



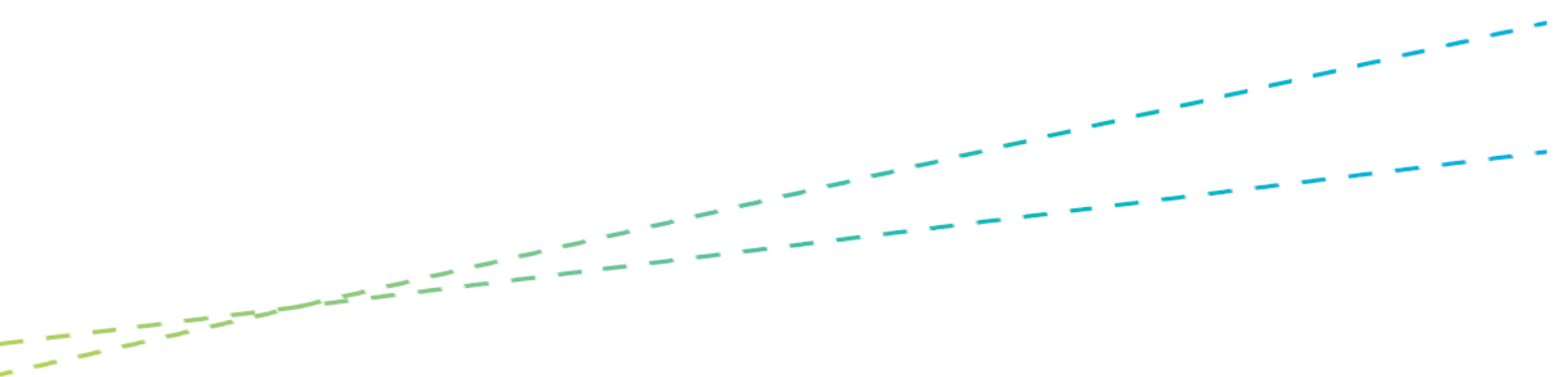
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 013

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Gateway Children's Services Ltd
Registered Capacity:	Four young people
Dates of Inspection:	5th and 6th February 2019
Registration Status:	Registered from 25th of September 2017 to 25th of September 2020
Inspection Team:	Lorna Wogan
Date Report Issued:	17th June 2019

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	9
3. Analysis of Findings	10
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	
4. Action Plan	31

1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2007. At the time of this inspection the centre were in their fourth registration and were in year two of the cycle. The centre was registered without attached conditions from 25th of September 2017 to 25th of September 2020.

The centre was last subject to an inspection under the National Standards For Children's Residential Centres in May 2018. The inspector was satisfied that the recommendations and actions required following the last inspection were addressed.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. There were four young people placed in the centre at the time of this inspection. The centre aimed to help young people recover from adverse life experiences and its work with young people was based on a team approach to assessment and provision of care. The written statement of purpose and function was updated in January 2019 and outlined that the model of care was built on a strengths-based approach. The approach to working with young people was informed by attachment theory and resilience theory. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment/belonging. The approach was trauma informed and staff received training to understand the impact of trauma on child development.

The inspector examined standards 2 ‘management and staffing’, 4 ‘children’s rights’, 6 ‘care of young people’, 7 ‘safeguarding and child protection’ and 10 ‘premises and safety’ of the National Standards For Children’s Residential Centres (2001). This inspection was unannounced and took place on the 5th and 6th February 2019.

1.2 Methodology

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

- ◆ An examination of post-inspection questionnaire and related documentation completed by the Manager.

- ◆ An examination of the questionnaires completed by:
 - a) The chief executive officer
 - b) The centre manager
 - c) The deputy manager
 - d) The team leader
 - e) Eight social care staff

- ◆ 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.

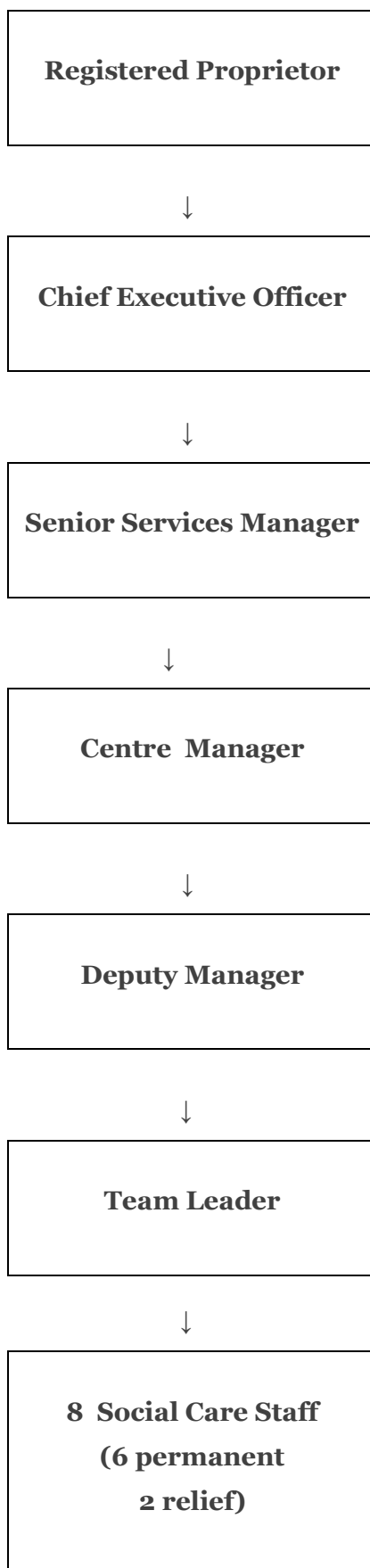
- ◆ An examination of the centre’s files and recording process.
 - four care files
 - two personnel files
 - five staff supervision files
 - training records
 - significant event log
 - physical intervention log
 - child protection concerns
 - complaints log
 - consequences record book
 - handover records
 - team meeting records
 - house meeting records
 - key work logs
 - maintenance log
 - fire register
 - health and safety file

