



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	<b>100</b>
<b>Year:</b>	<b>2017</b>
<b>Lead inspector:</b>	<b>Eileen Woods</b>

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Ashdale Care Ireland Ltd</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Dates of Inspection:</b>	<b>6<sup>th</sup> and 7<sup>th</sup> November 2017</b>
<b>Registration Status:</b>	<b>Registered from the 31<sup>st</sup> January 2018 to the 31<sup>st</sup> January 2021</b>
<b>Inspection Team:</b>	<b>Eileen Woods Catherine Hanly</b>
<b>Date Report Issued:</b>	<b>6<sup>th</sup> March 2018</b>

# Contents

<b>1. Foreword</b>	<b>4</b>
1.1 Methodology	
1.2 Organisational Structure	
<b>2. Findings with regard to Registration Matters</b>	<b>8</b>
<b>3. Analysis of Findings</b>	<b>9</b>
3.2 Management and Staffing	
3.4 Children’s Rights	
3.5 Planning for Children and Young People	
3.6 Care of Young People	
3.10 Premises and Safety	
<b>4. Action Plan</b>	<b>25</b>

## 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 Methodology

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 ongoing operation of the centre in line with its registration. This inspection was an announced thematic visit that looked at all or selected aspects of standards two, four, six and ten of the National Standards for Children's Residential Centres. The inspection took place over the following dates, the 6<sup>th</sup> and 7<sup>th</sup> of November 2017.

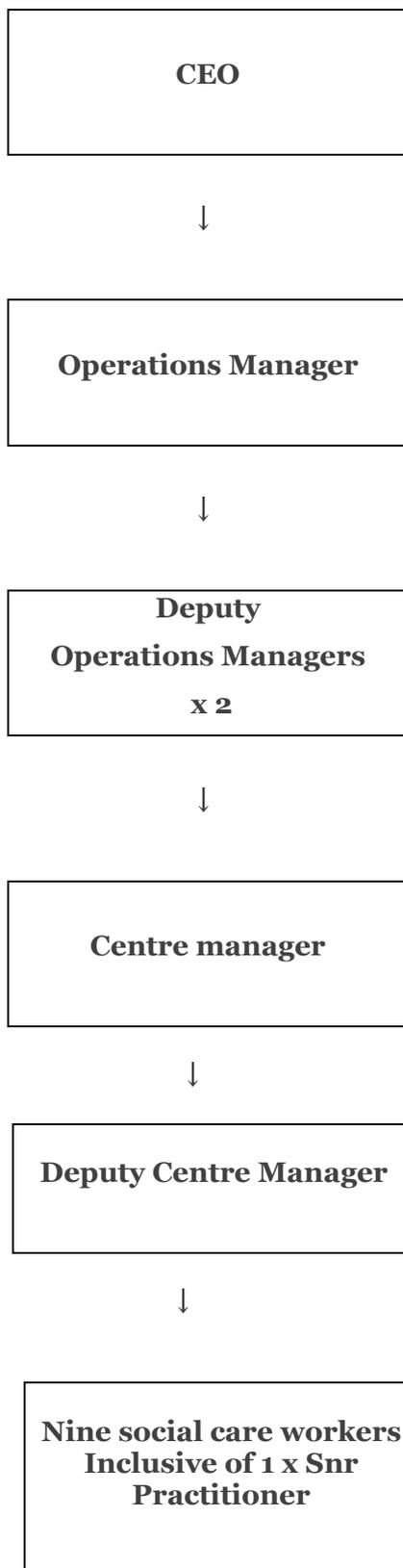
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
  
- ◆ An examination of the questionnaires completed by:
  - a) Eight of the centre social care staff
  - b) The director of the company
  - c) The deputy operations manager
  - d) Two of the three children residing in the centre
  - e) Two of the three social workers with responsibility for children residing in the centre.
  
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
  
- ◆ An examination of the centre's files and recording process.

- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre manager
  - b) The deputy operations manager
  - c) Two social care staff
  - d) One of the three children
  - e) Two of the three social workers – efforts were made to organise an interview with all three.
  
