



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

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 007

Year: 2018

Lead inspector: Lorraine Egan

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Novas
Registered Capacity:	6 young people
Dates of Inspection:	6th and the 7th of February 2018
Registration Status:	Registered from 13th March 2018 to the 13th of March 2021 without attached conditions.
Inspection Team:	Lorraine Egan Sharon McLoughlin
Date Report Issued:	2nd May 2018

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1. Foreword

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

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

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and 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 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 2003. At the time of this inspection the centre was in their fourth registration and was in year three of the cycle. The centre was registered without conditions attached from the 13th March 2015 to the 13th March 2018.

The centre's purpose and function is to accommodate six young people of both genders from age twelve to seventeen years on admission. It provides medium to long term care placements. Their model of care was described as holistic with a goal to equip their team to become specialised in various areas so as to meet the needs of young people in an empathic way.

The inspectors examined standards 2 'management and staffing', 5 'planning for children and young people and 10 'premises and safety' of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 6th and the 7th February 2018.

1.2 Methodology

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

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Ten of the care staff team (including two team leaders)
 - b) Two of the five young people residing in the centre
 - c) Two social workers with responsibility for the five young people 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.

Administration Files

Care Files

Manager Meeting Records

Personnel files

Significant Event Notification Records

Supervision Records

Team Meeting Records

Young Peoples Register

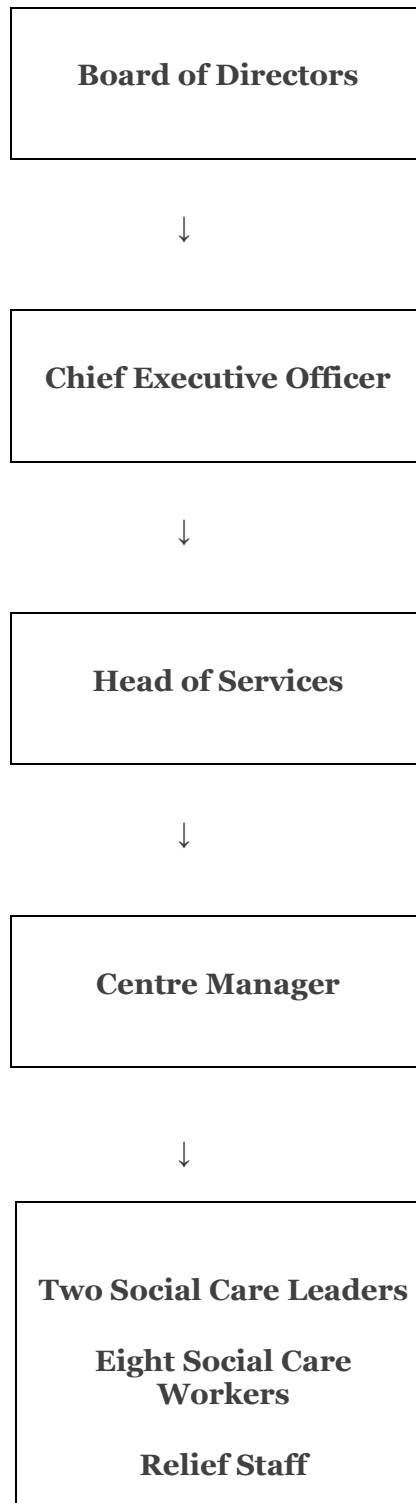
Training and Development Files

- ◆ 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) The head of service
 - c) Five staff members including two social care team leaders
 - d) The social workers with responsibility for all five young people residing in the centre
 - e) Five young people
- ◆ Observations of care practice routines and the staff/young person's interactions.
- ◆ Shared lunch and dinner with some of the young people and staff on shift

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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, head of services and the relevant social work departments on the 16th 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 18th April 2018 and the inspection service received evidence of the issues addressed. The registration and inspection service were satisfied that all regulatory issues identified at the time of inspection were addressed and the centre was now in compliance with relevant regulations and standards.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 007 without attached conditions from the 13th March 2018 to the 13th March 2021 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 13th March 2018 to 13th March 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

Register

The centre maintains a register containing the details of all young people admitted and discharged from the unit including addresses of destinations they were discharged to. The current register commenced in 2012. It contained no records of parent's names and addresses as this information is not always available. Inspectors recommend that where this information is unavailable, it should be documented as such and recorded as unknown. A duplicate record of the young people living at the centre is held centrally by the Child and Family Agency in compliance with the relevant regulation.