- medication logs
 - Five monthly centre audits
- ◆ 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 chief executive officer
 - b) The senior service's manager
 - c) The centre manager
 - d) The deputy manager
 - e) Two social care staff
 - f) Four social workers allocated to the four young people in placement
 - g) One allocated aftercare worker
 - h) Three young people residing in the centre (one interview through interpreter)
 - i) Inspector met briefly with fourth young person residing in the centre
 - j) The lead inspector with oversight of significant events arising in centre
 - ◆ Observations of care practice routines and the staff/young people's interactions.
 - ◆ The inspector attended the staff handover meeting
 - ◆ The inspector shared lunch and dinner with the staff and young people in placement

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

The inspector 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, chief executive officer, the registered proprietor and the relevant social work departments on the 8th May 2019. 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 22nd May 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 013 without attached conditions from the 25th September 2017 to the 25th September 2020 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The inspector found there were clear external management structures in place and there were clear lines of accountability at individual, team and service level. Staff members interviewed by the inspector were familiar with the external management structures and reported that the external managers were accessible to them. The chief executive officer had responsibility for both operational and strategic governance of the service. The inspector found there were systems in place whereby the chief executive officer had oversight of the centre and its operation through receipt of written reports, monthly audit reports, supervision of the senior service manager, attendance at monthly management meetings, feedback from the maintenance team, quarterly visits to the centre and attendance at statutory review meetings where required. The chief executive officer met the senior services manager on a weekly basis for an update on each centre. The chief executive officer chaired management meetings on a quarterly basis focusing on strategic tasks. A record of these meetings was maintained on file. The chief executive officer informed the inspector they had confidence in the team and the managers in the centre.

The external management structure within the wider organisation had recently been strengthened with the appointment of a senior services manager in September 2018. The senior services manager visited the centre on five occasions since their appointment in September 2018 however the inspector found the role was in its infancy and was not fully realised in practice at the time of the inspection. The inspector advised that the chief executive officer continued to support the senior services manager to develop systems to evidence the external governance and oversight of the service.

The inspector found there was an internal management structure appropriate to the size and the purpose of the centre. The centre had experienced changes within the

internal management structure since the last inspection in 2018. The inspector found that Tusla Child and Family Agency were appropriately notified about the change in centre manager. The centre manager transferred to a new role as senior services managers within the organisation and the team leader moved to new employment. The deputy manager was appointed to the centre manager position and a member of the core team was appointed to the deputy manager post. A new position of team leader was established in the centre since the last inspection and a member of the core team filled this post. The inspector found that the appointment of internal managers from within the core team provided consistency of care for the young people in placement.

The centre manager had the required qualification and experience to undertake the role. The manager had also undertaken leadership and management training and staff supervision training. The deputy manager and the team leader had the required qualification and had the required experience working in residential care.

The service had a written job description for the team leader post however the inspector found that the newly appointed team leader had not been provided with the written job description. The centre manager must ensure the team leader has a copy of their job description.

The deputy manager deputised for the centre manager when they were absent from the centre. The deputy manager and the centre manager had regular face-to-face meetings and a number of management tasks were delegated to the deputy manager. However the inspector found there was no record on file of internal management meetings. The inspector advised that the centre manager maintain a record of internal management meetings and delegated duties are maintained to evidence issues discussed, tasks assigned and decisions taken following these communications.

The inspector found evidence that the centre manager had oversight of centre practices through review of all centre records, weekly reports for each young person, attendance at handovers, team meetings and care plan reviews, oversight of significant events and staff supervision. Guidance and direction to staff was recorded by the centre manager in the handover and communication logbook.

In 2018 the chief executive officer, the senior services manager and other managers across the service had commenced a review of all operational policies and procedures and the inspector found evidence that a number of policies had recently been reviewed and updated. The chief executive officer confirmed this work would

continue in 2019 to ensure the service policies were developed, updated and reviewed in line with the regulatory requirements, the national standards and best practice. The centre manager confirmed that staff members were informed about the newly updated policies and these were made available to staff to read. The inspector advised the manager to put a system in place to evidence that all staff have read and understood the updated policies.

Staff feedback to the inspector indicated the team felt supported in their work by the internal and external managers. Staff questionnaires evidenced the team were committed, enthusiastic and well motivated to provide a consistent care approach for the young people in placement in a supportive homely environment.

Register

The centre manager maintained a register that outlined the required information relating to the admission and discharge of children from the centre. The inspector found it was completed in line with the regulations and was up to date. There was one discharge from the centre and three admissions recorded on the register since the last inspection. The forward address for the young person discharged was not recorded on the register as it was unknown to both centre and social work staff due to the young person going missing from care. The young person had been appropriately reported as missing from care to the Gardaí and relevant Court services.

