



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 014**

**Year: 2018**

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

## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2018</b>
<b>Name of Organisation:</b>	<b>Focus Ireland</b>
<b>Registered Capacity:</b>	<b>Nine young people</b>
<b>Dates of Inspection:</b>	<b>20<sup>th</sup> and 21<sup>st</sup> November 2018 and 15<sup>th</sup> December 2018</b>
<b>Registration Status:</b>	<b>Registered from 13<sup>th</sup> March 2016 to 13<sup>th</sup> March 2019</b>
<b>Inspection Team:</b>	<b>Michael McGuigan Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>1<sup>st</sup> March 2019</b>

# Contents

<b>1. Foreword</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
<b>2. Findings with regard to Registration Matters</b>	<b>8</b>
<b>3. Analysis of Findings</b>	<b>9</b>
3.1 Purpose and function	
3.2 Management and Staffing	
3.5 Planning for Children and Young People	
3.7 Safeguarding and Child Protection	
3.10 Premises and Safety	
<b>4. Action Plan</b>	<b>23</b>

## 1. Foreword

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

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

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

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

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

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

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

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

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

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in January 2003. At the time of this inspection the centre was in its fifth registration and was in year three of the cycle. The centre was registered without attached conditions from 13<sup>th</sup> of March 2016 to the 13<sup>th</sup> of March 2019.

The centre was registered with a purpose and function that stated it would accommodate up to nine young people aged between 16 and 23 years of age that had substance misuse issues. However, a number of months prior to the inspection the funding agency had requested a change in operations and the centre had ring-fenced beds for four young people in need of emergency care on behalf of the crisis intervention service. During interviews with the services manager and project leader both emphasised the nature of emergency provision. Young people could not be in the centre during the day and programmes for this time were to be organised and delivered by the referring social work department.

This inspection was a themed inspection and examined standard 1 'purpose and function', standard 2 'management and staffing', standard 5 'planning for children and young people', standard 7 'safeguarding and child protection' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 20<sup>th</sup> and 21<sup>st</sup> of November and 13<sup>th</sup> of December 2018.

## 1.2 Methodology

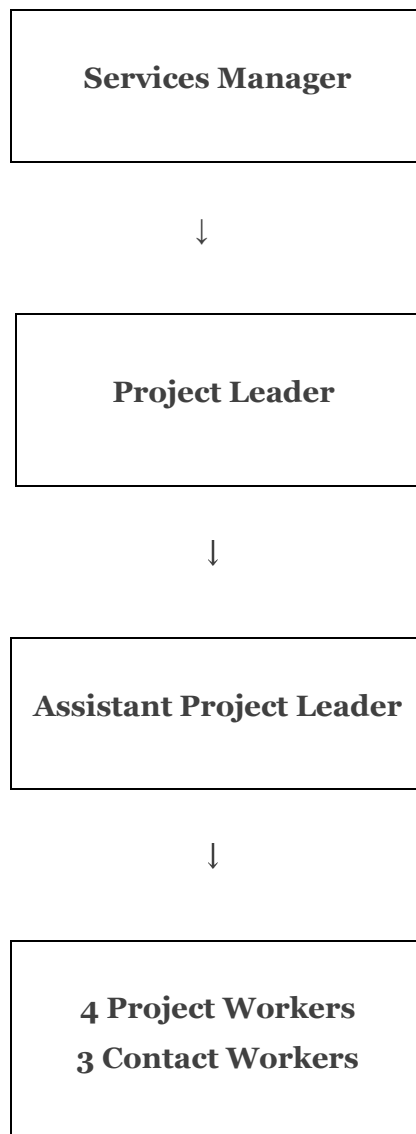
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires submitted by:
  - a) The assistant project leader
  - b) The services manager
  - c) Four project workers
  - d) One member of the board of management
  - e) The social worker for one young person
- ◆ An inspection of the premises and grounds
- ◆ An examination of the centre's files and recording process including care files; supervision records; management documents; health and safety and fire safety documents
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
  - a) The project leader
  - b) The assistant project leader
  - c) The services manager for the organisation
  - d) The social workers for two young people
  - e) Two project workers
  - f) The Tusla alternative care manager
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

## 1.3 Organisational Structure



## 2. Findings with regard to registration matters

A draft inspection report was issued to the project leader, services manager and the relevant social work departments on the 21<sup>st</sup> of January 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 20<sup>th</sup> of February 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 014 without attached conditions from the 13<sup>th</sup> of March 2019 to the 13<sup>th</sup> of March 2022 pursuant to Part VIII, 1991 Child Care Act.