Notification of Significant Events

The centre has a system in place to notify the Child and Family Agency of all significant events that occur in the centre. All significant events were forwarded to the relevant professionals including the allocated social workers along with the lead inspector. The allocated social workers who were interviewed confirmed that they receive all significant event notifications and that they also read them. They were satisfied the way incidents were managed in the centre. There was also email correspondence on file to social workers that related to specific significant events. There was no evidence on file of a follow up by social workers to the significant event notifications, however, they said when interviewed that if any issues arise that necessitates it, they will respond by phone and they will also visit the centre should that be required. There were no records of visits to the centre from social workers in response to significant events.

The centre maintains a register of significant events and inspectors found evidence of oversight by the manager of the register for the purpose of learning. The more recent minutes of team meetings reflect that the team were discussing significant events at the meetings for the purpose of learning from the event and to see if it could have been managed differently. The head of services informed inspectors that it was planned that the centre will attend an external significant event notification forum in the future. This was not in place at the time of inspection.

Inspectors found that in one young person's file there was an incident that should have been recorded as a significant event rather than just recorded in the daily log and the monthly summary which is sent to social workers. The inspectors recommend that the staff team with management in consultation with the allocated social workers discuss and agree the thresholds for what constitutes a significant event for each child.

Administration Files

Inspectors found the administrative files to be well maintained and systematic. There was ease of access to documentation that facilitated planning and accountability. Managerial oversight of the records was evident but inspectors found less proof of consistent external oversight on files. On discharge, the young people's files are sent to the relevant social work department to be stored and kept in perpetuity.

The head of services reported that the budget for the centre was problematic. They have lost two staff as a consequence of cut backs in the past and there was some funding outstanding for a period of eighteen months. They have pursued this with the Child and Family Agency but the head of services told inspectors that they have not received a satisfactory response. There is no service level agreement in place. However, the agency have safeguarded the budget regarding the day to day running of the centre and inspectors found there were no financial implications that impacted on the care the young people were receiving.

3.2.2 Practices that met the required standard in some respect only

Management

The manager of the centre was in position for nine years. They report to the head of services who in turn is answerable to the chief executive officer of the organisation. A

board of directors is also in place. The manager is appropriately qualified for the role and has full responsibility for the day to day operation of the centre.

The manager stated at interview that the purpose and function of the centre was currently being reviewed but primarily the centre was child focused and holistic in its approach. Both team leaders indicated during interview that the centre was holistic in its purpose with some staff differing on the model of care being implemented stating that it was operating a social model of care. The manager expressed a view that ultimately the centre is currently going through a transition period where a lot of changes are taking place. Some staff at interview stated that there has been some resistance to the changes that have occurred within the centre.

Even though there has been a significant cut in funding, the management confirmed that there is an adequate level of personnel in place but they will be recruiting one more staff in the near future.

Inspectors found evidence from some staff at interview and also through feedback from the questionnaires that there were leadership difficulties with management that related to a lack of accountability. They believed that the manager's informal and flexible leadership style contributed to this and that a more authoritative approach was necessary in the direction of practice within the centre. It was said also that there are differences of opinion amongst the team on how to work with the young people's behaviour and this is compounded by management altering decisions on occasion which caused inconsistencies in practice and frustrations amongst the team.

Staff gave an example of this which related to the offering of lifts and use of the car. The giving of this privilege to some young people and not to all contributes to confusion for both staff and young people. In interviews with inspectors, some young people also spoke about their dissatisfaction in relation to this issue and wanted to know why this benefit was given to some when others were refused. This was also evidenced at a team meeting that one of the inspectors attended where there was a lack of decision making in relation to this specific practice. Staff discussed the inconsistent application of rules within the centre and the negative impact they were having on young people. Direction was sought by some staff on how this should be managed going forward but the inspector witnessed no concrete conclusion being reached by management in relation to it.

There was evidence that management were reviewing paperwork, however, the impact of their oversight was not evidenced in practice that brought about real

sustained change within the centre. All staff said they were familiar with the head of services for the organisation and stated they could approach them if necessary. Inspectors recommend that the manager give clear guidance and direction to staff in respect of the practices with young people. There must be a more structured approach to the way in which the behaviour of the young people is responded to and this must be in line with the purpose and function of the centre and the manner in which care is provided.