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

Notification of Significant Events

The centre had a written policy regarding the notification of significant events and staff members interviewed by the inspector were aware of what constituted a significant event. The inspector found there were clear thresholds for what constituted a significant event.

The four social workers interviewed by the inspector were satisfied they were notified in a prompt manner both verbally and in writing of significant events relating to the young people they supervised in placement.

Significant event notifications were also forwarded to the chief executive officer, the senior services manager, the behaviour management trainer, the Tusla significant event central team and the Tusla lead inspector who had oversight of all significant

events arising in the centre. Written reports were clear and evidenced staff interventions.

Oversight of significant events by the centre manager was evident on the records. The centre manager stated that the social workers responded to notifications and sought further clarification where required.

Staffing

The staff team comprised of a centre manager, deputy manager, team leader and eight social care staff. The inspector found the centre had a stable, consistent, experienced staff team and the current staffing levels were adequate to ensure the level of care required for the young people. Ten of the eleven members of the team had the required social care qualification. Two new staff members were recruited since the last inspection. The manager stated that relief staff were seldom required and annual leave and sick leave was generally covered by members of the core team. The inspector examined a number of staff rotas and found evidence that there was a consistent staff team in place.

The inspector found that management were aware of the need to ensure the workforce was planned, configured and managed to meet the young people's needs. The centre manager and deputy manager worked office hours Monday to Friday and the team leader and eight social care staff worked a duty roster. There were three staff on duty up to 11pm and two staff worked a twenty four hour shift from 11am to 11am the following day sleeping overnight in the centre.

The inspector found there was a system in place to undertake exit interviews with staff and the chief executive officer confirmed that information from such interviews informed the development of the services staff recruitment and retention policy.

The inspector examined two personnel files for staff members recruited since the last inspection. The files evidenced that both staff were subject to Garda vetting prior to taking up employment and had the required number of reference checks. Vetting for all other members of the team was updated every three years by the organisation.

Staff interviewed confirmed they received on-site induction training prior to commencing employment and had received mentoring from staff on duty. The inspector found evidence that induction training was continuously being strengthened and developed within the service.

The inspector found that staff members were committed to the young people in placement and there was a strong focus on building trusting relationships with the young people. The inspector observed that the young people appeared comfortable in the company of staff and the staff interacted in a positive way with the young people. There was evidence that the staff were genuinely caring in their approach. Staff members noted a positive and supportive management culture at the centre in the feedback to the inspector.

Supervision and support

The centre had a written policy relating to staff supervision. The centre manager was supervised by the recently appointed senior services manager and received supervision every six weeks. The centre manager also had monthly meetings with other centre managers from within the organisation where operational matters were considered. The chief executive officer also met with centre managers from across the organisation on a monthly basis where strategic planning and development was discussed. Minutes of these meetings were reviewed by the inspector. The centre manager stated they felt well supported in their role and believed the external managers understood the demands of the role and supported them accordingly.

The centre manager conducted staff supervision and the content of the supervision sessions were structured to facilitate cohesive and effective care of the young people and the support and development of staff. The staff supervision schedule was displayed in the staff office. The inspector examined five staff supervision files. The frequency of staff supervision was in line with the centre policy with staff receiving an average of five supervision sessions over the past eight months. Supervision records were maintained and stored in a secure manner. Staff provided positive feedback on the supervision process and found it beneficial to them in their work.

Following a review of the supervision records the inspector found they required more evidence of discussions around the implementation of the placement plans and more evidence of the outcomes of issues discussed. The centre manager informed the inspector that the template was to be revised to include a specific section to record the outcome of discussions in relation to the implementation of the placement plans and individual work with the young people.

Handover meetings were undertaken once a day when staff members were coming on duty in the centre. The inspector attended a handover meeting and found there were effective information systems in place for handover of relevant information and planning for the following twenty four hours. Team meetings were undertaken every

two weeks and a record was maintained of all meetings. The minutes indicate staff attendance was good. The senior service manager also attended team meetings. Staff feedback to the inspector indicated that staff found the team meetings promoted open discussions and contributions from all of the team members.

The inspector found the records of the team meetings did not reflect clearly the issues discussed and decisions taken. The inspector advised that the centre manager must develop a structured format to guide the team meeting process.

The staff handbook was recently updated. The inspector found that matters in relation to employment law had been adhered to in accordance with 2.17 of the national standards 2001.

The inspector found there were formalised procedures for on-call arrangements at evenings and weekends and the on-call rota for weekends was displayed in the staff office. On-call reports were completed and forwarded to the external managers.

Training and development

The inspector found the organisation had an effective and ongoing staff development programme in place to ensure staff continuously updated and maintained their knowledge, skills and competence in all relevant areas. The centre manager had a system in place to track and monitor core training for staff. The centre manager maintained a record of all professional development courses or training undertaken by staff in the centre.

The organisation had a dedicated training officer who provided behaviour management training within the organisation, co-ordinated core training and refresher training and sourced additional training as required to ensure safe and effective care of the children in placement. This resulted in training becoming more structured and timely in its delivery across the service.

Staff members were facilitated to attend the HSE training in applied suicide intervention skills training and understanding self harm workshops. The centre managers attended a workshop with the services external attachment specialist in November 2018 to refresh the attachment based approach and incorporate the key principles of the approach into the team's responses to young people in placement. The centre manager confirmed the attachment specialist was due to undertake further team training in 2019. The centre manager stated this training would further enhance the approach to working with the young people. There was evidence that the

centre manager supported and encouraged staff to read relevant articles and research relevant to their work.