## 3. Analysis of Findings

### 3.1 Purpose and Function

#### **Standard**

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

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

None identified.

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

None identified.

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

The purpose and function for this centre stated that it offered emergency accommodation to young people who were experiencing homelessness and were active drug users. It detailed the admission pathways and it was part of a comprehensive policy document. A number of months prior to this inspection, the organisation had been asked by the crisis intervention services to change its operation to provide four dedicated beds for young people in need of emergency care. Following discussions with senior managers for Tusla Children's Residential Services in the DNE region this was agreed. However, the organisation had not applied for an alteration to the purpose and function and at the time of inspection the day-to-day operation of the centre did not reflect this. The centre was providing a night service only for up to four young people of mixed gender aged 16 – 18 years of age.

The service was co-located with a night service that can accommodate up to five adult drug users under the age of 21 and also ran a drop-in youth service for 18-26 year olds who are experiencing homelessness. Young people under the age of 18 had to leave the service during the day from 9.30am and could not return until 6.30pm each evening. Social work departments were required to engage the young people in a plan during the day. Admission to this centre was on an emergency basis only, while more suitable placement options were sought. The purpose and function stated that referrals were considered for a three day period and that any stay over this period required a further referral. However, inspectors found that in practice young people were being left in the centre for weeks at a time. Given that young people must leave

the centre every day and the risks associated with placements there, it is important that the purpose and function is adhered to.

Inspectors found that the staff understood the purpose and function and could outline this during interview. However, while the operation of the centre had changed to support work with more young people aged under-18, the recording and reporting practices in the centre had not been developed to reflect this. Improvements were required in this area.

### **Required Action**

- The services manager must ensure that the day-to-day operation of the centre reflects the purpose and function.

## **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**

#### **Training and development**

From a review of the training information provided to inspectors it was observed that staff members had received training in fire safety, first aid and the Children First, 2017 online E-learning programme. Further training was planned for the coming year and staff that were interviewed stated that they could request additional training in areas that would support care practice.

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

#### **Management**

The centre was managed by a project leader who also had operational remit for a number of other services in the region. This person was supported by an assistant project leader who had responsibility for the day-to-day running of the service and the supervision of the staff team. The assistant project leader attended daily handovers each morning and reviewed the young person's care files and significant event notifications. They also chaired team meetings, attended professionals

meetings, and reviewed the key working undertaken in the centre. The service had also recently begun attending a regular forum for centre managers within the crisis intervention services.

The project leader reported to the services manager for the organisation and annual service reviews were completed for the centre. Inspectors found that the annual service reviews were comprehensive but focused on both aspects of service provision and that adult and under-18 care was not discussed separately. These reviews provided general recommendations on the running of the service and improvements but did not audit the work being carried out in the centre. Inspectors noted that there was no system for regular periodic auditing of the work with under-18s. Further there was no formal mechanism for assessing the outcomes for young people using the service. Auditing processes did not benchmark service provision against the relevant regulations and national standards for children's residential centres. Inspectors recommend that this takes place to assess compliance and inform actions required to achieve this.

Inspectors reviewed minutes for the organisation's Project Leaders / Service Managers Forum that occurred quarterly. These meetings were generally well attended but focused on organisational and operational issues for a number of different services and there was no discussion on the care being provided to young people. A sample of the minutes of the service's board meetings were also reviewed by inspectors and these meeting were used to apprise the board members of overall operations. However, there were no actions recorded in relation to the under-18s using the service from board meetings.