Staffing

The core staff team consists of a full time manager, two social care team leaders and eight social care workers. This is also supported by a panel of relief staff. All staff members are appropriately qualified in areas relating to social care.

The majority of full time staff in the centre was recently appointed so the team are not a well-established group. Some personnel were directly employed from the centre's relief panel. Because of the changes in staff roles and team composition, there was an issue with the stage of development the team was at and also with the staff's understanding of the service's stated purpose and function. This impacted on the delivery of care by workers and inspectors found inconsistencies in some practices with young people. Through staff interviews and questionnaires, it was clear to inspectors that the staff required a further period to adjust and develop as a team and also to thoroughly understand the centre's model of care and how it should be applied in practice.

Inspectors did find that there were some good care practices in operation on a daily basis between staff and young people and that staff had a concrete understanding of what each young person's individual needs were. This was evident in the key working reports, the monthly summaries and the team meetings minutes.

From a review of a sample of personnel files, inspectors found that garda vetting was in place and in date. There were completed application forms on file. One of three references was missing for one staff member with no verification of a qualification for another staff on file. There was evidence of induction completed with new staff over a three day time scale incorporating policies and procedures, information sharing and updates on centre files.

Supervision and Support

The social care manager and social care team leaders provide supervision to staff. The manager has had training in this area with training for the team leaders planned for the coming months. Inspectors found that the frequency of supervision sessions was not fully in line with the centre's own policy on the rate of occurrence which is one hour of formal supervision per month. While some did take place once monthly, others occurred on average once every seven to eight weeks.

A number of supervision contracts were not signed or dated. Inspectors also found inconsistency in the content of supervision and it varied depending on who the supervisor was. Some sessions were issue-based with focus on day to day practices while others centred on the goals of the placement plan and key working. The manager said that they receive supervision from the head of services every six to eight weeks. While a record of these sessions was submitted after inspection there was evidence to show that there were significant gaps in the frequency in which they occurred.

Team meetings were taking place fortnightly. Records showed that an agenda is set and included; individual crisis management plans (ICMP's), risk assessments, updates on each young person, general in-house issues and goals of the placement plan were linked to each young person. There was also a 'to do' list outlining; action, concern, by who, when and completion. One inspector attended both the handover and team meeting with focus at the handover on day to day tasks for young people rather than specific goals from the placement plans.

At the team meeting, a clear link between the placement plan goals and the young people was evidenced with strategies discussed for how behaviour management plans could be applied. Some discussion centred on the inconsistencies of approach from staff on the use of the centre car and lifts for young people but the inspector witnessed no clear direction or conclusion being reached on this issue. There was confusion also on whether the significant events would be discussed at the team meeting or not and if a new policy of reflective practice was to take place first. No clarification was given on this new procedure by the manager but they said it was going to be put in place immediately. The issues centred on ineffective communication by management to the team and unclear direction on practices to be implemented.

Training and Development

Core training for staff was sourced externally from a variety of providers. This included; Therapeutic Crisis Intervention (TCI), Children First; The National Guidance for the Protection and Welfare of Children, Fire Safety, First Aid and Safe Administration of Medication. Inspectors were not provided with a training plan or audit by centre management of the training needs of the team. A review of staff files found that not all of the core training was in date including TCI, the mandatory behaviour management training and Children First. The centre manager said that TCI refreshers are due to be completed in May of this year.

The Child and Family Agency has provided a universal Children First E- learning programme 'Introduction to Children First' based on Children First: National Guidance for the Protection and Welfare of Children and the Children First Act 2015 for all workers to access. However, inspectors found that all staff had not completed this training. Centre management must ensure that the agency meets their statutory obligations in respect of safeguarding training as per the Children First Act 2015. Staff, through the completion of their questionnaires and also at interview, identified specific training that they would find useful in their role working with young people such as drugs training, attachment and disorganised attachment and cultural awareness training. Centre Management must ensure that they have systems in place to identify and plan for staff training needs.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency 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 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
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
-Part III, Article 16, Notification of Significant Events.