All staff had completed the Children First E-Learning programme and all staff had training in behaviour management, first aid and fire safety that was up-to-date. Two staff members had completed food safety training and eight members of the team had completed medication administration training in 2018. The centre manager and the senior services manager undertook data protection training in 2018. Other relevant training relating to the care approach was provided to the team in February 2019 and this training was also scheduled for later in the year.

The inspector found that staff training needs were monitored on an on-going basis through centre training records, supervision, monthly audit to external managers and meetings with the services training officer.

The organisation had recently developed a safeguarding and child protection training pack to be included in the staff induction training. This specific training in safeguarding vulnerable children was due to be rolled out by the organisation in 2019. The chief executive officer confirmed that going forward this training will be undertaken by staff prior to commencement of employment.

3.2.2 Practices that met the required standard in some respect only

Administrative files

At the time of the inspection the organisation was developing a new care record management system. An external audit of all the current administrative systems and procedures had been undertaken. The inspector examined a range of administrative files and records maintained in the centre including daily logbooks, centre registers', visitor's book, handover records, minutes of staff meetings and house meetings.

Overall the inspector found there was not sufficient evidence that internal and external managers were monitoring the quality of all centre records to ensure records are clear, legible, of a good quality and that decisions taken were evidenced and information easily tracked.

The inspector found that completed log books and records were secured in the centre however were not stored in appropriate fire retardant storage containers. The centre manager must ensure that all records relating to the young people in placement are appropriately stored. The inspector also found that personal information relating to

the young people in placement for example their placement plan, behaviour support plan and absence management plan were displayed on the staff notice board. This information must be secured and protected in accordance with data protection regulations.

At the time of the last inspection there was a newly introduced system to maintain the individual care files. On this inspection the inspector found that the system was difficult to navigate. The filing system in place in the centre was not adequate in terms of accessing and tracking information, reviewing the young person's history and progress, auditing the files and maintaining all the relevant information in one location. The centre manager must review the current system for management of the young people's care files.

There were clear financial management systems in place in the centre which involved the use of petty cash and receipts. There were no reported concerns in relation to the expenditure or accounting for finances at the centre. Records were also maintained of monies provided to the young people for pocket money and clothing allowances. The centre manager and staff interviewed stated that the budget was adequate for the purpose and function of the service.

All staff signed a written confidentiality agreement prior to commencement of employment that was placed on their personnel file.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

Required Action

- The senior services manager and the centre manager must ensure they monitor the quality of all centre records to ensure records are clear, legible, of a good quality and that decisions taken are evidenced and information easily tracked.
- The centre manager must ensure that all records relating to the young people in placement are appropriately stored and personal information about the young people is secured and protected.
- The centre manager must review the current system for management of the young people's care files.

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

There was evidence that the young people were provided with written information on their rights and there was evidence the staff promoted a children's rights agenda. At the time of the inspection the centre had achieved the Investing in Children Award. This award endorsed rights based practice and gave recognition for good practice and active inclusion of children and young people in dialogue and change. The inspector found the young people were consulted in relation to the clothes they wished to buy and wear, meal planning, bedroom décor, recreational activities, daily routines and weekly planning. The young people interviewed by the inspector confirmed they felt supported by the care staff and were able to identify the positive aspects of living in the centre. They informed the inspector the staff provided good support to them and were available to listen.

The inspector found the level of consultation with young people in relation to their care was good and was achieved through a number of forums such as young people's meetings, key work sessions, weekly planning of their appointments and activities, menu planning and attendance at their child in care reviews. The minutes of young people's house meetings evidenced that six meetings were undertaken in the past eight months. There was evidence that the young people contributed to the agenda and shared their views with staff in terms of the centre's routines and practices.

The young people who met the inspector understood the reason for and the purpose of their placement and knew what was expected of them in the placement. Overall the young people felt involved in decisions relating to their care. The team used individual work, key work and activity based work to ascertain the young people's views.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre had a policy and procedure in place to manage complaints and this policy had recently been revised at the time of the inspection. The inspector found the revised complaint procedure was not clearly set out in the policy or sufficiently robust in relation to the oversight of complaints. There was no reference to 'Tell Us' Tusla complaint policy and procedure should a young person wish to make a complaint about any aspect of Tusla service provision. The chief executive officer revised the complaint policy and resubmitted a satisfactory policy to the inspection service. The chief executive officer was the appointed person in the appeals process for complaints. The chief executive officer stated that staff were informed about the complaints policy during the safeguarding and child protection policy training which they facilitated with the training officer.

The centre maintained a complaint logbook that was reviewed by the inspector. There were two complaints recorded on the register since the last inspection. Following a review of the centre's complaint register the inspector found the centre managers had not adhered to their own complaint policy in terms of maintaining records of the investigative process and there was no evidence of oversight of the complaint management process. The inspector found that records on the complaint logbook were not of an adequate standard to evidence the investigation process and outcome of the complaint. While the inspector found that social workers had been informed of complaints verbally and in writing through significant event reports there was no evidence on the complaints register that social workers were informed of the complaint and the outcome of the investigation. The senior service manager must ensure that centre complaints are subject to a quality assurance process.

