



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	043
Year:	2018
Lead inspector:	Eileen Woods

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Smyly Trust Services
Registered Capacity:	Five young people
Dates of Inspection:	23rd, 24th & 26th January 2018
Registration Status:	Registered from the 31st December 2016 to the 31st December 2019
Inspection Team:	Eileen Woods Lorraine Egan
Date Report Issued:	1st May 2018

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.2 Management and Staffing	
3.4 Children’s Rights	
3.5 Planning for Children and Young People	
3.7 Safeguarding and Child Protection	
3.8 Education	
3.9 Health	
4. Action Plan	24

1. Foreword

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

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

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

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

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

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

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

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

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

1.1 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 2001. At the time of this inspection the centre were in their sixth registration and were in year two of the cycle. The centre was registered without conditions attached from 31st December 2016 to the 31st December 2019.

The centre's purpose and function is to accommodate five young people, on a medium to long term basis, aged twelve to eighteen. Their model of care is that of a therapeutic community approach. At the time of the inspection three young people were living at the centre.

The inspector's examined Standards 2 Management and Staffing excluding personnel files, Standard 4 Children's Rights, Standard 5 Planning for Children and Young People excluding preparation for leaving care, discharges, aftercare and children's records, Standard 7 Safeguarding and Child Protection, Standard 8 Education and Standard 9 Health of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 23rd, 24th and 26th January 2018.

1.2 Methodology

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

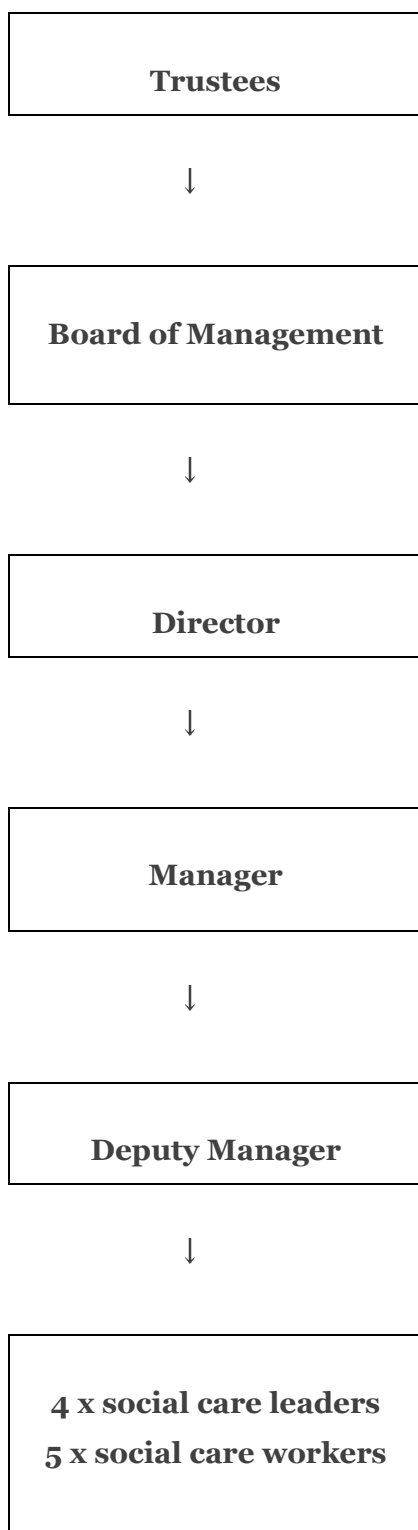
- ◆ An examination of the questionnaires completed by:

- a) The two social workers with responsibility for the three young people residing in the centre.
- ◆ An examination of the centre's files and recording process including but not limited to:
 - Care files
 - Supervision records
 - Handover book, team meeting records and centre administration records
 - Management reports
 - Management meeting 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 management
 - b) Three social care staff
 - c) Two young people
 - d) The two social workers for the three young people residing in the centre at the time of the visit
- ◆ 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 young people, staff and management for their assistance throughout the inspection process.