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 Part III, Article 5, Care Practices and Operational Policies***

Required Action

- The centre manager must ensure that the staff team along with management and in consultation with the allocated social worker discuss and agree the thresholds for what constitutes a significant event for each child.
- Centre management must ensure that internal and external oversight on files is recorded and develop an audit tool as a way of reviewing this.
- The centre management must ensure that staff has a comprehensive understanding of the centres model of care and how it can be reflected in practice.
- Centre management must ensure that all references are on file for staff with verification of qualifications obtained for each staff member.
- The centre management must ensure that all core training is up-to date and that there are systems in place to identify and plan for staff training needs.
- The manager must ensure that there is clear guidance and direction given by them to staff in respect of the practices with young people. There must be a more structured approach to the way in which the behaviour of the young people is responded to and this must be in line with the purpose and function of the centre and the manner in which care is provided.
- Centre management must ensure that all contracts are signed and dated and that supervision for staff and management occurs within the specific timescales outlined in the organisation's policy.

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 centre has an admissions policy in place that outlines the referral and admissions procedure. All referrals come through the dedicated social work team for separated children seeking asylum. The centre accommodates up to six young people between the ages of 12 and 17 years of age on a medium to long term basis. At the time of this inspection, there were 5 young people living at the centre. The manager stated that they had been provided with written information in English about the centre and that interpreters are used when necessary.

At interview the young people said that they had sufficient information on the centre and understood why they were placed there. One young person discussed the uncertainty of not knowing where they were moving to after their placement ended.

The manager stated at interview that the admissions process is not always adhered to by the social work team and that recently they have experienced admissions that didn't follow centre protocol. An example of this was given where two young people were referred to the centre in mid-2017 and the admission took place without adhering to agency policy. The move was not transitional, and neither the young people nor staff was afforded any preparation time prior to the move.

However, the manager said despite this, they thought that most of the young people's placements were suitable and that any issues in relation to suitability and process has been fed back formally to the social work department. Inspectors saw evidence of communication in relation to suitability between the centre and social work and at interview with the allocated social workers, they stated that the placements were

appropriate for the young people. They were satisfied that the young people's needs were being met and that progress was being made in identified areas of need.

The centre does not undertake a collective risk assessment to determine the suitability of placements or to inform behaviour management. The inspectors recommend that they do this going forward so as they can better plan for and manage the behaviours of the young people when challenges arise.

Contact with families

Given the nature of the care placement, it is not unusual for some young people to have lost full contact with their family members. Where this is not the case, the young people are encouraged to maintain contact where appropriate. This is mainly facilitated by the centre by providing phone cards to each young person so that they can have access to family and peers. This was evidenced from review of the records and from interviews with staff, the social work team and young people themselves. One young person is involved in a reunification process.

Emotional and specialist support

Inspectors found from interviews, observation, attendance at handover and team meetings and review of key working reports and other documentation that staff demonstrated a good understanding of the young people's specific emotional needs and an awareness of how some of the information they had from the young people's social history could impact on their emotional wellbeing.

Inspectors reviewed the care files for the young people and found that they were referred to or engaged in specialist services in line with their care plan and placement plans. This included counselling support for more complex emotional needs that were identified. A number of the young people are also attending a play therapist.

Preparation for leaving care

One young person in the centre was preparing to move on to direct provision and was also awaiting an interview for asylum. This young person is still in education until the end of the school year and a decision has been made to facilitate him to remain in the centre until that time. Some young people when leaving care will not have status so will be required to move to direct provision. Inspectors saw evidence of leaving care plans on file for young people where appropriate.

There were no specific plans on file that demonstrated that staff were preparing the young people for leaving care in a proactive manner. The young people were being brought to school by staff using centre transport and school attendance remained an on-going issue for most young people.

Aftercare

The centre manager stated that the Child and Family Agency had provided aftercare workers for young people where appropriate and this was not dependent on their asylum status. There was evidence through the review of care files that two of the young people had allocated aftercare workers.

Children's case and care records

From a review of the centres files, inspectors found that generally the documentation was well organised and facilitated ease of access. There were gaps in relation to inconsistency of oversight of the records by the centre manager and head of services and inspectors recommend improvements in this area. The young people had copies of their legal status on file unless they were currently involved in the asylum process. Not all young people had photo identification in their most recent records and inspectors recommend that all current files should contain them.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

There were up to date care plans in place for four out of five young people. The care plan documents contained an assessment of the young person's needs including health, education, emotional and behaviour development and the young person's views and wishes. Two statutory care plan reviews have not taken place and the allocated social worker stated that this was because of a lack of social work team leader availability. In the case of one young person, the care plan review minutes were not on file but inspectors saw evidence of it being requested by the centre. The separated children seeking asylum social work department must forward minutes of the statutory child in care review meetings for this young person's case file. There was evidence to show that some young people chose not to attend their review but completed a report that contributed to it.