Inspectors found that the planning of care for young people using the service and its delivery was not being formally reviewed at regular intervals by service management. Given the change of purpose and function and the new higher levels of under-18s that will be admitted it is important that regular auditing and service reviews occur. Inspectors also found that there were deficits in the planning of care for young people and this also needs to be addressed.

From a review of young people's care files, inspectors found that some incidents and issues had not been notified as significant events when they should have been. These issues were missed by the centre staff and management. This included issues around assault, drug use and mental health. Further, while there was space for reference numbers to be included these were not entered on the form and this made the tracking of incidents difficult.

From a review of the staff team meeting minutes, inspectors found that these were occurring regularly but at times were only attended by two staff and the assistant project leader. The records contained evidence of discussions on organisational issues but the formal planning of work with young people on an on-going basis was not being discussed. While referrals to the centre were on a night by night basis, the actual placements for young people were much longer. In light of the actual time frames that young people are living in the centre, inspectors recommend the development and delivery of placement plans appropriate to the service should be considered.

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

#### **Register**

This centre did not maintain a register of the young people admitted and discharged from the service. During interview the project leader stated that the process of recording this information was due to begin in the coming weeks. Information on admissions and discharges to the centre is routinely forwarded to Tusla, Child and Family Agency.

#### **Notification of Significant Events**

Inspectors found that there was a system for the notification of significant events and these were generally forwarded to the appropriate persons in a timely manner. For a period at the beginning of 2018 there were gaps in the notifications of incidents to the alternative care inspection and monitoring team. One social worker also stated that they had not received significant events for incidents that occurred and only became aware of these when speaking to centre managers on the phone. Inspectors found that at times the significant event notification reports did not contain sufficient information and details on the young person's presentation were not recorded.

Since the recent change in purpose and function the centre has agreed to attend a significant event review group as part of the crisis intervention service. This occurs periodically and is attended by the centre managers and the alternative care manager for the service.

#### **Supervision and support**

This centre had a policy that stated supervision would be conducted between four and six weekly and more frequently if required. All of the staff and the centre management team had been trained in a new model of clinical supervision that was now in operation across the organisation. However, from a review of a sample of

supervisions for staff inspectors found that supervision was not being conducted in line with centre policy or best practice and that the records did not contain sufficient detail. In some instances there were only abbreviated bullet points and no evidence of discussions on day-to-day work with young people.

Inspectors reviewed the records for handover and found these to be used for daily planning and exchange of information on the previous shift. However, these handover records were also used as the daily journals for young people and there was no set recording template. Inspectors found that often there was substantial variation on the information recorded on young people and guidance is required for staff in this area.

### **Staffing**

The roster for this centre is comprised of seven lines each with a variety of staggered night shifts. However, inspectors found that there were currently only four full time project workers assigned to lines on the roster with the remaining three positions being covered by relief staff and agency workers. Inspectors found that staff held appropriate qualifications and experience.

It was observed that the assistant project leader was required to work some night shifts due to staff shortages and was also being used as second person cover each morning from 8am when one night shift ended. This meant there was only one project worker and the assistant project leader available to work with up to nine service users each morning. Inspectors found that there were not enough staff to fulfil the centre's purpose and function. There had been a number of aggressive and violent incidents in the centre during the months preceding inspection and further staff were required to ensure the behaviours of young people could be appropriately supported.

During interview the services manager outlined that they had carried out a review of recruitment and staff retention, however, it was proving very difficult to recruit staff for the centre. A second grade of contact worker had been created by the organisation and while this carried the same responsibilities as the project worker grade, it did not have the same pay scale. This had proved to be a barrier to recruitment and retention.

Inspectors reviewed the personnel files for each of the staff working in the centre and found that these files contained up-to-date Garda vetting documents. However, there were not always copies of training certificates, qualifications or CVs on file for staff.

One staff member did not have any references on file and issues existed with the quality and verification of references for other staff members. While inspectors acknowledge that some employees have been with the organisation for a number of years, the personnel files and system for obtaining references needed to be reviewed.

### **Administrative files**

Inspectors reviewed a number of the administrative files in the centre and found that these needed to be reviewed. There was evidence that the assistant project leader was monitoring the files held in the centre, however, an increase in recording was required around the planning of care and the interventions being used with young people. Through interview inspectors found that there were adequate financial arrangements in place.