- ◆ 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.

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

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 National Standards in line with its registration. This centre is registered from the 31<sup>st</sup> January 2018 to the 31<sup>st</sup> January 2021.

## 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**

There was both a manager and a deputy manager in post at this centre. Both were suitably qualified and experienced for their roles. An operations manager provided line management oversight and supervision. There was evidence at the centre of organised and recorded governance, oversight and support systems in place for the children and the team. There were well organised and executed management reporting and recording structures in place. Inspectors found that there was a professional governance approach, delivered monthly and ongoing, with involvement from the top down. The staff gave feedback through interview and questionnaire of experiencing a strong management and support system both at the centre and externally. The children knew who the managers and the operational management were and were familiar with them and with the clinical team.

Records evidenced that management support meetings were held monthly and covered a suitable range of areas inclusive of significant event review, planning for young people, staffing and staff support as well as recruitment and team development. The deputy managers and senior social care staff called senior practitioners (equivalent to social care leaders) also attend at management meetings. There were decisions made and shared from these and good evidence of a flow of information from management level to staff level. At the time of the inspection a deputy operations manager was present at the centre on a daily basis as part of a range of interventions to support the children to move away from the crisis behaviours being exhibited at that time.

The manager completed monthly audits for senior management and the manager had escalated the increasing incidents at the centre to senior management, this was followed by a visit to the centre by both deputy operations managers in the middle of

October, senior management commenced a response strategy following this. There was an open statement of concern from the centre and wider management about the levels of restraint taking place; this had experienced an increase following the admission of a third child from October 2017. The resource of additional experienced staff to support this third admission had not been delivered due to staff recruitment and retention issues. Therefore whilst structures of governance and accountability were operating to a good standard they did not offset the impact of the lack of sufficient numbers of experienced persons day to day.

A strategic plan has been developed by the organisation to address their long term staffing needs. In the short term the strategies being implemented at the centre were the provision of an additional experienced staff from another of their centres and the daily presence Monday to Friday of one of the operational managers.

### **Notification of Significant Events**

The significant event reports from this centre are reviewed on an ongoing basis by a dedicated lead inspector at the registration and inspection service. They were in regular communication with the centre about all significant events. At the time of the inspection there was increased contact due to the level of serious incidents and incidents involving restraint being reported. The lead inspector was satisfied overall that the significant events were notified in a timely manner with appropriate content and detail recorded. Both social workers who spoke with inspectors and the three social work questionnaires stated their general satisfaction with the standard and speed of reporting and that incident details help to provide a context for the whole event. They added that phone contact accompanies the sending of the significant events.

Inspectors examined a significant event review folder at the centre and this contained correspondence from the clinical team regarding the therapeutic view and from senior operational management asking key questions around the detail of the restraints in particular. The internal process displayed follow up on content, dates of sending and the actual interventions and events themselves. The management named that despite this focus the levels of concerning incidents involving restraint had been proving difficult to positively impact and reduce. They concluded that a core factor had been staff turnover coupled with difficulty in recruiting experienced staff suitable to the specialist nature of the work.

## **Supervision and support**

The organisation has a suitable policy on supervision and inspectors found that the manager and deputy adhered to this policy. The supervision files were well organised with trackers for sessions, copies of supervisions agreements and records of probationary periods. The session records were completed monthly for long term staff and fortnightly for new staff as per the policy. Records were clearly written, signed and dated. The content of the sessions was directly related to the planning for the children and feedback and review of the role and practice at the centre. There was evidence in supervision records of preparation on a one to one staff level as well as team level for the most recent admission. Training and development was a consistently strong theme for all supervisions. The supervision files contained records of post crisis debriefs, clinical consultations with the psychologist and additional informal supervision sessions. Professional development goals were set for staff and followed up in subsequent sessions.

Inspectors found the oversight of completion of key working tasks was not robust within supervision records and that this should be strengthened in the supervision sessions. The fortnightly supervision for new staff was found to be completed for the six week period stated. The special nature of the work was and staff were supported accordingly.

