



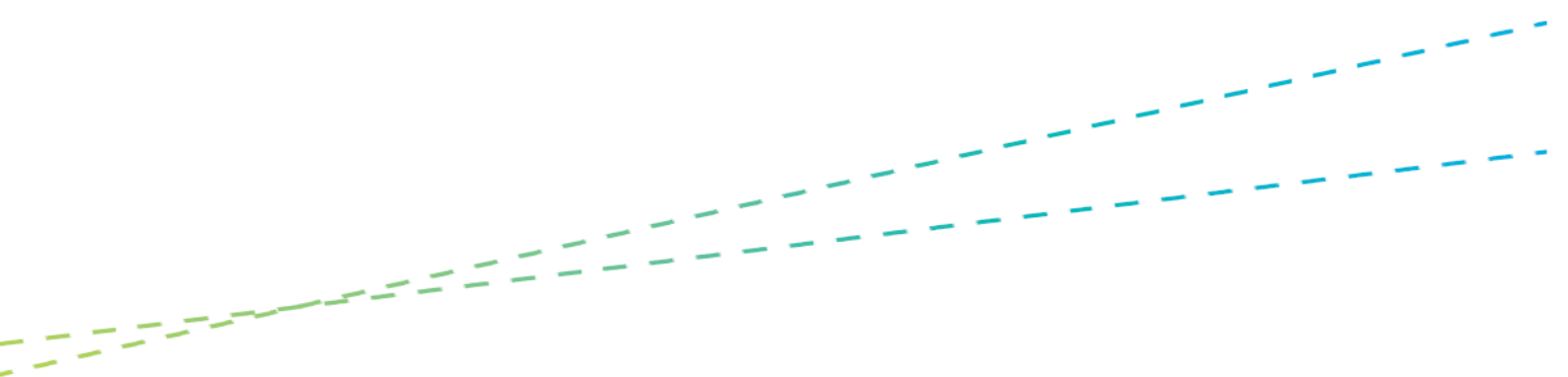
**An Ghníomhaireacht um  
Leanaí agus an Teaghlach**  
Child and Family Agency

## **Alternative Care - Inspection and Monitoring Service**

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

**Centre ID number: 142**

**Year: 2019**

Two parallel dashed lines, one light green and one light blue, extending from the left side of the page towards the right, curving slightly upwards.

Alternative Care Inspection and Monitoring Service  
Tusla - Child and Family Agency  
Units 4/5, Nexus Building, 2<sup>nd</sup> Floor  
Blanchardstown Corporate Park  
Ballycoolin  
Dublin 15 - D15 CF9K  
01 8976857

## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Intensive Community Programmes</b>
<b>Registered Capacity:</b>	<b>One young person</b>
<b>Dates of Inspection:</b>	<b>20<sup>th</sup> and 26<sup>th</sup> June 2019</b>
<b>Registration Status:</b>	<b>Registered from 07<sup>th</sup> September 2018 to 07<sup>th</sup> September 2021</b> <b>Removed from register from 15<sup>th</sup> July 2019</b>
<b>Inspection Team:</b>	<b>Joanne Cogley</b> <b>Michael McGuigan</b>
<b>Date Report Issued:</b>	<b>11<sup>th</sup> September 2019</b>

# Contents

<b>1. Foreword</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
1.3 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	
3.6 Care of Young People	
3.7 Safeguarding and Child Protection	
3.10 Premises and Safety	

## 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 on-going 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 on-going 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 its first registration on the 7<sup>th</sup> September 2018. At the time of this inspection the centre was in its first registration and in year one of the cycle. The centre was initially registered without attached conditions from the 7<sup>th</sup> September 2018 to the 7<sup>th</sup> September 2021. On the 24<sup>th</sup> May 2019 following inspectors being made aware of a period of financial instability within the service, a condition was attached to the service in relation to management with a review of this condition to occur on or before the 5<sup>th</sup> July 2019.