### **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 6, Paragraph 2, Change of Person in Charge*

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 -Part III, Article 7, Staffing (Numbers, Experience and Qualifications) -Part III, Article 16, Notification of Significant Events.*

### **Required Action**

- The services manager must develop a system for the regular audit of the centre to ensure themselves that suitable operational policies and care practices are in place.
- The services manager must review the governance structures for the centre to ensure that appropriate planning of care for young people takes place.
- The project leader must ensure that there is an up-to-date register of the young people admitted and discharged from the centre.
- The project leader must review the system for the notification of significant events to ensure the effective recording and reporting of incidents.

- The project leader must ensure that supervision is conducted in line with organisational policy and that records reflect discussions on the planning of care for young people.
- The services manager must review staffing in the centre to ensure that there is sufficient staff to fulfil the purpose and function.
- The services manager must ensure that personnel files are reviewed and that vetting is in line with the Department of Health Recruitment and Selection Circular, 1995.
- The project leader must ensure that administrative files are organised to facilitate effective management and accountability.

### **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**

##### **Contact with families**

Through interview with the project leader and assistant project leader, inspectors found that the centre did not always have contact with family members. As this centre provided emergency short term night time accommodation, there was no focus on building relationships with families or supporting young people with the difficulties they may face in this respect.

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

From interview with the young person's social worker and information held on file in the centre, inspectors found that the young person was meeting with their social worker frequently and at times they met the young person as often as weekly. Inspectors did not find evidence that the social worker had reviewed the young person's care files and is recommended that this occurs. Given the nature of the service the young person is not permitted access to the building during the day and as such the social worker was not visiting the premises.

## 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.

Inspectors found that there was appropriate contact between the social work department and the centre. Given that the young person was admitted on an emergency basis a preadmission transition did not occur and as such background information was not provided. The social worker for the young person understood this to be an emergency placement. There was evidence of regular child in care reviews and the allocated social worker was meeting with the young person regarding their care. Significant event notifications were received by the social worker and they responded where necessary. The young person's social worker stated that they had been attempting to source a more suitable placement for a substantial period of time but had not been successful. There were no other placements available at the time of inspection.

### **Emotional and specialist support**

This centre operates as an out-of-hours night time service and as such does not engage with the young people regarding specialist support. Inspectors spoke with the social worker for one young person. They stated that due to the nature of the placement and the young person's behaviours it had proven difficult to engage them in specialist services. The allocated social worker had made a number of attempts to support the young person to attend these.

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

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

The organisation had a policy on admissions and discharges that stated the admissions process should plan for all possible risks presented by young people before admission to the centre. The policy sets out that collective pre-admission risk assessments should be completed for each young person with allocated social workers to determine risks to the referred young people and existing service users. This risk assessment should then have been used to create appropriate action plans. However, inspectors found that the collective pre-admission risk assessments in place did not adequately address the risks posed by young people and contained very



limited information. Further, there were no risk management plans or behaviour management plans devised following the creation of risk assessments. While inspectors acknowledge the nature of the service, it is important that appropriate risk planning takes place. It was also noted that young people were at times admitted without risk assessment being completed and as a response to the need for placements in other services.

Referrals to the service were made during office hours through the Tusla, Child and Family Agency crisis intervention service social work team. The out-of-hours social work team made referrals to the service at evenings and weekends. The centre had recently changed its purpose and function to provide four dedicated beds to the crisis intervention service. Inspectors did not find information from social workers for young people on the rationale for placements and plans around where the young people would move to after this emergency intervention. It was also observed that young people were at times moved between this centre and another centre in the crisis intervention service. These moves were a response to the need for placements for other young people in the community and inspectors found that admissions and discharges were not always based on the needs of the resident young people.

### **Preparation for leaving care**

The resident young person was aged over sixteen. However, while an aftercare plan existed, the young person was not engaged in planning work. Given that this centre was an emergency placement and operated a night time service only, work on life skills and preparing for leaving care was quite limited. Further, the absence of placement plans in the centre meant that staff did not have direction on the work to be undertaken with young people.