The manager was supervised monthly and those records were also available for review by inspectors. There were goals set and reviewed, these evidenced high standards and accountability but also reflected the ongoing challenge presented by loss of staff and difficulties in replacing them.

There were daily handovers at the centre that were structured and recorded. Team meetings were held on a fortnightly basis and records show that these are well attended and alternate between longer and shorter meetings when the clinical consultation sessions regarding the individual development plans, (IDP's), were taking place. Team meeting agendas included consideration of complaints, key working, child protection matters and training. The minutes also evidenced preparation and team involvement regarding the most recent admission.

At the IDP meeting the full clinical therapeutic team are present and the minutes reflect a strongly therapeutic focus and attachment based analysis to support the team in understanding the drivers for behaviours and to note signs of improvement. The longer team meeting minutes did not reflect a substantial IDP task review and this represents somewhat of a gap when placed alongside the short format that the IDP currently has. There were occasions, for example at the time of the most recent

admission, when there was an in-depth IDP review including how the work would be done but this was not consistently evidenced across all minutes of IDP meetings and is something that the management must consider.

## **Training and development**

This organisation operates a structured training and development programme that delivers all core training and runs a rotating schedule of additional training complementary to the role. All staff had been trained in therapeutic crisis intervention and first aid. Training in the revised Children First guidelines was to be completed by December 2017. Fire safety training for the whole team had last taken place in 2016, some new staff will require fire safety training to be scheduled.

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

#### **Staffing**

The team complement at the centre is eleven staff; this includes a manager, a deputy manager and a senior practitioner along with eight other social care staff. The staff at the centre were qualified and was a mix of experienced and newly qualified. At the time of the inspection there were insufficient numbers of staff on a seven day a week twenty four hour basis to manage the group. This was named by management and staff and supported by the evidence on file. It was also contrary to the original plan around the admission of the third child which made a commitment to have extra staff onsite for as long as was necessary to integrate the group. The lack of sufficient staff has been discussed under management in this report and has been impacted by factors that for now cannot be easily remedied. One child said that three staff on duty was not enough to keep all three safe and happy and inspectors found that at the time of the inspection additional personnel were being brought in as short term solutions through this unsettled phase.

The children that gave feedback to the inspectors named a range of staff they can talk to about different aspects of their life and could also name their key workers and specific people that they trusted. They said that they had learned from staff about how to cope better or were in the process of learning that. Staff named that they felt despite the challenges of team changes, high rates of incidents and distressed behaviours that team morale was improving through good communication and support from management and the level of training they receive. The majority of the team showed an awareness of the sources and complexities of the children's

behaviours and displayed a consistent response in their questionnaires regarding the restorative and therapeutic approach they wished to implement. The records showed that the staff spend a high level of one to one time with the children and a wide range of activities and sports were undertaken together.

The manager oversees personnel files once compiled by the HR team and inspectors reviewed a sample of three personnel files, in these it was found that the files were maintained in compliance with the Dept of Health '95 guidelines. Inspectors requested that one staff, who briefly left the company, update their CV for the record. The supervision files for new staff contained evidence of inductions being completed in a timely manner, probationary periods are implemented and a small number of people have not been successful during this stage and not retained at the company.

### **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 management must outline the current status of the plan for augmenting staffing levels at the centre to support the resident group. The management must have the numbers of staff available to meet the needs of the children and the purpose and function of the centre.
- The management must provide the status of their overarching long term plan to improve staff recruitment and retention.

### 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**

##### **Complaints**

The centre has a policy on complaints and there was evidence that the children had been supported to understand that they could raise issues and complaints and that these would be listened and responded to. One of the children described this and other aspects of life as being the unnatural side of living in residential care but that they understood the reasons for the system. Inspectors found that there were a number of avenues open to the children to raise complaints and dissatisfactions that they had. There were young people's meetings, one to ones with staff, regular meetings with their social workers and there was evidence of a culture to promote the young people to voice their views.