The care plans informed the development of placement plans for the young people. There was a placement plan on file for all young people but inspectors found that one plan was not fully completed with particular details missing. Each plan had individual sections for specific goals such as emotional, educational, social and cultural needs. The voice of the young person was very evident in the document and the plan also identified any changes that had taken place since the previous one and tracked progress that has been made in respect of the goals.

A monthly summary report for each young person is also in place. These are forwarded to each young person's social worker. The reports are of a good quality, compiled by the keyworker on a standardised template. They are written based on the needs of the young person with very clear details of issues to be addressed such as aims to be achieved, supports required, risk behaviours and notes of school meetings, daily life and social activities. They are signed and dated with oversight by the manager. There are also key working reports on file demonstrating clear agendas, the purpose of meeting with the young person, assessment of progress in specific areas, emotional impact of separation from their family and any family contact there may be. There was evidence that the reports linked well to the placement plans.

Supervision and visiting of young people

All young people have allocated social workers. Inspectors reviewed the records of social work visits to the centre to meet with the young people and found the visits to be irregular. The records showed evidence that contact with young people by social workers was predominately by phone. Management stated that visits to the centre are usually for strategy meetings and sometimes young people go to their social worker's office to meet with them there. When interviewed by inspectors, young people said that they would welcome more visits by their allocated social worker at the centre. One social worker interviewed by inspectors stated that the reason they did not visit the young people more regularly at the centre was because some of the young people tended to break arrangements they make with them for these visit but confirmed that they do come to their office for meetings on a more regular basis.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Social workers interviewed by inspectors were familiar with the care needs of the young people and their progress in their placement. They confirmed that they received all significant event notifications from the centre and had also received copies of the young person's placement plan and monthly reports. One of the social workers said that while they did not visit the young people in the centre often, they did see them at their offices and they were accessible to them should they need them. They said they were in more regular contact with them by phone. They stated that they were satisfied that the young people were safe and that they believed that the centre met their needs and that they were appropriately placed.

Centre management and staff who were interviewed commented that the relationship with the social work department for separated children seeking asylum was not as positive as they would like. However they said that communication between both had improved recently. They iterated that they would like to see social workers visit the centre more often as some had inconsistent relationships with some of the young people. They also stated that they wanted to receive responses from their emails, significant event notifications and other correspondence. One social worker said that the relationship with the centre had been difficult but that this was improving.

A safeguarding issue has been communicated to the social work team with regard to the mix of young people within the centre and the impact certain behaviours were having on young people there. At interview, one of the social workers stated that they were aware of the specific issue and the concern of centre management but that they were satisfied that the staff team could manage the behaviour and reduce any safeguarding risk.

Discharges

The centre has a written policy and procedure outlining the discharge process for a young person when they formally leave the centre. An emergency discharge procedure is also included in relation to the management of unplanned discharges.

Inspectors found that generally discharges are planned for young people moving on from the centre. However, during inspection, one young person received notification of an imminent discharge. This decision was subsequently reversed by the social work team and the young person was allowed to remain and complete his education.

Inspectors found that the management were not clear about the discharge policy in the event that the behaviour of a young person could not be safely managed in the centre. They were of the opinion that they could not discharge a young person for this reason. The inspectors queried this as the policy does allow for an unplanned discharge. Every effort is made by the staff and management for this not to occur and while inspectors agree that discharge should be a last resort after all avenues have been explored, the organisation has a duty of care to all of the young people placed at the centre and on occasion a discharge may be appropriate. Further communication with the placing social work team is required to ensure that there is a shared understanding of why a young person may be discharged.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

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

Regulations 1995

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

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

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- The Child and Family Agency must ensure that the centre's admission's policy and procedures are adhered to.

- Centre management must ensure that a collective risk assessment is done in consultation with social work teams before the admission process begins and that these are conjointly reviewed when required.
- The centre manager must ensure that all young people's photo ID is contained in their current file.
- The Child and Family Agency must ensure that care plan reviews take place and that care plan review minutes are forwarded to the manager in a timely manner.
- Allocated social workers must ensure that they visit the centre to view young people's records and to meet with young people within their home environment.
- The Child and Family Agency must ensure that correspondence from centre management and staff in relation to significant events and incidents are responded to as requested
- Centre management must ensure that they have a clear understanding of all aspects of their own discharge policy and that effective communication is in place with the social work department with regards to unplanned discharges.