Staff interviewed understood the young people's right to make a complaint and the importance of having a robust complaints policy as an important safeguarding practice. The young people told the inspector that they had been informed of their right to make a complaint and how to exercise this right. One of the young people interviewed by the inspector raised a concern about privacy however the inspector

found records that indicated this matter had been addressed by the centre manager with the team and feedback was provided to the young person.

The chief executive officer must ensure that complaints made by young people in placement are subject to regular monitoring and review to ensure they are appropriately investigated with a clear resolution and learning is implemented to improve practices in the centre.

Access to information

The centre had a written policy on young people's access to written information. The centre had a child friendly information book describing aspects of centre life and there was evidence that key workers helped the young people understand this information when they were initially admitted to the centre. The inspector found that the young people had been given information about themselves and the reasons why they were in care through meetings with their social workers and key workers.

The inspector found that one of the young people in placement had access to information maintained on their case file. They were supported in this process by their social worker. The young people interviewed were aware that staff maintained daily logs and that they could access these records through their key workers however they only occasionally accessed these records. The inspector found that more work was required by the centre manager and staff to meet this standard in full. The advancement of this work needs to be undertaken in a planned, sensitive and incremental manner. Staff must ensure the young people are informed of the policy relating to access to information, explaining the parameters to accessing information and encourage and support them to have more information about their placement plan, their behaviour management plan and other reports written by the centre in relation to their care.

The inspector found there was information at the centre about EPIC, a national advocacy group for children in care. The inspector found that an EPIC advocate had actively supported one of the young people in the centre. The inspector advised that the centre manager liaise with EPIC once again to invite them to meet the current resident group and this should happen as soon as possible.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

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

Required Action

- The chief executive officer must ensure that complaints made by young people in placement are subject to regular monitoring and review to ensure they are appropriately investigated with a clear resolution and learning is implemented to improve practices in the centre. The senior service manager must ensure that complaints are subject to a quality assurance process.
- The centre manager and key workers must ensure the young people are informed of the policy relating to access to information, explaining the parameters to accessing information and encourage and support them to have more information about their placement plan, their behaviour management plan and other reports written by the centre in relation to their care.
- The centre manager must contact EPIC advocates and invite them to meet the current resident group.

3.6 Care of Young People

Standard

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

3.6.1 Practices that met the required standard in full

Individual care in group living

The inspector found the staff team were committed to providing a good standard of care for the young people. Each young person had an allocated social worker who advocated for them. Staff interviewed were cognisant of the individual level of need of each young person and these needs were identified in the placement plans and in the individual work completed by staff and key workers.

The inspector found that young people had lots of opportunities to exercise choice in their lives. They were provided with opportunities to develop and maintain interests, talents and hobbies and engaged in a range of leisure and recreational activities of their choice for example music lessons, swimming, gym, horse riding. The young people participated in regular outings with staff for example music concerts, walks, drives and trips to the cinema. The centre celebrated festive occasions and birthdays in a special way with gifts and activities similar to their peers. There was storage space to maintain important memorabilia in a secure and safe manner.

Overall the social workers interviewed commented positively on the care provided to the young people.

Provision of food and cooking facilities

The young people were provided with a varied and nutritious diet and had access to healthy snacks in between mealtimes. There was a culture in the centre where the young people and staff shared mealtimes together and these were sociable events where staff and young people engaged good humoured banter. This was evident when the inspector shared lunch and dinner with the staff and young people. The young people were actively involved in food shopping and meal preparation. Issues relating to food and mealtimes were handled appropriately and sensitively by staff. The kitchen in the centre was clean, spacious and was maintained to an adequate standard.

Race, culture, religion, gender and disability

The service had a written policy on recognising diversity and anti-discrimination practice and this was linked into key work and the placement plan as appropriate. There was evidence the young people enjoyed similar opportunities as their peers in the community and were not subjected to any form of discrimination. The staff displayed an awareness of the importance of family as a source of heritage and identity. The centre had facilitated communication with a young person's family through an interpreter when required. The inspector found that staff facilitated the young people in the practice of their religion. The inspector advised that the centre manager ensure the young person's religion is recorded on the care file.

Managing behaviour

The centre had a written policy on managing behaviour that challenged. The centre had a policy on sanctions which had a focus on achieving a positive learning outcome. All sanctions were recorded separately in a log book. Interviews with staff evidenced that they supported young people to problem-solve and the sanctions log book

evidenced that responses to issues were proportionate and fair. The consequences logbook indicated staff did not rely on sanctions to manage behaviour. Staff stated they help the young person to reflect on the implications of their behaviour and help them identify solutions. In interview with the inspector the young people were clear what was expected of them and how behaviour would be managed by staff.

The team used risk assessment processes and risk management plans to support the management of challenging behaviour. All significant events were reviewed by the social care manager and the team both in team meetings and in supervision. Significant events were also reviewed by the services trainer in their behaviour management approach. There was evidence of reflective practice, direction and feedback to the team.

3.6.2 Practices that met the required standard in some respect only

Restraint

The centre staff were trained in a method of physical restraint that was researched and was based on reputable practice. Physical restraint intervention was not a regular feature of the care experience of the young people in the centre. The inspector found that staff were appropriately and sufficiently trained in the behaviour management approach. The centre maintained a separate record of all physical interventions and restraints. There were no physical restraints employed in the centre since the last inspection however three non-routine physical interventions were appropriately employed by staff to manage unsafe behaviour and were reviewed by the training officer. There was a written policy on the use of physical restraint and inspector found that it was applied in a way that was consistent with the requirements of the policy.