In feedback to inspectors children described that they knew how to make a complaint. The number of complaints was low and was mainly complaints against each other. The atmosphere at the centre was unsettled at the time of the inspection and the children were impacted by each other's behaviours. Their social workers told inspectors that they were aware of all complaints and were made aware of dissatisfactions through monthly summary reports. One social worker outlined that they were due to review a complaint with their child and both social workers that inspectors spoke with stated that it was their role to look into complaints the children had made.

There were copies of complaints on the files and a register maintained also. There was also a register of dissatisfactions raised by the children and most entries were about day to day life issues that could be resolved with staff. The register noted the child's view, what the individual staff did and later what the team had to add, if anything, from the team meeting. It was recorded where a child said they would like to complain about an item and this was differentiated from a general dissatisfaction.

The young people's meetings are regularly held and the manager uses the meeting book to write to the children in response to their requests as well as talking to them. The letters can cover items such as the house atmosphere and everyone's role in this. The agenda for the meetings always looked at menus, complaints and dissatisfactions, activities and any other matters that the children wish to add. The meeting records were signed by the children as well as the staff.

#### **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

### **3.5 Planning for Children and Young People**

#### ***Standard***

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

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

##### **Suitable placements and admissions**

The three children placed at the centre were aged under thirteen, this is in accordance with the centres purpose and function. The centre is part of an organisation offering a specialised therapeutic programme with access to a clinical psychologist, art psychotherapist and a variety of educational and activity based programmes. The social work departments named that this was the type of programme they were seeking for their child. Applications under Article 56 of EC regulation 2201/2003 were made for the two more recent placements and consent given by Tusla for all three placements, this is in compliance with requirements as they existed at the time. Therefore the children were suitably placed for the programme on offer, at the time of the inspection it was the group dynamic that was the core issue with regard to the placements.

There was, according to the evidence reviewed on file, careful consideration given to the third referral and admission that took place at the beginning of October 2017. Group impact risk assessments were completed and circulated for commentary and individual risk assessments were also updated. There were good structures evidenced on file around the planning and preparation for the placement with pre-placement meetings held, consultation with previous carers, professionals, social workers and a Guardian Ad litem. The known risks were named and information was shared across the professions to best support the placement. The staff team were tasked to read the group impact risk assessment and to bring any concerns or comments to the management's attention.

The provision of additional experienced staffing levels was a core part of the strategy outlined for the third admission. It did not prove possible to provide this reliably from the outset. This coupled with the factors of the group dynamic once actually together meant that at the time of the inspection visit in November there had been significant incidents, restraint and risk for all three residents and indications of a risk to placement stability for all should the situation continue as was. At the time of the inspection the social workers stated that the centre remained the preferred and most suitable option for the children. Inspectors found that the management should have reviewed the offer of the placement once they were aware of the difficulties in the availability of sufficient experienced staff and the evidence supports that this risk did exist before the admission.

The children had some knowledge about why they were living at the centre but had more of an understanding about where they would prefer to live and expressed this well. They did not have an understanding of how long it might be before they would move from the centre to their preferred long term living arrangements and their age must be taken into account in this matter.

### **Contact with families**

Family contact arrangements were dealt with at care planning and review meetings and were found to be incorporated into the individual plans. There was evidence in all the files of family contact being organised and prioritised. The children told inspectors that they knew who they were seeing and when and would always like more family contact. Inspectors found that where it was agreed by the social work department that the team had direct contact with families and kept them up to date about events in the child's life.

## **Emotional and specialist support**

Inspectors found that the key work role was well defined and that the staff had a good understanding of the emotional and psychological needs of the children. Key working was planned and the children named their key workers as some of the main people they rely on within the team. Some of the key working was opportunity led and this applied particularly regarding new admissions but also taking account of the young age of the children. There was a clear connection between the therapeutic model and the key working plans in place but it would be positive to see more of the therapeutic task devolved to the centre once staffing is stabilised. Inspectors found that there was a good understanding of the need and value of the children to have a positive life outside the centre also.

The organisation has a multidisciplinary clinical and therapeutic team based at a different location. The location also offers education and activity based interventions and is central to the day to day work with the children. There was evidence that the children can and have attended individual therapists and were familiar with all the team at the headquarters. They presented to inspectors as having a positive association with the location.

