not require any assistance with their personal care.

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

#### **Child Protection**

##### ***Standard***

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

The centre had a child protection policy and was in line with Children First 2011: National Guidance for the Protection and Welfare of Children. The centre manager was the designated liaison person and arrangements were in place for child protection concerns to be reported to the social work department. Staff members had recently completed refresher children first training. The centre had clear procedures for dealing with allegations made by one of the children in particular.

There was evidence that allegations of abuse were not dealt with in line with the guidelines set out in children first. The inspectors found that child protection report forms were forwarded to the placing social work department rather than to the local child protection team in accordance with the national guidance Children First. The centre manager must ensure that child abuse concerns are forwarded to the principal social worker in the centre's geographical area in compliance with children first guidelines 2011. The name of the local child protection principal social worker must be input on the standard report form. The child protection concern should in all cases also be copied to the child's allocated social worker.

There were good systems in place to monitor and track child protections concerns reported to Tusla the Child and Family Agency. The centre had reported two child protection concerns relating to the children in placement within the past six months. The outcome of one of the concerns was on file and the social worker investigating the other concern hoped to have concluded their investigation promptly. There were agreed arrangements in place with the supervising social workers for bringing allegations of abuse to the attention of parents or guardians.

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

None identified.

## Required Action

- The centre manager must ensure that child protection concerns are forwarded to the principal social worker in the centre's geographical area in compliance with children first guidelines 2011. The name of the local child protection principal social worker must be input on the standard report form.

## 4. Action Plan

Standard	Issues Requiring Action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>The centre manager must ensure that the name of the centre is clearly identified on the centre register and the parents address is recorded on the register.</p> <p>The management team must ensure that staff vetting complies with the department of health and children circular, 1995 and with the additional recommendations highlighted under ‘staffing’.</p>	<p>The name of the centre is clearly identified on the admission register. The missing two addresses of the parents have been updated.</p> <p>Recruitment and managers will ensure that all references available for employees are on file are appropriate and no testimonials will be accepted moving forward. One reference is outstanding and will be completed by first week in March 2018. All staff files have a copy of their qualifications within. The commencement date for each employee is now visible on the cover sheet within each staff file. The person who undertakes the reference checks including their role is also identified on the staff files.</p>	<p>There is a new format on the admissions register to prevent this from happening again.</p> <p>Senior management will review all applications coming through and approve same for the recruitment department to then make contact re beginning the vetting process. Where issues arise on the vetting this is considered and where appropriate to continue with the employment a comprehensive risk assessment will be put in place.</p>

	<p>The centre manager must ensure that the unqualified staff member receives more frequent supervision, support and in-service training until they are fully qualified.</p> <p>The staff supervisors must ensure they evidence an effective link between supervision and the implementation of the placement plan for each child.</p>	<p>The unqualified staff member is always rostered on with a qualified fully contracted staff member at all times. The unit manager has fully taken over the role of supervisor.</p> <p>This will be handed over to all supervisors to source key-working resources to meet placement plan goals. Unit manager will oversee this practice.</p>	<p>There is a plan in place for supervision by the unit manager every two weeks. The unit manager oversees the roster to ensure that this staff member is always on with a fully qualified staff member</p> <p>The supervision sessions will include discussions around placement plans and the goals identified in care plans. This will show a link between both.</p>
<b>3.4</b>	No action required.		
<b>3.6</b>	<p>The centre manager must ensure that the parent's view in relation to their child's religious practice is taken into account in placement planning and recorded on the centres admission documentation.</p> <p>The centre manager and key-workers must consider alternative ways in which they could support the children in their spiritual development.</p>	<p>This has been rectified and there is a new format on the admissions register.</p> <p>This is currently underway. The young people who wish to engage in their religious beliefs are encouraged to attend mass on a weekly basis. They are also encouraged to visit the</p>	<p>This will also be incorporated in the monthly placement plan. This will also be included in the parent's information booklet which is given to them on admission. It will also be included at the admissions meeting so the social worker can comment on the religious beliefs if they are aware of them or confirm with the parents.</p> <p>This will be addressed at supervision with staff and included into weekly planners with the children.</p>

	<p>The centre manager must ensure that children are given more opportunities to handle money, save and be involved in budgeting tasks.</p>	<p>church outside of mass time i.e. to light a candle and say a prayer. Over the Christmas two young people went to mass on Christmas Eve.</p> <p>This will be incorporated in to key-working sessions.</p>	<p>The young people save money each week and this will be given to them on their discharge from the centre. Social workers to be contacted when they visit once a month to open a credit union account for the young people so they can see savings build up this way. Young people are to budget their money when going to the shop and pay for their own purchases.</p>
<p><b>3.7</b></p>	<p>The centre manager must ensure that child protection concerns are forwarded to the principal social worker in the centre's geographical area in compliance with children first guidelines 2011. The name of the local child protection principal social worker must be input on the standard report form.</p>	<p>This will now be completed in line with the new child protection guidance notes. At the time of the inspection this was not part of the current legislation.</p>	<p>A child protection folder has been set up in the centre, there are specific guides on the new legislation in here. All staff have been fully trained in this.</p>