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 a large purpose built house designed specifically to accommodate residential living. The centre is in good structural repair. Each young person has their own bedroom. There is a spacious sitting room and also a dining room area in the kitchen where staff and young people come together for meals. The house is very comfortable and its layout creates a homely environment.

Maintenance and repairs

The centre had a maintenance log is stored on the computer in Excel format. It was a live document that recorded; date, issue and if issue is resolved. Repairs were carried out in a prompt manner and there were no outstanding items requiring attention at the time of the inspection.

Safety

The centre has a health and safety statement. There were records available of nightly health and safety checks carried out by staff on the premises. There were no outstanding health and safety issued identified during the inspection.

3.10.2 Practices that met the required standard in some respect only

Fire Safety

The house fire register was viewed by inspectors and a fire log is completed daily by staff with a record of who is present and who has left the centre. There is a check list for the alarm system which is monitored daily along with escape routes. Inspectors saw evidence of one fire drill being recorded for 2017. Fire drills must be carried out following the admission of a new resident and the records show that this was not done.

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.

Required Action

- Fire drills must be carried out following the admission of every new young person

4. Action Plan

Standard	Issue Requiring Action	Response with time scales	Corrective and preventative strategies to Ensure Issues Do Not Arise Again
3.2	The centre manager must ensure that the staff team along with management and in consultation with the allocated social worker discuss and agree the thresholds for what constitutes a significant event for each child.	Since March 2018 the significant event notification policy has been altered to reflect clarity as to what constitutes a significant event.	Each allocated social worker has been notified, consulted and agreed on our significant event notification policy, which gives clarity on the thresholds of what constitutes a significant event notification and it is in line with guidelines provided by National Standards for Children’s Residential Centres. All staff are aware off the policy.
	Centre management must ensure that internal and external oversight on files is recorded and develop an audit tool as a way of reviewing this.	As of March 2018 a file management role has been introduced to ensure that paper work is up to date and it is at a high standard. An audit form template has been introduced so that	A file management role has been allocated to one team leader who along with the manager will check on each file on the 15 th of each month. Key workers will meet on this date to complete their paper work each month.

		external oversight of the files from the Novas head of services takes place on a monthly basis. The template reflects any issues identified during the audit and the way these are being addressed. This is an on-going process.	
3.2	The centre management must ensure that staff has a comprehensive understanding of the centres model of care and how it can be reflected in practice.	Since March/April 2018 the team discussed the Model of care in length during the last two meetings and this will now become a core part of staff's supervision. This will be an on-going process.	The model of care in the centre is based on the young people's needs using Maslow's hierarchy of needs and also incorporates a person centred approach. The model of care has been discussed at the last two team meetings and staff has proven that they have a great understanding of it and demonstrated this with practical examples. Discussions around the subject is now a core part of each supervision session so that management will ensure that each staff member applies the care model to their practice, identify gaps and discuss ways to improve practice.

<p>3.2</p>	<p>Centre management must ensure that all references are on file for staff with verification of qualifications obtained for each staff member.</p> <p>The centre management must ensure that all core training is up- to date and that there are systems in place to identify and plan for staff training needs.</p>	<p>Since March 2018 and it is on-going for any new hire.</p> <p>This is introduced in March/April 2018 and it is an on-going process. TCI certificates are being re-issued.</p>	<p>The manager has addressed this issue and missing paperwork has been retrieved.</p> <p>The core training is up to date inclusive of Children First E-learning programme. Management and the staff team are developing a competency frame work which will identify the skills, knowledge and attitudes necessary to work successfully in the centre. The frame work will inform our skills matrix to identify any further learning needs. Any gaps in learning will be addressed in supervision with all staff so as to insure that the training needs are consistently being looked at.</p>
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Standard	Issue Requiring Action	Response with time scales	Corrective and preventative strategies to Ensure Issues Do Not Arise Again
3.2	The manager must ensure that there is clear guidance and direction given by them to staff in respect of the practices with young people. There must be a more structured approach to the way in which the behaviour of the young people is responded to and this must be in line with the purpose and function of the centre and the manner in which care is provided.	This is implemented since March 2018 and it is an on-going process where, direction, clarity on decisions and support are offered to all staff.	The manager is actively participating in team meetings, handovers and supervisions of staff providing clear directions and guidance relating to practices with the young people with clear references made to the model of care. The manager will ensure that the team is consistent in their practice at all times while issues will be addressed in a constructive manner with focus on further development of staff via formal and informal supervisions, onsite advice and support.