The clinical team consult on the IDP's on a monthly basis and social workers have attended at these, they reported that they found these to be good. The whole social care team attends at these meetings and it is a shared forum with the clinicians taking the lead role to chair the meetings. Additional specialist supports such as occupational therapy can be sourced by the organisation if required for a child.

## **Supervision and visiting of young people**

The children were receiving visits on a monthly basis and in one case on a weekly basis from their social workers. Records were maintained at the centre of the social work visits and contact.

## **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 files at the centre evidenced that sufficient background information was provided to the centre regarding the children's histories. Care planning meetings were organised and held in accordance with the timeframes and family along with children and relevant professionals were facilitated to attend. The social workers confirmed that they can meet with their child in private and were aware of their present wishes and views about their life at the centre. Two of the social workers were clear that they viewed the centre as the most suitable placement despite the unsettled phase that pertained at the time.

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

#### **Statutory care planning and review**

Each of the three children had an allocated social worker and the social workers were aware of the requirements for care planning schedules under Irish regulations and aware of the need to comply with the existing policy on the placement of children aged twelve and under in residential care. Inspectors found that the children had a care plan on file for their placement that had been updated in accordance with the regulatory requirements. The care plans were completed utilising the format from the other jurisdiction of their origin. There was evidence that the children had opportunities to contribute to and attend some care planning meetings. The monthly reviews had been conducted but not with full compliance with the policy at all times and this was tracked by the centre and by the lead inspector. Available records of monthly reviews were viewed on file, these were completed with the social workers and the centre.

The most recent placement was outlined as a projected two year programme and the care plan was updated upon admission with the social worker visiting the young person weekly as an additional safeguard. The care plans represented the views of the families, the children and the professionals involved with the children.

As stated earlier the main children's planning document is the individual development plans, IDP's, these are the centres intended format for placement planning. The IDP's were consistently completed in a timely manner upon admission and reviewed on a monthly basis by the multidisciplinary team and the social care team together thereafter. The care plans reviewed by inspectors left much of the detail of the planning for the placement to the centre in general. Whilst the inspectors noted the positive structure of the multidisciplinary team meeting during the consultation sessions and the evidence of this being implemented in how the staff

support the children there were aspects of the IDP's did not fulfil the criteria of a robust placement plan. Inspectors found that a clear statement of the overarching placement goals and timeframes and a breakdown of key working tasks and review of same within the IDP's must improve. Inspectors found that the medium and the short term goals were well named and illustrated the range of programmes and interventions available to the children and the team. The therapeutic tasks were prominent and it would be positive to see the format expand or adapt to include better detail or a better connection to and tracking of key working. This issue has been named by the registration and inspection service during the latter half of 2017 and productive discussions have taken place regarding the IDP's with the organisations management.

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

None identified

### **3.5.4 Regulation Based Requirements**

**The children in this centre are placed under Article 56 of EC Regulation 2201/2003 and have complied with Irish regulatory requirements relating to care planning and review.**

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

*-Part III, Article 17, Records*

*-Part III, Article 9, Access Arrangements*

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

### **Required Action**

- Centre management must review the format and content of the individual development plans to ensure that these, or an alternative document, accurately reflect all relevant aspects of planning for each child's or young person's placement at this centre.

## 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

#### **Managing behaviour**

The centre has a policy for addressing behaviour management issues and overall inspectors found that the aim is to do so within the overarching therapeutic framework. A variety of diversion programmes were utilised by the team and sessional records were maintained of these and analysed for further planning and intervention. Prior to the increase in the number of children living in the centre there was evidence of the behaviour management strategies yielding results for the children. Learning logs were maintained by staff also to assist in tracking positive interventions as well as recognising what is not helpful. Inspectors found that behaviour management was therefore individualised utilising an identifiable central structure.