### **Discharges**

The centre had a policy on warnings and exclusions from the service that indicated exclusions would occur due to continued breaches of the rules, dangerous behaviours or serious threat or risk to service users or staff. There have been a number of discharges to other placements on the continuum of care. Given that the centre provides an emergency service young people should not remain there for protracted periods of time and should be discharged to more suitable placements as soon as is practicably possible. The centre does not hold a register for admissions and discharges of young people and one should be created.

## **Aftercare**

There was a plan for the aftercare of the young person and a referral had been made to an aftercare service. However, the young person was not currently engaged in any work around this. The young person's social worker stated that they would continue to engage the young person in this respect.

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

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

Inspectors reviewed the care plan for one young person and found that it was dated 13/03/18. The plan contained appropriate information regarding the young person's educational, social, emotional, behavioural and health needs.

Given the nature of the service being provided to young people, the centre does not create placement plans. Inspectors noted that some planning and interventions were incorporated into individual crisis management plans. These interventions included participation in key working and house meetings and engagement with community supports. Inspectors recommend that due to the increased length of stay for young people under-18 and the nature of the placements that some form of key working appropriate to the service should be undertaken.

#### **Children's case and care records**

Centre staff completed a morning and evening handover report form that noted general information on each young person. However, daily progress reports that detailed activities and the emotional presentation of the young people during their time in the centre were not created. Inspectors also found that the information recorded in the handover records was inconsistent and there was no set template to direct staff on what should be recorded. Further, inspectors found that young people's care files did not always contain copies of birth certificates, care orders or reception into care forms.

### **3.5.4 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 23, Paragraphs 1 and 2, Care Plans***
- Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan***
- Part V, Article 25 and 26, Care Plan Reviews***
- Part IV, Article 24, Visitation by Authorised Persons***
- Part IV, Article 22, Case Files.***

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

***-Part III, Article 9, Access Arrangements***

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

***-Part III, Article 17, Records***

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

### **Required Action**

- The services manager must ensure that appropriate risk planning occurs around the placements of young people.
- The project leader must ensure that key working occurs with young people in relation to emotional and specialist support, aftercare and contact with families where necessary.
- The project leader must ensure that young people’s care records contain sufficient details around their placements and that appropriate recording practices are in place in the centre.

## **3.7 Safeguarding and Child Protection**

### ***Standard***

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

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

None identified.

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

Inspectors found there was an appropriate child safeguarding statement for the centre. There was also a comprehensive safeguarding policy that was part of the organisations policy document. This included information on the organisation’s approach to recruitment and vetting, training and support, working practices and dealing with allegations and disclosures. However, inspectors found through interview that the staff team had limited understanding of the centre’s safeguarding

policy and could not provide details of how safeguarding occurred in the centre. Further work was required with the staff team on this.

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

None identified.

## **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.

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

None identified.

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

None identified.

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

From a review of the training records for the centre inspectors found that each of the staff had completed the Children First, 2017 E-Learning training. Further, staff on this team had also completed organisational training on child protection. There was a comprehensive policy that was in line with Children First: National Guidance for the Protection and Welfare of Children, 2017.

Through interviews and a review of the young people's care files inspectors noted that there had not been any child protection and welfare referrals made for young people in the twelve months prior to the inspection. However, inspectors found that a number of significant event notifications and some of the handover records detailed incidents that posed serious risks to young people. Inspectors found that child protection and welfare referrals should have been made for some of these incidents but this had not occurred. Further, the centre was located next to service for adults and inspectors did not find a risk assessment or risk planning to address the possible interactions between the young people in the centre and the adults using the adjacent service.

### **Required Action**

- The services manager must ensure training on child protection and safeguarding is provided to the staff team.

- The project leader must review significant event notifications for young people from 01/06/18 to identify if there are any outstanding child protection and welfare referrals.
- The project leader must ensure that a risk assessment is completed to address vulnerable service users interacting with adult services in the locality.