The centre's purpose and function was to accommodate one young person of either gender from age sixteen to eighteen years. This was purpose specific to facilitate the placement for an identified young person. The centre's model of care was based on a number of theoretical approaches including significant aspects of Adolescent Metallisation-Based Integrative Therapy (AMBIT) which is an approach to working with hard to reach young people at risk.

The inspectors examined aspects of standard 2 'management and staffing', standard 4 'children's rights', aspects of standard 6 'care of young people', standard 7 'safeguarding and child protection' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres, 2001. This inspection was unannounced and took place

on the 20<sup>th</sup> and 26<sup>th</sup> of June 2019. There was one young person resident in the centre at the time of inspection.

## 1.2 Methodology

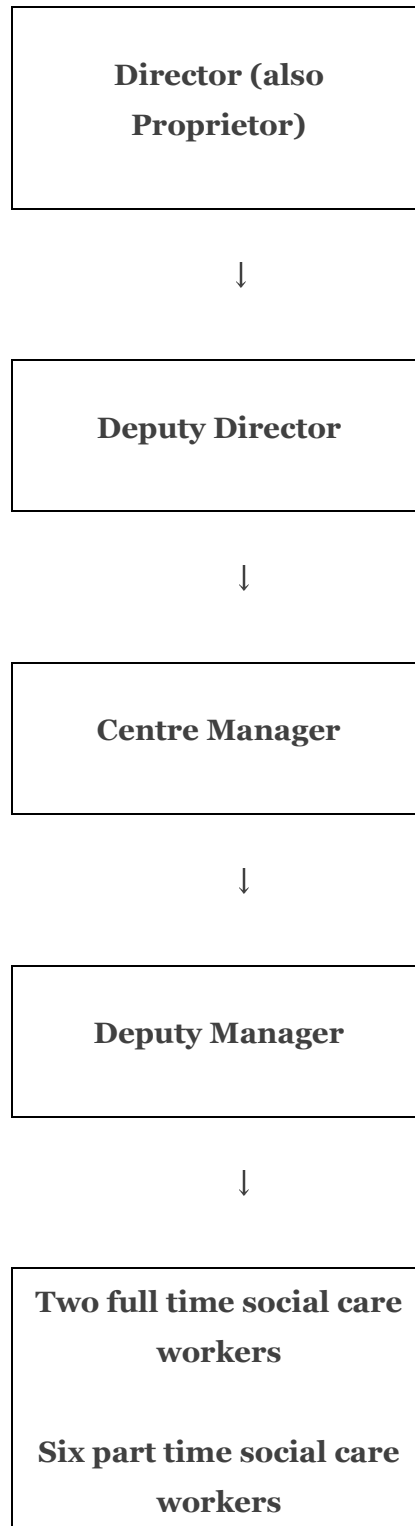
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
  - a) The deputy manager
  - b) The director
  - c) The social worker with responsibility for one young person residing in the centre
- An examination of the centre's files and recording process including:
  - The young person's care files
  - Staff supervision records
  - Personnel files
  - Handover book
  - Management meeting records
  - Staff team minutes
  - Complaints records
  - Safeguarding records
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
  - a) The centre manager
  - b) The deputy manager
  - c) The director
  - d) Three social care staff
  - e) One young person
  - f) The allocated social worker for the young person
  - g) The allocated principal social worker for the young person
  - h) The allocated guardian ad litem for the young person
- ◆ Observations of care practice routines and the staff/young people's interactions.

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

The inspectors would like to acknowledge the co-operation of all those concerned with this centre and thank the young people and management for their assistance throughout the inspection process. It should be noted that staff members did not complete and return the required questionnaires as part of the inspection process.