1.2 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 29th March 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 12th April 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 continue to register this centre, ID Number: 043 without conditions from the 31st December 2016 to the 31st December 2019 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The manager at this centre undertakes a range of relevant and necessary tasks for good governance and for effective leadership of the model of care. They maintain records of all their work and of their contact with the young people. The manager has alongside their director of care implemented enhanced oversight mechanisms inclusive of tracking and outcome measures. The day to day task completion by staff and in particular key workers had been focused on and the positive measureable impact of this was evident to inspectors during this visit. The manager reports to the Board of Management and to the director of services through the completion of formal reports delivered against a structured timeframe.

The director of services visits the centre regularly, tracks events and practices, and completes formal audits as well as providing the manager with their supervision and meeting the young people from time to time. The director and the manager displayed strong and effective organisational support for the therapeutic community model of care.

The director meets the board and the board has a visiting committee who call to the centre from time to time. The manager attends a board meeting on a quarterly basis. Well managed records of managers meetings, board reports and a cross section of audits and other governance paperwork were readily available to inspectors despite the unannounced nature of the visit.

There is presently a gap identified by inspectors in persons completing managerial tasks alongside the manager, for example some items identified through internal audit had not been followed through to completion in a timely manner and there was a reliance on the manager for almost all internal management tasks and planning.

In 2017 the centre completed a process of formal self review utilising a Community of Communities framework. The Community of Communities is a “standards based quality improvement accreditation network working with Therapeutic Communities”. This review process involved staff and the young people in setting out community goals, identifying training and reviewing outcomes. Inspectors found that these were then followed through at the centre.

Register

Inspectors found that the register of young people was maintained in a standard A3 hardback notebook as was the previous register and both were stored together in a plastic folder. Inspectors recommend that this be upgraded to a clearly labelled robust book as registers are a document that are kept in perpetuity and should be well maintained. The information maintained within the register was in line with the regulatory requirements and the National Standards for Children’s Residential Centres.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The significant events policy and procedure at the centre was found to be operating well and in accordance with the requirements of accuracy, speed of completion and sending to the relevant parties. The lead inspector with oversight of the centres significant event reporting was satisfied with the standard of the reports and the responses noted within these to the young people. The social workers outlined that they received verbal communication followed by the written report. They stated that they found that the centre acted well and with autonomy in compliance with their own model of intervention and also with any agreed strategies devised with social work departments. The social workers identified positive changes for their young people based on how staff responded to their crises and incidents.

A register of significant events was maintained and was up to date but inspectors noted on the register that staff have been using their first names and young people’s first names and must ensure that they record full names.

Review of significant events takes place at the management level by the manager and director and feedback is provided to staff. The staff discuss each young person at their monthly therapeutic consultation meetings and at team meetings as required. There was evidence that these discussions informed practice with the young people.

Staffing

The staff team consists of nine social care staff covering eight lines, there is also a deputy manager bringing the total staff complement to ten. The staff team at the centre are an experienced and well qualified group who have added new staff members to the team over recent years. Inspectors found that the new staff interviewed displayed a good insight into the work at the centre and stated that they underwent a robust induction to their role. Good communication skills were in evidence throughout the records and the young people told inspectors about the variety of ways in which they are supported by the staff at the house. Inspectors found that the team prioritised the needs of the young people and collaborated effectively when handling difficult or complex situations. The team have had a focus on best outcomes for young people through consistent planning and implementation and use of their model of care. There were staff qualified and experienced to social care leader level available daily.

There was verbal evidence of a layered induction process but no co-ordinated records maintained of this on the staff files, this is something the management may wish to review. Experienced staff are assigned to mentor the new staff and new staff attend a short teaching course on the therapeutic care model with the previous therapeutic consultant.