Standard	Issue Requiring Action	Response with time scales	Corrective and preventative strategies to Ensure Issues Do Not Arise Again
3.2	Centre management must ensure that all contracts are signed and dated and that supervision for staff and management occurs within the specific timescales outlined in the organisation's policy.	Implemented as of March 2018 and it is an on-going process.	All supervision contracts are signed and the manager will insure supervision is occurring regularly every four to six weeks for formal supervision but also supervision could occur more frequently on request from either supervisee or supervisor. As well, the manager is now conducting supervision for nine staff inclusive of some relief staff while one team leader is supervising five staff inclusive of some relief. The supervisors will insure that supervision practices are in line with the model of care in a manner that assures accountability.

Standard	Issue Requiring Action	Response with time scales	Corrective and preventative strategies to Ensure Issues Do Not Arise Again
3.5	<p>The Child and Family Agency must ensure that the centre's admissions policy and procedures are adhered to.</p> <p>Centre management must ensure that a collective risk assessment is done in consultation with social work teams before the admission process begins and that these are conjointly reviewed when required.</p>	<p>Immediately.</p> <p>This is implemented as of March 2018. The Child and Family Agency have been informed and are in agreement with the procedure. This will be on-going for any new referral made by the agency to the centre.</p>	<p>The Child and Family Agency will endeavour to ensure that the centre's admissions policy and procedures are adhered to.</p> <p>With any referral being made by Tusla, a collective risk assessment will be carried out at preadmission stage. This will reflect any issues with the young person being referred and any behaviours of concern will be assessed with considerations given to the young people already residing in the centre. Through clinical participation, relevant professionals assigned to the young person will draft a behaviour management plan so staff are clear of how to work with the young person through our model of care. In some cases and based on these assessments a referral might be refused if behaviours are deemed unmanageable and/or will</p>

	<p>The centre manager must ensure that all young people's photo ID is contained in their current file.</p>	<p>Implemented in February 2018 and will be on-going each time a new file is being put in place for all young people.</p>	<p>impact negatively on the day to day running of the centre.</p> <p>A photo ID was put in each current file and management will ensure this practice continues for each young person as needed.</p>
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Standard	Issue Requiring Action	Response with time scales	Corrective and preventative strategies to Ensure Issues Do Not Arise Again
3.5	<p>The Child and Family Agency must ensure that care plan reviews take place and that care plan review minutes are forwarded to the manager in a timely manner.</p> <p>Allocated social workers must ensure that they visit the centre to view young people's records and to meet with young people within their home environment.</p> <p>The Child and Family Agency must ensure that correspondence from centre management and staff in relation to significant events and incidents are responded to as requested.</p>	<p>Immediately.</p> <p>Immediately.</p> <p>Immediately.</p>	<p>The Child and Family Agency will continue to ensure that care plan reviews take place and that care plan review minutes are forwarded to the manager within a reasonable time period.</p> <p>In supervision social work team leaders will monitor social worker's attendance records to ensure that they visit the centre to view young people's records and to meet with young people within their home environment.</p> <p>The Child and Family Agency will ensure that correspondence from centre management and staff in relation to significant events and incidents are responded to as requested.</p>

Standard	Issue Requiring Action	Response with time scales	Corrective and preventative strategies to Ensure Issues Do Not Arise Again
3.5	Centre management must ensure that they have a clear understanding of all aspects of their own discharge policy and that effective communication is in place with the social work department with regards to unplanned discharges.	This has been implemented as of February 2018 and despite not being an avenue of choice, the manager must give such notifications only after they are satisfied and in no doubt that the staff team and the allocated social worker have used all interventions at their disposal with no positive outcome. This is an on-going process.	Where a notification of an unplanned discharge is given to an allocated social worker they must respond in writing and ensure that alternative placements are being sought within the time frame of the notice. The manager/team leaders/key workers will make themselves available for any consultation needed on the matter and an appeal process can be initiated by the social worker or the young person once a notification is given. All communications, meetings and consultations must be documented accordingly to insure an effective and transparent process takes place.

Standard	Issue Requiring Action	Response with time scales	Corrective and preventative strategies to Ensure Issues Do Not Arise Again
3.10	Fire drills must be carried out following the admission of every new young person.	February 2018 and on-going.	Since the inspectors visited the centre a fire drill was carried out. This will be followed by another within one week of a new admission in the centre or else biannually.