The inspector found there was no evidence of oversight of the restraint register by the external manager since the last inspection however the team received valuable support and feedback from the services training officer following incidents of challenging behaviour.

There was evidence on the individual crisis management plan that staff identified a range of alternative interventions to de-escalate challenging situations. The inspector found that social workers were not provided with a copy of the individual crisis management plan however they were familiar with the centre's approach to managing the child's behaviour. The centre manager must provide the allocated social workers with a copy of the young people's behaviour support plan.

The centre had a written policy on bullying to promote a safe environment for the young people. Staff were vigilant to monitor the resident group and be alert to signs of bullying.

Absence without authority

The centre records evidenced a significant number of unauthorised absences that related to one particular young person. There was a policy to guide staff practice in relation to absences and notifying relevant people. The staff were familiar with the national protocol for children missing from care and implemented the policy to ensure strategy meetings took place when various thresholds were met in relation to absences.

Each young person had an absence management plan developed on admission in consultation with their social worker and the inspector found these plans were subject to regular review. The plan included who should be notified within specified timeframes. The inspector found that copies of updated absence management plans were not forwarded to the social workers. The inspector also found that all known potential risks were not identified on one of the absence management plans and one young person's risk assessment was not updated to reflect the new agreed measures to manage absences from the centre. The centre manager must ensure that absence management plans include all potential/known risks and are consistent with the risk management plans on file.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

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

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

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

Required Action

- The senior services manager must evidence oversight of the restraint/physical intervention log and quality-assure the centre's behaviour management approach.

- The centre manager must ensure that social workers are provided with a copy of the updated individual crisis management plans and absence management plans.
- The centre manager must ensure that absence management plans include all potential/known risks and are consistent with the risk management plans on file.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

The young people told the inspector that they felt safe living in the centre. There were a range of measures in place to ensure the young people were safeguarded. There were a number of safeguarding practices identified by staff that included vetting of staff, supervision, code of conduct for staff, a lone working policy, anti-bullying policy, staff supervision, risk management, whistle blowing policy and on-going training in child protection. Staff interviewed displayed an awareness of the centre's whistle blowing policy and were confident of their capacity to raise issues or concerns about a colleagues practice. Staff were also aware how to report concerns to external managers should they have concerns about their managers practice.

The chief executive officer ensured auxiliary staff such as maintenance personnel had completed the Children First E-Learning programme and had satisfactory Garda vetting.

The inspector found that young people could make telephone calls in private at the centre and where calls were monitored or supervised this was clearly explained to the young person by staff and by their social worker.

The centre had a variety of information in the centre which was accessible to the young people. Information on the national advocacy group for young people in care and young people's rights was available to the young people. Information on reporting concerns in relation to child abuse in the centre was also available to the

young people. The inspector advised the centre manager to ensure this information was compatible with Children First National Guidance (2017).

The inspector found there were systems in place to safeguard young people from all forms of potential abuse. The young people had an individual risk assessments and safety plans on file as required. Strategies were identified to minimise known or potential risks. Bedroom doors were alarmed at night time to ensure staff were aware if young people left their bedroom during the night.

3.7.2 Practices that met the required standard in some respect only

Child Protection

Standard

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

There was evidence that practices regarding the safety of children were governed by national policies and procedures in line with the Children First Act 2015. The centre had a child protection policy that was in its final draft stage of development and was developed in line with Children First 2017: National Guidance for the Protection and Welfare of Children. At the time of the inspection this policy was forwarded to the Tusla information officer for final review.

The centre had a written child safeguarding statement that was reviewed by the Tusla child safeguarding statement compliance unit. The child safeguarding statement was displayed in the staff office. The centre manager was aware of the requirement for all staff to complete Children First E-Learning programme and all staff had completed this training. While staff interviewed were clear on their obligation to report child abuse/child welfare concerns under the new legislation the inspector found some staff were unclear how to access a mandated report form. The centre manager must ensure that staff are aware how to access a child protection and welfare report form and how to submit this form through the Tusla portal.

The centre manager had systems in place to monitor and track child protection concerns reported to Tusla the Child and Family Agency and the referring social work agency. The inspector found that the log book was not adequate for purpose or consistent with the terminology of Children First Guidance (2017). The log book must

also outline the date of acknowledgement of receipt of report by Tusla Child and Family Agency and outcome of concern.

Staff interviewed were aware of child protection reporting procedures and the measures to be taken in the event of an allegation of abuse or neglect. Staff interviewed were aware of the centre's designated liaison person and deputy liaison person for the reporting of child abuse concerns.

For one of the young people in placement there were agreed arrangements in place with the supervising social worker for bringing allegations of abuse to the attention of parents or guardians. The inspector found that agreed procedures were not in place for the other young people in placement. The centre manager must ensure that agreed arrangements are in place with the social worker for bringing allegations of abuse to the attention of parents or guardians.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre manager must ensure that staff know how to access a child protection and welfare report form and how to submit this form through the Tusla portal.
- The centre manager must ensure the child protection log book is adequate for purpose and is consistent with the terminology of Children First Guidance (2017).
- The centre manager must ensure that agreed arrangements are in place with the social workers for bringing allegations of abuse to the attention of parents or guardians.

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 chief executive officer provided evidence that the centre was adequately insured against accidents and injuries to children. The insurance schedule dated 19th April 2018 to 18th April 2019 included house contents, employer's liability, public liability and motor fleet insurance.