Each child had an individual crisis management plan, ICMP, in place that they have been consulted with about and after incidents there were records of life space interviews being completed. The social workers had read and signed the ICMP's on file and these had been regularly reviewed. The ICMP's displayed good insights by the team into the children's needs. At the time of the inspection many of the interventions were not proving effective when the group were together for periods of time. A group risk management strategy had been put place to respond to this but the effectiveness of this was unproven at the time of the inspection.

Records were maintained of consequences and rewards and it was clear to inspectors in the feedback received from the children that discussions had been held with the children by staff to help them to understand these and to know what to expect. It was evident that the children had been supported to express what out of both worked for

them to change their behaviour and what didn't. Consequences titled 'natural consequences' were logged in a shared register and these had been reviewed by the operations manager. No views of young people or of the effectiveness of the intervention were noted there and it would be good to see that developed. There were also forms called 'related consequence report forms' on file and these did not either contain the manager's or the child's view consistently. The intended difference between the two systems was not apparent to inspectors and the consequences were not necessarily differentiated by type. The system of recording of sanctions must be reviewed to ensure clear oversight.

There was an anti-bullying policy in place and the staff were alert to incidents and trends at the centre. Although there was mutual impact there was no evidence of bullying at the centre at the time of the inspection.

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

#### **Restraint**

This centre uses a recognised method of behaviour management and restraint; all of the team were trained in this at the time of the inspection. Additional sessions had been held with the trainer when the use of restraint escalated at the centre. The centre's policy on restraint notes that it is to be used as a last resort and the team stated that they aim to implement restraint only when it is necessary for the safety of the child or others. The number of significant events featuring restraint at the time of the inspection was over twenty for all three children in a four week period between October and November 2017. The individual crisis management plans named what type of restraint it was recommended to use if necessary and these had been agreed with the social workers. Families were also aware of the potential for the use of restraint as well as when it was in fact used with all three children. It was less clear how quickly one family were updated by the social work department involved.

At the time of the inspection all three children had been restrained and had witnessed restraints with others. They had witnessed staff being assaulted and on occasion been assaulted themselves. Despite review, strategies and focus the restraint rates were remaining stubbornly high for all three children. Therefore physical restraint was a regular feature of day to day life for the children at the centre and represented an increase for two children compared to the months prior to the inspection.

All restraints were recorded clearly and notified to the relevant parties. These were also logged on a central register. At the time of the inspection the social workers did not have undue concerns about the level and type of restraint. The social workers stated that the care needs were complex and multilayered which would take time to address. The Guardian Ad Litum for one young person was also involved in some restraint discussions. One social worker said that they had talked to their child and that the child understood that restraint was used to protect them from harm.

The social workers for two children confirmed that the parents were aware of the restraints. The family of a third child had raised concerns in the early 2017 about the use of restraint. A period of reduction in the level of restraints was achieved following this. This was the social work department that the inspectors were not successful in organising an interview with but the lead inspector with responsibility for this centre has been in active communication with all social work departments about the ongoing issue of restraint and risk at the centre.

Inspectors found that restraints were reviewed both at team level and at operational management level. Feedback for practice was communicated and evidenced as followed up by staff. Some errors in the implementation of physical interventions had taken place and trends were also looked at and all were addressed by management with staff individually and collectively. A full scale post crisis debrief was held for all staff in October with outcomes for implementation in practice at the centre that could be subsequently seen on file at the centre. The emphasis was on supporting and settling the children.

It is crucial that the social work departments and other professionals gather the views of the families and the children and hold any additional reviews and meetings as are required to eliminate the experience of physical restraint from the lives of the children. The centre must continue to review the approaches in operation and the staffing to support the children.

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

None identified

### **3.6.4 Regulation Based Requirements**

The centre have met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 Part III, Article 16, Notifications of Physical Restraint as Significant Event*.

### **Required Action**

- Centre management must continue to undertake all measures necessary to reduce the level of restraint for all three young people.
- The social work departments must come together and hold such meetings, interdisciplinary consultation and planning as is necessary to positively impact on the level of physical intervention. The views of families and children must be party to this.