## 1.3 Organisational Structure





## 2. Findings with regard to registration matters

At the time of this inspection the centre was registered from the 07<sup>th</sup> of September 2018 to 07<sup>th</sup> September 2021 with an attached condition to be reviewed on the 5<sup>th</sup> July 2019. Immediately following the inspection this centre ceased to be operated by the provider and the centre was removed from the register of non-statutory children's residential centres on 15<sup>th</sup> July 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 young people. There are appropriate external management and monitoring arrangements in place.

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

Not all criteria under this standard were examined during the inspection.

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

Not all criteria under this standard were examined during the inspection.

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

##### **Management**

The centre had a full time manager who had been in post since the centre opened in September 2018. This person had experience as a manager in a children's residential service prior to moving to this organisation and had extensive experience as a social care worker prior to taking up a management role. The manager was present during normal office hours and had overall responsibility for the day to day running of the service. It should be noted that at the time of inspection the centre manager was on a month's annual leave and no provisions were made for the management of the centre during this time. The deputy manager continued to work two shifts per week and confirmed during interview that there was no oversight of the centre during the centre manager's absence. The director confirmed they were available to the staff team on the phone if required but did not have a presence in the centre during the manager's absence. The directors must review management arrangements in the centre during periods of prolonged annual leave in order to satisfy themselves that appropriate care practises are in place and policies are being adhered to.

The centre manager reported to the service's director who was also the proprietor and had the responsibility for oversight of operational practices. Inspectors were informed that there were monthly managers meetings that were attended by centre managers, director

and deputy director of the organisation however minutes of same could not be provided to the inspectors for review at the time of inspection.

During interview the director confirmed there were no external mechanisms in place to oversee the work being undertaken in the centre and there were no formal audit structures. The director confirmed they had visited the centre three times in the past six months. The director must ensure a formal audit structure is implemented to ensure quality assurance.

On a number of occasions whilst on site the inspectors requested to review a number of care and administrative files that the manager noted had not been completed, this included supervision records, complaints records, team meeting minutes and key working records that were lacking since March 2019. Overall the inspectors found that the standard of recording mechanisms within the centre were not sufficient and could not demonstrate governance to ensure appropriate care practices were being utilised. There was a general absence of evidence of planning for the care of the young person. The centre manager must ensure appropriate administrative and care files are maintained on a daily basis. The director must ensure appropriate oversight mechanisms are implemented to support this.

### **Supervision and support**

The centre policy stated supervision would be provided to staff at intervals of four to six weeks. It was noted by inspectors that this policy was not adhered to. The centre manager acknowledged that due to ongoing issues within the organisation and a period of instability, they had not been able to maintain the provision of supervision with a shortfall occurring over the past five months. While the centre manager stated that some supervision had occurred, formal records had not been completed to evidence this. No records could be provided for staff supervision to the inspectors for review when these were requested. The centre manager received supervision from the director however informed inspectors that it was their responsibility to ensure these were recorded. No records could be provided to the inspectors for the centre manager's supervision when these were requested. Supervisors must ensure that all supervisions are appropriately recorded by the supervisor within a prompt time frame and that records are signed by both parties. The director and centre manager must ensure the supervision policy is being adhered to.

During interview the centre manager and staff team stated that team meetings occurred every two weeks however due to the logistics of travel for some staff members, it was not

always possible to have all staff members attend the meetings with some being given the option to join via an online link. It was stated by the centre manager that there have only been three occasions in the past six months where the entire staff team were present for team meetings. Team meeting minutes could not be reviewed at the time of inspection as these had not been written up. The centre manager must ensure accurate written records are kept following each team meeting and that attendance at meetings improves.

Inspectors attended a daily handover meeting in which the young person was to the fore and present for. The meeting incorporated planning for the young person as well as operational aspects. Where possible the manager attended these meetings and offered guidance and support to staff members. Handover documents were completed and signed by all staff members to allow for accountability and follow-through of planning.

The centre had an on call policy in place. This included the centre manager being on-call every night and every weekend. Where they were not available, the director would participate in the on-call system. The inspectors noted this meant the centre manager had very little rest time outside of work. Inspectors noted this to be unsustainable in the long term and this could lead to management burnout. The director must review the current on call system to allow centre management appropriate rest periods between working hours.