The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The centre was homely in appearance and each of the young people had their own room en-suite. The social workers confirmed they were satisfied that the young people's bedrooms were maintained to a satisfactory standard and they had viewed their bedrooms.

The inspector was satisfied there were adequate arrangements in place for young people to have visits from family members and social workers that were private.

Maintenance and repairs

Maintenance requests were dealt with promptly. A maintenance log was maintained by the centre manager that recorded maintenance issues. The inspector found there were no significant maintenance issues within the centre since the last inspection. There was evidence that the septic tank and heating system was serviced on an annual basis and the date of the next service date was identified.

Safety

The centre had a written safety statement. The centre had an appointed health and safety officer and the site-specific risk/hazard identification record evidenced that the house and its environs are risk assessed on a weekly basis. Risks were appropriately identified and recorded by staff. This record was reviewed and signed by the centre manager. A written health and safety update report was completed by the health and safety representative in February 2019.

Medication was safely stored in a locked medicine cabinet. Medication for each young person was stored individually and identified with a photo of each young person. The centre had a written policy on the safe administration of medication and staff members had undertaken training in the safe administration of medication. Records for the administration of medications were maintained and signed by two staff members. The centre had a system in place to monitor medication stocks.

First aid kits were located in the staff office, staff bedroom, the kitchen and the centre vehicle. There were systems in place to monitor supplies in the first aid kit.

Sufficient numbers of staff were trained in first-aid techniques. All accidents are recorded separately in a record book with only one staff injury recorded since the last inspection.

Cleaning schedules were displayed in the staff office and cleaning tasks completed were recorded. Two staff members completed HACPP training to ensure good standards in relation to food hygiene and food preparation was maintained.

Regular inspection of the premises in relation to pest control was evidenced on the centre records. Cleaning products in the centre were safely stored.

The centre had systems in place to ensure centre vehicles were road worthy. The inspector found they had valid tax, insurance and NCT disc displayed. Records of car maintenance checks were held in the centre and one staff member was designated responsibility to ensure the centre vehicles were subject to regular maintenance checks. The centre maintained a record of maintenance requirements on vehicles. All staff were appropriately licensed and insured to drive the centre vehicles.

Fire Safety

A chartered engineers report dated 28th of July 2007 outlined the centre's compliance with the Regulations of Part B Fire Safety and Building Regulations. A copy of the fire safety certificate granted by the local county council on 2nd December 2015, under the Building Control Act 1990 & 2007 was also viewed by the inspector.

The centre had an appointed fire officer who had completed specific fire warden training. There was adequate means of escape including emergency lighting and there was a suitable procedure for the safe evacuation of young people and staff. Exit routes were marked, sufficient and unencumbered. Fire evacuation plans were displayed throughout the centre. A fire safety key-guard was recently installed inside the front door of the house for emergency exit. Fire safety guidelines identified the location of fire extinguishers and fire blanket. Fire extinguishers and the required fire-fighting equipment were located at identified fire points in the centre. Fire-fighting equipment was serviced annually.

The fire panel identified the specific zones within the premises. There was evidence that detection equipment and fire safety equipment was maintained as required and

fire drills had been undertaken and recorded. The fire drill and fire log assessment logbook was up to date with the most recent fire drill undertaken in January 2019. The inspector advised that the full name of the participants in the fire drill was recorded not just initials of participants and advised that a fire drill at night time should be undertaken once a year.

The service had a maintenance contract on the fire alarm system and dates of maintenance checks were on file in the centre. Staff undertook training in fire prevention and evacuation once every two years with the most recent training undertaken in February 2018 for the relevant staff. Staff completed the centre's fire safety logbook and night time fire safety checklist and the inspector found it was maintained up to date.

3.10.2 Practices that met the required standard in some respect only

None identified.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

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

-Part III, Article 15, Insurance

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

-Part III, Article 13, Fire Precautions.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The senior services manager and the centre manager must ensure they monitor the quality of all centre records to ensure records are clear, legible, of a good quality and that decisions taken are evidenced and information easily tracked.</p> <p>The centre manager must ensure that all records relating to the young people in placement are appropriately stored and personal information about the young people is secured and protected.</p> <p>The centre manager must review the current system for management of the</p>	<p>This recommendation is acknowledged and the following protocol has been put in place. The centre manager and senior services manager are committed to regular planned reviews of all centre records to ensure they are clear, legible, and of good quality and all actions and decisions taken are clearly evidenced and easily tracked.</p> <p>The centre manager acknowledges this recommendation and the following will be put in place to ensure all records pertaining to the young people are appropriately stored and filed away correctly with particular reference to confidentiality and the data protection regulations.</p> <p>As referred to above a new system of filing is currently being developed and will be</p>	<p>This corrective action will involve physical review by centre manager on a weekly basis and by the senior services manager on a monthly basis. It will be on the agenda for discussion at all planned supervision and bi-weekly staff meetings and referred to in all monthly reports.</p> <p>All placement plans, ICMP'S, and AMP'S have been removed from public view and are stored in readily accessible location within the aforementioned secure, fire retardant cabinet. This corrective measure will be monitored daily to ensure best practice in this instance is adhered to.</p> <p>The filing system will revert back to a previous system, whereby all individual</p>