### **3.10 Premises and Safety**

#### ***Standard***

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

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

##### **Accommodation**

The centre is based in a suitable property on its own grounds in a rural location. The centre has recently had an extension added and the fire safety systems were upgraded to accommodate this. The size of the extension did not require planning permission. The house had adequate space for the three residents and there was an extra sitting room added which was a long planned and timely addition to the house. The room was cold at the time of the inspection but management said they would be reviewing the heating to ensure that the room is at an ambient temperature.

Evidence of insurance against accident or injury was provided to the inspectorate by the centre as part of their application for the renewal of registration and a copy was viewed on file at the centre.

##### **Maintenance and repairs**

There was evidence that damage had taken place at the centre during incidents but that repairs and improvements had taken place without delay.

## **Safety**

The centres safety statement was pending an update at the time of the inspection and a safety folder contained a full set of safety procedures and named the health and safety representative on the team. A copy of a full safety audit was on file from July of 2017. Three of the new staff had completed first aid training in 2017.

### **Fire Safety**

Inspectors found that fire safety equipment was present in the centre in accordance with the fire safety statement, these had been serviced in October 2017 and are the subject of a service contract. There were fire safety inspections completed by the manager. The fire log noted that training had been completed with the team in 2016 and that to date in 2017 four fire drills had been held at the house. Fire safety training should be scheduled for whole team due to changes in the group. Service certificates were also on file for the emergency lighting and the alarm system.

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

None identified

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

None identified

#### **3.10.4 Regulation Based Requirements**

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

*-Part III, Article 8, Accommodation*

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

*-Part III, Article 15, Insurance*

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

*-Part III, Article 13, Fire Precautions.*

## 4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The management must outline the current status of the plan for augmenting staffing levels at the centre to support the resident group. The management must have the numbers of staff available to meet the needs of the children and the purpose and function of the centre.</p> <p>The management must provide the status of their overarching long term plan to improve staff recruitment and retention.</p>	<p>Since the inspection there has been an additional three full-time staff members added to the centres team. There are currently sufficient staffing levels within the centre.</p> <p>Inspectors were provided with a specific and comprehensive organisational Recruitment Strategy the details of which will be maintained on the inspection file. The strategy is operational presently.</p>	<p>Senior management and centre management will monitor and review strategies and ensure that appropriate support mechanisms are put in place. Ongoing auditing tools to be implemented.</p> <p>The Organisational Recruitment Strategy 2017/2018 now includes the provision of a HR Dept within the company. They will work in concert with the Director and Proprietors in the implementation and oversight of the strategy.</p>
3.5	<p>Centre management must review the format and content of the individual development plans to ensure that these, or an alternative document, accurately reflect all relevant aspects of planning for each child's or young person's placement at this</p>	<p>Senior management and centre management are committed to devising a placement plan template to ensure that there is a framework which informs how the individual needs of the young people are being met, who is involved and</p>	<p>Operational management will closely monitor and review this document to ensure that it is appropriately utilised and effective in practice.</p>

	centre.	achievements/outcomes to date. This document will work in tangent with the IDP (January 2018).	
<b>3.6</b>	<p>Centre management must continue to undertake all measures necessary to reduce the level of restraint for all three young people.</p> <p>The social work departments must come together and hold such meetings, interdisciplinary consultation and planning as is necessary to positively impact on the level of physical intervention. The views of families and children must be party to this.</p>	<p>Since the inspection the level of restraint has decreased significantly and this remains an objective for the staff. TCI refreshers are scheduled for February and March 2018, focusing on preventing restraint. There have been further joint strategy meetings with all three social work departments, to be continued on a 6-8 week basis due to the complexity of the current group dynamic. Relevant social work departments will ensure that the views of the children and their families are heard and appropriate responses put in place.</p> <p>From Principal Social Worker for one of the Young People: A Risk Management meeting was held with the Centre and involved all 3 Trusts on the 22/1/18. These meetings will continue on an 8 weekly basis as required. Statutory Looked After Reviews are held as per procedure by this Trust in respect of the child we have responsibility for.</p>	There will continue to be ongoing review of use of restraint by senior management in conjunction with the centre manager and the social work departments.