### **Notification of Significant Events**

Inspectors found that the centre did not have a system for the prompt notification of significant events. Recent notifications received had a notification time of four to six weeks in two recent cases and a period of five to seven days in other cases. The allocated social worker confirmed that they received a phone call or email with overview of the significant event but did also note the recent delay in receiving written copies of the significant event notification forms. The centre manager and deputy manager must ensure significant events are being notified to all parties in a prompt manner.

### **Staffing**

This centre had a staff complement of one manager, a deputy manager and two full time social care workers. There was a further six additional staff who were working in the centre to fill the roster. Some of these staff were working reduced hours and each was on a temporary contract. From a review of qualifications, inspectors noted that one staff member was currently completing a social care qualification and the rest of the staff team held a recognised qualification in social care or equivalent.

While there was a balance of experience on the team, the deputy manager acknowledged during interview that it had been very difficult to find staff to cover shifts. It was noted that in June, the director worked a sleepover in the centre to cover staff shortages and that some staff had to work extra hours to ensure the roster was covered. It was also noted that the centre manager, along with working their standard office hours also worked nine shifts over an eleven week period to cover roster needs. Inspectors noted that three staff were working back-to-back overnights in some instances and were there for at least 48 consecutive hours. This practice should cease immediately. There had been occasions in recent months where staff had not been paid and the allocated social worker and guardian ad litem noted this caused uncertainty in relation to sustainability of placement moving forward. Inspectors found that there was not enough staff to fulfil the centre's purpose and function.

As a result of a period of instability in the organisation, the centre closed for a number of weeks during April and May. It was noted that there was a turnover of three staff members who were subsequently replaced by new staff. During interview the young person stated that they had a strong relationship with some staff and were happy with the care being provided to them. Inspectors found through interview that staff understood the needs of the young person, the nature of the work to be carried out and had made efforts to build effective relationships.

Inspectors found that the centre did not have suitable vetting mechanisms in place. From a review of a sample of staff personnel files, inspectors found that these contained up-to-date Garda vetting. However, risk assessments regarding the nature of disclosures on staff Garda vettings had not been completed. While discussions had occurred with staff and minutes were kept, this did not equate to a risk assessment nor did it offer guidance or risk management around keeping the young person safe. Further, police clearance and vetting for a staff member who had lived in another jurisdiction was not in place. Inspectors noted that testimonials rather than organisational references were held on four staff files and while references were always verbally verified, at times verification had not occurred until after the staff member had begun working in the centre. Inspectors noted that some qualifications had not been suitably checked with the awarding institutions and that CVs were not to the required standard.

### **3.2.4 Regulation Based Requirements**

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

***-Part III, Article 6, Paragraph 2, Change of Person in Charge***

The centre did not meet 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 7, Staffing (Numbers, Experience and Qualifications)***

***-Part III, Article 16, Notification of Significant Events***

**Required Action**

- The director must review management presence within the centre during periods of prolonged annual leave in order to satisfy themselves that appropriate care practises are in place and policies are being adhered to.
- The director must ensure a formal audit structure is implemented to ensure quality assurance.
- The centre manager must ensure appropriate administrative and care files are maintained on a daily basis.
- The director and centre manager must ensure the supervision policy is being adhered to.
- Supervisors must ensure they are maintaining accurate written supervision records signed by both supervisors and supervisees.
- The centre manager must ensure accurate written records are kept following each team meeting and that attendance at team meetings improves.
- The director must review the current on call system to allow centre management appropriate rest periods between working hours.
- The director and centre manager must ensure the practise of staff working back to back shifts ceases immediately.
- The centre manager and deputy manager must ensure significant events are being notified to all parties in a prompt manner.
- The director must ensure there is adequate staffing to fulfil the centre's purpose and function.
- The director must ensure there are appropriate vetting mechanisms in place for all new staff members.