	young people's care files.	fully operational by May 17 th 2019. All placement plans, ICMP'S, and AMP'S have been removed from public view and are stored in readily accessible location within the aforementioned secure, fire retardant cabinet.	files will be stored in a lever arch folder and stored in a secure, fire retardant cabinet. This system will be monitored weekly going forward to ensure effective management of same is in place. This action has already been acted upon and will be fully operational by May 17 th 2019.
3.4	The chief executive officer must ensure that complaints made by young people in placement are subject to regular monitoring and review to ensure they are appropriately investigated with a clear resolution and learning is implemented to improve practices in the centre. The senior service manager must ensure that complaints are subject to a quality assurance process.	The complaints policy was reviewed in April 2019 and the following protocol has been implemented to ensure that complaints made throughout the organisation are subject to regular monitoring and review to ensure they are appropriately investigated with a clear resolution and learning outcomes. The centre manager will notify the organisations senior service manger (complaints officer) once a complaint is received. The centre manager will investigate the complaint and bring it to a clear resolution, this will be overseen by the senior service manager. Any learning outcomes will be discussed during fortnightly team meetings. The senior service manager will review and sign off on the centres complaints register monthly.	The senior service manager and centre manager will review this process during monthly supervision and at management meetings to ensure that it is operating effectively.

	<p>The centre manager and key workers must ensure the young people are informed of the policy relating to access to information, explaining the parameters to accessing information and encourage and support them to have more information about their placement plan, their behaviour management plan and other reports written by the centre in relation to their care.</p> <p>The centre manager must contact EPIC advocates and invite them to meet the current resident group.</p>	<p>The centre manager acknowledges this recommendation. This recommendation will be acted upon immediately.</p> <p>Centre manager has noted this recommendation and will invite EPIC representative for this area to come and visit all young persons in the centre. This will be done prior to next team meeting May 16th 2019.</p>	<p>Centre manager will link in with lead key worker and individual key workers to ensure the following is fully operational and in accordance with recommendations and best practice. On admission to the centre every young person will be appropriately briefed on their right to access information and how best to do so. This will be done in a child centred sensitive manner and where necessary through consultation with individual social worker. All young people will continue to be actively encouraged to participate in key working sessions, house meetings, child in care reviews and any other means available to them in helping to shape their future.</p> <p>As stated across EPIC representative will be invited to come and meet all young people within the centre. Any open days/activities promoted by this organisation will be encouraged where relevant and appropriate.</p>
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<p>3.6</p>	<p>The senior services manager must evidence oversight of the restraint/physical intervention log and quality-assure the centre's behaviour management approach.</p> <p>The centre manager must ensure that social workers are provided with a copy of the updated individual crisis management plans and absence management plans.</p> <p>The centre manager must ensure that absence management plans include all potential/known risks and are consistent with the risk management plans on file.</p>	<p>This recommendation has been noted and appropriate action has been agreed to immediately address the recommendation.</p> <p>The centre manager acknowledges this recommendation and has already agreed with all relevant social workers procedure for same.</p> <p>This recommendation will be implemented immediately.</p>	<p>The senior services manager will inspect restraint/physical intervention log on a monthly basis. This will be done in tandem with inspecting all corresponding significant events and appropriate learning and recommendations noted in senior services manager log for the centre in question.</p> <p>Social workers for all individual young persons within the centre have been informed that they will have a copy of the ICMP and AMP for that child within a week of admission to the centre. Furthermore they have been informed that all ICMP'S and AMP'S are updated monthly or sooner if necessary and same will be forwarded to them.</p> <p>It has been agreed that individual care plans will be routinely discussed with individual key workers at all scheduled supervisions. This will include review of absence management plans and all known risks. Furthermore, all AMP'S will be on agenda for discussion at team meetings</p>
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			and any actions required/taken recorded on same team minutes.
3.7	<p>The centre manage must ensure that staff know how to access a child protection and welfare report form and how to submit this form through the Tusla portal.</p> <p>The centre manager must ensure the child protection log book is adequate for purpose and is consistent with the terminology of Children First Guidance (2017).</p>	<p>This recommendation has been acted upon and all care workers have been refreshed in procedures in this instance.</p> <p>This recommendation has been recognised by the centre manager and acted upon immediately.</p>	<p>A full review of appropriate procedure in making a child protection and welfare report was carried out. All care workers are aware of how to access the relevant form and submit it through the Tusla portal. This will be continuously monitored by centre management through team meetings, supervision and all staff will be notified/updated to any changes to the procedure/legislation</p> <p>The centres child protection log has been updated to appropriately reflect its purpose. This is now in keeping with the consistency of the terminology of Children First Guidance (2018). All child protection concerns will be appropriately recorded and referenced to file where necessary. stating the date concern received from young person, date concern was recognised by centre manager with young person notified of same, and date in which the concern was finalised. Appropriate method of investigation of all concerns will be</p>

	<p>The centre manager must ensure that agreed arrangements are in place with the social workers for bringing allegations of abuse to the attention of parents or guardians.</p>	<p>This recommendation is acknowledged and has been acted upon.</p>	<p>evidenced. All child protection concerns will be dealt with in a respectful manner to allow the young person to feel safe within the centre.</p> <p>The centre manager has contacted all social workers for the individual children within the centre. This procedure will involve relevant social worker been contacted immediately and been made aware of any such allegation. This immediate contact will be followed by a significant event notification where appropriate and relevant social worker will in turn respond to centre manager regarding response and any actions required.</p>
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