Supervision and support

Supervision for the team of ten staff is delivered solely by the manager. The manager brings their experience to bear through the sessions as a support and as well as lead on the model of care and how this can and should be delivered throughout the structures at the centre. There was evidence of tracking of the key working and placement plan development and delivery. There was extensive evidence of the link between the psychodynamic approach, the consultation sessions and the placement plan and daily care delivery. Some records varied in content, frequency and quality but overall the structure of an organised supervision system was in place and observed. There was evidence of the manager pursuing and reviewing items with staff to promote consistent completion of written plans and sessions.

The director of services supervises the manager on a monthly basis, this is completed against a structured format and the notes maintained were mainly bullet points so it is not clear what the substance of the discussions were. The brief notes suggested that tasks were identified and tracked through follow up at each session. The template allows for discussion on areas related to management, leadership,

governance and planning. The manager completes probation evaluations for new staff and annual performance reviews were done with all staff with objectives set out clearly, these are reviewed twice more in the twelve month period.

There were weekly team meetings with one a month being dedicated to the session with the specialist consultant psychotherapist. The staff also have a six weekly process group facilitated by a different psychotherapist, the management are not included in this arrangement. The purpose of the process group is as a staff support mechanism pertinent to the team's implementation of the model of care. The manager noted that such a mechanism is not readily available to managers and that it would be beneficial to have a similar system conveniently available to managers also. The manager has also had a significant gap since their last supervision training. The director of services indicated to inspectors that they were aware of both matters and were actively devising solutions to address this in conjunction with the manager. Well managed daily handovers are completed and the manager participates in these.

Training and development

Inspectors found that there were good completion schedules in place around all of the expected core training aside from TCI, therapeutic crisis intervention. The organisation stated that whilst long term staff had been receiving their renewals that new staff had not completed the full initial course. It is important that this is prioritised and completed for the small number of staff outstanding.

There have been ongoing opportunities created for complementary training for all staff and these included topics such as sexual offending, community meetings and preparation for leaving care alongside other relevant areas of training. As stated, new staff attend a six week training course, one day per week, in the model of care. The Trust has, in addition, expanded the consultation base to include a psychologist with a focus on attachment and training was also delivered on this to the team.

Administrative files

Inspectors found that the files and records at the centre were on the whole well organised and securely maintained. The management had already identified the files that were not up to date to the relevant staff members. These issues stood out also to inspectors given the efforts made to ensure files and plans are updated in a timely manner. The files were easy to track and it was possible to see how all of the mechanisms in place by the team fit together to seek to create as safe and secure an environment as they can for young people. The young people in talking with

inspectors had positive observations about items like the budget for the house, the foods and supplies available to them and stated that if they needed something within normal reason they could get it. The manager reads the logs on a daily basis and discusses any matters arising with staff during handover.

3.2.2 Practices that met the required standard in some respect only

None identified

3.2.3 Practices that did not meet the required standard

None identified

3.2.4 Regulation Based Requirements

The Child and Family Agency have 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 have 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.

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

Inspectors spoke with two of the young people who described very well their day to day lives at the house, they were clear that this was their home and that they knew what to expect and about how things were organised to best support them. They had regular contact with their social workers who talked to them about their care plans

and for two of the young people in particular spent time with them on their own both at the centre and outside.

There was evidence that for the majority of young people consultation started at the pre admissions stage when staff are explicit with them about what to expect and what will be expected of them at the centre. Daily community meetings are a feature that most young people would not have encountered living elsewhere. There are also other aspects of life at the centre that are specific to there, such as special time and daily study and homework support. Inspectors found through the logs and one to one records that consultation with the children and young people is something the whole team participate in, it is integral to the work. Additional training has been completed on community meetings in 2017 by the team.

Access to information

Inspectors found that the young people are informed of their rights regarding access to information in their booklets and meetings. Two of the young people confirmed that they had read their logs from time to time and that they knew about records kept regarding their lives at the centre.