### 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**

Review of the care files along with observations of staff practice and interviews with the young person in placement provided evidence to support that consultation was a regular feature of staff practice. It was common practice in the centre that the young person actively participated in handover meetings and attended regular professionals meetings where they felt their voice was heard. They had an active input into the writing of their daily logs and contributed to this also. There was evidence on file of the young person participating in their care plan reviews and attending same along with their caregivers. The inspectors were satisfied from interview with the young person that they were consulted in their placement goals and objectives and they noted that they were happy within the centre and felt cared for and listened to.

##### **Access to information**

During interview with the young person they confirmed to inspectors that they had access to their care files should they wish to review them. The young person stated they had only availed of this on one occasion to date however was aware they could request them at any time. The young person also stated they participated in daily handover meetings and took part in writing their daily logs and were aware of communications in relation to their placement. Through staff interviews this was confirmed as being a regular part of the practice within the house.

#### **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**

#### **Complaints**

The centre had a policy on complaints however no evidence could be found by inspectors to show this information was available in the young people's admission pack to inform them of the process. The young person stated they were not aware of external avenues for complaints such as social workers. The inspectors met with the allocated social worker, deputy manager and young person, all of whom confirmed there had been a recent complaint in relation to a staff member working with the young person. It was confirmed this complaint had yet to reach a satisfactory resolution. Whilst the young person stated they felt listened to in relation to their issues, from review of the complaints log and register there was no evidence to show any record or management of this complaint nor was there any evidence of external line management oversight of complaints. During interview with a number of staff members, inspectors found that they were not familiar with the complaints policy or processes in relation to the recording and notification of complaints.

#### **3.4.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.*

#### **Required Action**

- The centre manager must ensure all complaints made by young people are recorded accurately on a complaints form and in the complaints register noting the complaint and resolution.
- The centre manager must ensure there is documentary investigative evidence relating to all complaints.
- The directors must develop a young person's booklet for any young person being admitted to their service.



### 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**

##### **Absence without authority**

The young person's placement support plan incorporated an individual absence management plan which was in line with the Children Missing from Care: a Joint Protocol between an Garda Síochána and the HSE Children and Families Services, 2012. There was evidence of this being reviewed and approved by the centre manager. There was no evidence to show social worker input or approval of the plan. The young person in placement had a significantly high level of absences however there had been evidence of regular communication and review between the centre manager and social work department specific to these. In some instances the missing events led to child protection concerns and strategy meetings occurred and risk management plans were updated in line with this. All absences had been reported appropriately and reviewed with relevant professionals.

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

##### **Managing behaviour**

The centre had a policy on behaviour management that provided guidance to staff on how challenging behaviours were to be addressed. There was evidence from speaking with both staff and the young person that this policy was being implemented within the centre. One aspect of the policy was to ensure the young person was involved in agreeing acceptable standards of behaviour within the centre and there was evidence of this being set out with the young person and staff members from the outset of placement. Inspectors found that the young person had a placement support plan which incorporated an absence management plan, an individual crisis management plan, a routine management section and a behaviour management section. While this document was comprehensive and reviewed recently, there was no evidence of input or oversight from

the social work department or external line manager. This was signed by the centre manager however there was no evidence to show it had been reviewed by staff members or professionals. The behaviour management aspect of the plan gave staff members good guidance on managing the young person's range of presenting behaviours, however given the current presentation of the young person it did not address a specific significant high risk behaviour comprehensively and this needed to be reviewed by the centre manager and key worker for the young person. The centre also had a written policy on bullying in place that promoted a positive and safe environment.

Whilst the centre employed a no-restraint policy, it did use other aspects of a recognised model for de-escalation of behaviours. From a review of the staff personnel files and training certificates, there was evidence that the centre manager had up-to-date training in a recognised model for de-escalation of behaviours and physical intervention. There was no evidence on staff files that any staff member had completed recent training in this respect nor could any training plan be provided to inspectors in relation to same.