3.4.2 Practices that met the required standard in some respect only

Complaint

The centres policy on complaints has two procedures one for what is called a 'local resolution process' for all matters that can be resolved internally by management and staff. A formal complaint is deemed to be a matter that cannot be resolved or should not be directly investigated by the centre itself. Inspectors found that some staff knowledge of the process surrounding complaints was not as good as it could be and that it indicated a reliance on the manager as the person who manages complaints. Whilst it is positive to have a centralised process it is important that all staff are aware of the type of record keeping, actions and follow up that is involved in complaints. Individualised logs for complaints were on each file but these were not up to date at the time of the inspection visit. There were low numbers of complaint issues, for example there was one entry for a local resolution process, in the manager's records for 2017.

The manager had dedicated records maintained of all local resolution and formal complaints made. Inspectors found that the records showed that a procedure was

followed and that there was follow up on behalf of young people's issues. One social worker for two of the young people verified that they were aware of all complaints or concerns that had been raised by the young people and what the manager had done to address these. The records although they were maintained by the manager were not clearly organised to represent the full process covered through to outcome. Inspectors found that these must be better organised, with a completed copy placed on the relevant young person's file if not already there. The complaint logs must also be brought up to date and an internal central tracking of complaints brought together at the centre. It must also be clearly identified how and when social workers are informed about all complaint related issues.

Young people are informed about the complaints policy in their booklets, during their admission and at the community meeting after their move in. In this way young people have a role in explaining key policies to each other at times. Community meetings can also be used, if suitable, to resolve 'local process' issues. Young people told inspectors that they felt listened to at the centre and any of their concerns had been responded to.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency have 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

- All staff must improve their knowledge of and role in all matters related to complaints.
- The management and staff must ensure that complaints logs are maintained up to date. The management and staff must ensure that completed copies of complaints inclusive of identification of persons notified are saved on each young person's file.

3.5 Planning for Children and Young People

Standard

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

3.5.1 Practices that met the required standard in full

Statutory care planning and review

Of the three young people living at the centre at the time of the inspection two had their care plans and statutory reviews completed in accordance with the regulatory requirements, there was a short initial delay with the care plan for the third young person. The care plan meeting upon admission for one of the young people took place after two months. There was contact between the centre and the social work department about key arrangements and about arranging a child in care review meeting during this time. The other two young people had been in receipt of monthly child in care reviews now to be extended to six monthly in accordance with their age. The full signed copies of the care plans and child in care reviews were not reliably on file in a timely manner but the aims and objectives were on file and in operation by the centre. The centre had been completing its own audits of care plans on file and had noted the absence of some. The social workers stated to inspectors that they had sent copies to the centre so inspectors ask that both parties review the availability of copies of the up to date care plans and reviews for the young people's files. It was ascertained from other file records of meetings and key worker review reports that goals and actions had been agreed with the centre and that these were being or had been implemented at the centre.

The centre placement plans are designed to represent a comprehensive overview of the whole service and breaks down service provision in detail across a range of areas. These are reviewed, it was reported, every two months but the copies reviewed by inspectors had not been reliably evidenced as reviewed and updated. The team meeting minutes, key working records, supervisions and daily logs all evidenced review of the goals and placement objectives for all the young people. There was a

good balance of attention to all care needs and progression noted for the young people.

Contact with families

Inspectors found that contact with families formed a significant part of each of the three young people's arrangements and was similarly accounted for within centre planning. There was evidence on file of the centre manager and staff supporting young people's contact and access with their respective family members. There was also evidence of the inclusion of family within the centre and the centre has good quality private spaces where family can spend positive time in an unhurried manner with the young people. The staff maintained clear records of family contact and updates were provided by staff to parents where appropriate and required. Social workers for each of the young people acknowledged the positive work being done by staff in this area.

Supervision and visiting of young people

Inspectors saw that the two social workers allocated to the three young people at the time of the inspection had recorded visits taking place in accordance with the recommended timeframes.

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.

The social workers had organised care planning and statutory review meetings for the young people, as stated above the social workers need to ensure that they have supplied the centre with a copy of all the plans and minutes for the files. Strategy meetings and professionals meetings were convened by mutual agreement. They had visited the centre and where amenable had met the young people privately both at the centre and on outings. They had worked to seek the views of the young people and in general had maintained good contact with the centre. Both social workers had read the young people's daily logs and found that these reflected a purposeful and caring placement that sought to improve young people's quality of life.

Emotional and specialist support

Inspectors found that the team had a good awareness of the emotional needs of the young people and a therapeutic community approach with which they worked to provide a clearly identifiable standard of therapeutic care for the young people. The team are professionally supported in this by the manager and the consistent provision of monthly consultation group, a six weekly process group, additional complementary training. There is also now a therapy room being provided and an additional psychotherapist joining the therapeutic team as part of the support and learning system. The key worker role was in operation and young people could also nominate other staff members to spend special time with as well as their key workers. Assessments of patterns of attachment are completed and reviewed during the span of a placement and good records were on file of the holistic emotional support given to young people.

There was evidence of the findings of other specialists being known by and reflected in planning by the team. Requests had been followed up with social work departments regarding additional clinical or specialist's assessments as required.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

There was evidence in three files of a transparent admissions procedure. A social worker confirmed that they were consulted with about new admissions when these were pending. The young people who met with inspectors were clear about why they were living there and were very happy with that choice. The social workers, the centre and those young people were satisfied that this was the most suitable place for them to live and be supported. When operating at its best and in accordance with the procedures and model in place young people referred to this centre are consulted with and given the opportunity to have a say in their move to the house.

Whilst in the majority the inspectors found that admissions followed a structured procedure and adhered to the local area referral procedures in existence we also found that although collective pre admission risk assessing was completed that not all were to the same standard. Inspectors found that one recent admission was surrounded by sharing of verbal reassurances and commentary that undermined the opportunity for robust safeguarding. It is important to the ongoing maintenance of good admissions procedures that learning be taken from this and incorporated into future procedures.

Some young people told inspectors that, at times, other young people's behaviour can be an unpredictable aspect of life at the centre but that staff do their best to help everyone. They also said that they would or have talked to their social worker too if worried.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency have 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 have met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- The management must ensure that all pre admissions processes follow the same standard of robust risk assessment, consultation and good safeguarding procedures.

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 centre has a written policy on safeguarding and child protection which includes guidelines for safe practice. There are also supporting policies operational in complaints, anti-bullying, consultation, lone working and staff recruitment, vetting, supervision and training. The inspectors found through interviews that the centre manager and care staff had an awareness of safeguarding practices. The team utilised a range of systems in the centre aimed at keeping young people safe including the quality of supervision by staff, management oversight of staff practice and promotion of children's participation in the centre. There were specific night time routines with young people that were well risk managed and prioritised young people's need for care and support. The property is large and does not use a buzzer system for the bedroom doors, a monitor is used to pick up sound from the main bedroom corridor and staff can hear this from the main office. There is also a motion alarm in the main bedroom hallway. The manager and staff interviewed stated that this was adequate but inspectors ask that this be kept under review on an organisational level. The young people had access to their social worker and family members in private and had been made aware of other professional services outside of the centre, such as EPIC, which they can contact if they have any concerns.

Inspectors found deficits in safeguarding surrounding an admission and have identified to the management where this impacted. Inspectors recommend that in their ongoing service development that this information be utilised to strengthen safeguarding strategies and inform policy for the future.

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.

At the centre some team meetings are dedicated to what is titled child protection review and this involves the whole team reviewing individual risk assessments and individual crisis management plans. There were good examples of child protection awareness around some past young people and their specific vulnerabilities. The team have demonstrated a capacity to work with young people through significant risk and trauma. The centre staff must continue to be trained in the area of child

protection and to develop competencies in this area as there was evidence during inspection of a lack of firm knowledge of reporting procedures. The team had completed the initial e-learning training provided by Tusla “Introduction to Children First” in December 2017.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- The organisation must ensure that there is ongoing training and development for staff in the Children First Act 2015, the National Guidance for the Protection and Welfare of Children and the organisations child protection policy and procedure.