The centre did have a policy on sanctions however there was no sanctions register operating in the centre. The centre did not impose sanctions or rewards on the young person which had been considered in line with their complex presentation. The approach utilised was to ensure individual work was completed with the young person prior to the day continuing. From review of individual work the inspectors found limited evidence of this being completed with the young person to address behaviours.

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

Not all criteria under this standard were examined during the inspection.

#### **Required Action**

- The directors must ensure all staff members receive training in a recognised model for managing challenging behaviour.
- The allocated social worker for the young person and the centre manager must review all behaviour management plans relating to the young person to ensure all significant high risk behaviours are addressed given the complexity involved.

### 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**

None identified

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

##### **Safeguarding**

The centre had a child safeguarding statement in place which had been approved by the Tusla child safeguarding statement compliance unit. Inspectors found that it was not signed by all staff and in interview not all staff were aware of the contents of this statement. Inspectors found through interview with staff members they were not familiar with procedures for safeguarding within the centre. The inspectors also found the centre did not have a whistle blowing policy in place and the directors must ensure one is developed and implemented for the centre. The centre had an anti-bullying policy in place and the young person noted they had no issues in relation to bullying within the centre.

As noted there was a period of instability for the organisation that led to this centre closing for a period. Emergency alternative accommodation was sourced for the young person; however, given the emergency nature the same safeguarding standards that should exist to protect the young person while in a children's residential centre were not in place in the alternative placement. As mentioned in this report previously, inspectors conducted a review of a sample of staff personnel files and found that the centre did not have suitable vetting mechanisms in place for the recruitment of staff members and that staff recruitment was not being carried out in line with the centres policies.

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

#### 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.

From a review of the training records for staff it was observed that the centre manager and two staff members had completed appropriate training in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. There were seven staff members who had not completed the required training programme. The centre manager must ensure the identified staff members complete the training as a matter of priority. The inspectors noted that the centre had a child protection policy in place however during interviews staff members were unable to demonstrate knowledge of the correct processes and procedures in relation to reporting child protection concerns and were unable to demonstrate awareness of their roles as mandated persons.

There were nine child protection notifications since the last inspection and these corresponded with the centre register. All nine notifications remained open at the time of inspection and the inspectors found no evidence of corresponding attempts to close these concerns. There was no evidence on file to demonstrate management of risk associated with the open notifications. The child protection register contained copies of the significant event notification forms relating to these together with the child protection and welfare reporting forms submitted through the Tusla portal. The child and family agency must ensure all concerns are investigated and the centre must be provided with a written notification of outcome.

##### **Required Action**

- The director must ensure the identified staff members complete child protection training in line with the national guidance for the protection and welfare of children 2017 as a matter of priority.
- Centre management must ensure all staff are familiar with the centres safeguarding and child protection policies and procedures.
- The director must ensure a whistle blowing policy is developed and implemented.

- The child and family agency must ensure child protection and welfare concerns are adequately investigated and provide written notification to the centre manager of outcomes.

### **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**

None identified.

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

##### **Accommodation**

This centre was a two storey semi-detached house in an urban area in Munster. Inspectors found that the premises had suitable light, heating and ventilation and that it was decorated to the required standard. Appliances were domestic in nature and the young person had a bedroom to themselves that they could decorate to their own taste. There were communal areas for the young person to spend time with friends, family and social worker and the furnishings and facilities were adequate and sufficient for the number of people living in the centre. There was adequate insurance in place.

However, Inspectors found that there were a number of issues with the premises that needed immediate attention. The young person's bedroom door had been damaged and had not been replaced. On the day before the inspection this had been swapped for the door on the upstairs hot press. However, these doors had not been correctly fitted when swapped and did not close properly. This meant that they did not serve as a fire protection measure. Further, the young person's door had been damaged some weeks before the inspection but was not replaced until the day before inspectors visited the premises. The young person stated that they had not been able to lock their bedroom door for a substantial period. The damage to the door meant it had not been fire compliant during this time.