3.8 Education

Standard

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

3.8.1 Practices that met the required standard in full

The staff team actively supported young people to attend education in the local area at schools that were suitable to their educational needs. At the time of inspection two young people had full time education placements and a long term education placement for a young person who had recently moved to the centre was being pursued by the social work department and staff team. They had been assisted by the team to attend a school in the interim. Records demonstrated that staff had regular contact with schools to keep track of progress and attended meetings as required. Young people interviewed were happy with the support given to their school placements and to their wider school life including trips, friendships, resources, travelling to school on their own and seeing school friends if they wished. There is a tutor at the centre Monday to Friday after school and a well resourced dedicated room provided to allow additional support for home work, projects and any other educational needs arising.

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 health of the young people was well attended to with evidence of specialist and GP follow up in respect of their specific needs and the young people had medical cards in their own name. The need for a medical upon admission is agreed with the social workers and immunisation records were also sought for the young people's files.

Inspectors found that relevant records of each young person's medical history were on file with further information sought from family or social workers where gaps occurred. Family were integrated into the young people's care in relation to their health as well as other areas of their life and were kept informed, where possible, of any information arising. Inspectors found that the staff were actively involved in facilitating visits to and from varied practitioners for all of the young people. There was evidence available on young people's files to indicate that the centre attended to the general, dental and ophthalmic health of the young people.

The placement plans incorporated health needs and sexual health and development education needs, some key-working goals were generated from this. The centre offer a specialised programme developed by experienced staff that deliver a social programme to the young people. The delivery of this is contingent on the age, personal nature of the issues and stage of development of the young people.

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 have 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 have 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).***

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3-4</p>	<p>All staff must improve their knowledge of and role in all matters related to complaints.</p> <p>The management and staff must ensure that complaints logs are maintained up to date. The management and staff must ensure that completed copies of complaints inclusive of identification of persons notified are saved on each young person's file.</p>	<p>This was addressed at a staff meeting on the 24th week of April by the manager. The complaints policy will be discussed and each team member will be asked to read and sign the policy.</p> <p>Complaints log on each child's file will be monitored by the deputy manager on Friday the 6th of April. in order to ensure they are kept up to date. The deputy will then cross reference that all complaints are present in the managers file. All names will be written up on the main file as to who have revived notification of the complaint.</p>	<p>The policy on complaints will be reviewed annually or more often if necessary and brought to the staff team attention for reading and discussion at staff meetings. Our policy will be in line with Tell Us - The Child and Family Agency Complaints and Feedback policy and procedure.</p> <p>The manager will keep a full copy of all complaints in the new complaints log. A template will be drawn up as a check list to ensure all aspects of the complaint is recorded.</p>

<p>3.5</p>	<p>The management must ensure that all pre admissions processes follow the same standard of robust risk assessment, consultation and good safeguarding procedures.</p>	<p>Collective risk assessment is established with all social workers with clients in Glensilva, this is done through phone contact and emails which are recorded on the child's file.</p>	<p>Will keep pre admission risk assessment process under constant review with Director. Will continue to seek more information from referring social workers and the CRC in relation to new possible young people coming to this centre.</p>
<p>3.7</p>	<p>The organisation must ensure that there is ongoing training and development for staff in the Children First Act 2015, the National Guidance for the Protection and Welfare of Children and the organisations child protection policy and procedure.</p>	<p>All staff have undertaken the e learning in Children First Cert's held on personal files in head office.</p>	<p>As soon as training is offered out to the Voluntary organisations for full participatory Children First trainings Smylys will avail of it. The organisation will remain compliant with the regulations for training in Children's first.</p>