The office/sleepover door frame was damaged and needed to be replaced as did a number of curtain poles and wardrobe doors throughout the building. Inspectors observed that there was water pooling in a light bulb in the kitchen. This was due to a leak in the bath and water had drained into the ceiling of the kitchen. A sign had been placed on the bathroom door stating that the bath and shower could not be used. However, the director confirmed this had not been reported to maintenance despite the issues being identified on May 23<sup>rd</sup>. No investigation had taken place to ascertain if wiring or electrics had been damaged by the leak and water was evident in the light bulb. Inspectors wrote to the proprietor on the first day of the inspection highlighting issues with the accommodation and asked for immediate action to be taken and a written response. When inspectors returned the following week these issues had been rectified. However, a formal response to the inspectors' letter has not been received from the organisation. Directors have not outlined mechanisms by the organisation to ensure maintenance issues are addressed adequately in the future.

### **Safety**

The centre safety statement was not site specific and was generic to the organisation. This had been signed by the centre manager and staff in 2018 but needed to be revised to address the premises. While there were accompanying risk assessments these did not deal with all of the hazards in the building including slips, trips and falls, usage and storage of chemicals, the working environment for staff and risks pertaining to the young person. Further, while hazards such as damaged fire doors and leaks had been notified to the director these had not been addressed in a timely manner.

Inspectors noted that medicines could be safely stored in a secure cabinet to which young people did not have access. This was stored in the staff office and there were no issues with the recoding of the administration of medication. Inspectors also reviewed driving licenses and insurance details for the centre vehicle and found these to be in order.

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

#### **Maintenance and repairs**

As noted above, on the first day of inspection it was observed that a number of issues needed immediate attention in the centre. However, it was reported by staff and young people that these issues had been on-going for a number of months and had not been addressed despite being brought to the director's attention by the centre manager.

During interview with the director, they stated that they were aware of the issues, however, had been unable to get maintenance personnel to carry out the work. The director also noted that there had been some financial issues that had prevented the work being completed. Inspectors found that the centre did not have an appropriate system for reporting and addressing maintenance issues and that a sufficient budget was not available for the upkeep of the centre.

### **Fire Safety**

This centre had obtained written certification regarding its fire compliance before beginning operations. However, there was no up-to-date premises specific statement on fire safety or fire precautions. While there was a fire and general register this did not have the details of the premises completed and also did not contain information on designated fire marshals or any details for emergency response. Inspectors noted that fire drills were being conducted regularly, as were checks on the means of escape. However, regular checks on fire fighting equipment and emergency lighting were not being conducted as required.

From a review of the training certificates held on file, inspectors found that only three staff had up-to-date fire safety training. Further, there were no risk assessments that addressed the fact that some of the fire doors in the building had been damaged and were no longer fire compliant. These doors had been damaged for a substantial period of time and were not replaced until inspectors raised the issue.

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

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

*-Part III, Article 8, Accommodation*

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

*-Part III, Article 15, Insurance*

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

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

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

### **Required Action**

- The director must ensure that the centre has a site specific safety statement in place and that all staff are aware of same.
- The director must ensure that the centre has an appropriate system for reporting and addressing maintenance issues and that a sufficient budget is implemented and available for the upkeep of the centre.
- The centre manager must ensure that regular checks are being completed on fire fighting equipment and emergency lighting.
- The centre manager must ensure that adequate risk assessments are completed in line with any maintenance / fire safety issues within the centre.
- The director must ensure all staff receive appropriate fire safety training.

Immediately following the inspection this centre ceased to be operated by the provider and the centre was removed from the register of non-statutory children's residential centres on 15<sup>th</sup> July 2019. An action plan with corrective and preventative actions was not forwarded by the provider.