### **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**

This premises is a two story building in an urban setting in Dublin city. The centre is close to local amenities, education settings and transport links. Each young person had an individual bedroom and there were communal areas in the building that young people could use in the evenings. Inspectors found that the centre was suitably decorated and that there were appropriate furnishings. Appliances were domestic in nature and the centre had suitable ventilation, heat and light.

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

During an inspection of the premises inspectors found that it was in good repair and that no evident work was required. The service had an electronic system for logging and monitoring maintenance requests and some works had been carried out in 2018 to improve the premises.

##### **Safety**

Inspectors noted that the centre had a comprehensive health and safety statement that was in date and had been reviewed regularly. There were also risk assessments that detailed how the hazards for working in the building and with the client group would be addressed.

#### **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**

#### **Fire Safety**

Inspectors reviewed the fire and general register held for the premises and also completed a walk-through of the building with the centre manager. Inspectors found that fire drills had been completed on 16/07/16, 26/11/16, 30/05/18 and 03/10/18. There were no fire drills recorded for this centre for 2017.

The fire register also evidenced that there were issues for one fire drill but there were no risk assessments on how this was to be addressed. There were no records of the fire safety training held in this document. Further, the periodic tests on the fire alarm system, automatic door releases and emergency lighting tests were not being completed as required. There were also gaps in the daily checks on the means of escape. Pages of the fire and general register were also coming loose and this book needed to be replaced. Governance in respect of fire safety must improve in the centre.

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

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*,  
*-Part III, Article 8, Accommodation*  
*-Part III, Article 9, Access Arrangements (Privacy)*  
*-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)*  
*-Part III, Article 15, Insurance*

The centre did not meet the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*,  
*-Part III, Article 13, Fire Precautions*

#### **Required Action**

- The services manager must review the procedures in place to ensure that a suitable fire safety routine is in operation in the centre.

## 4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.1	The services manager must ensure that the day-to-day operation of the centre reflects the purpose and function.	Amended Purpose and Function developed.	Service Manager will ensure adherence to Purpose and Function.
3.2	The services manager must develop a system for the regular audit of the centre to ensure themselves that suitable operational policies and care practices are in place.	The Service Manager has developed an audit tool that will be used on a monthly basis to ensure oversight and leadership within the centre. The Services Manager will evidence all reports and case files reviewed by initialling those that are part of each audit. The Service Manager will discuss findings that come from each audit with the project leader and agree on actions that are required within specific timeframes. All completed audit documents will be filed on site in the Project. The Service Manager will follow up between audits to ensure that actions agreed have been followed up on. Timeframe: This will be in situ by end of Q1 2019.	The Service Manager has developed an audit tool that will be carried out monthly. The Service Manager and Project Leader will ensure that each audit is pre-booked and planned in advance to ensure that this practice is implemented.

	<p>The services manager must review the governance structures for the centre to ensure that appropriate planning of care for young people takes place.</p> <p>The project leader must ensure that there is an up-to-date register of the young people admitted and discharged from the centre.</p> <p>The project leader must review the system for the notification of significant events to ensure the effective recording and reporting of incidents.</p> <p>The project leader must ensure that supervision is conducted in line with organisational policy and that records reflect discussions on the planning of care for young people.</p> <p>The services manager must review staffing in the centre to ensure that there is sufficient staff to fulfil the purpose and function.</p>	<p>Support plans suitable to the young person's needs will be developed and in line with the purposed and function of the service. Timeframe: end of February 2019.</p> <p>The Project Leader has put in place a register of admissions and discharges.</p> <p>Project Leader has developed clearer guidance for the staff team to ensure consistency of practice. This will be supplemented by practical support to team members in identifying and recording SENs. End of Q1 2019.</p> <p>Support planning now occurs at a separate review meeting of young people.</p> <p>This is an issue which the Service Manager will address with Focus Ireland's Director of Services and Director of Human Resources. This will happen immediately.</p>	<p>Support plans will be audited. Support plans will be approved by the designated Social Worker.</p> <p>Guidance document in place for staff team. Practical guidance given to each staff member. Project Leader/ Assistant Project Leader will review all SENs as they arise to ensure compliance going forward.</p> <p>A monthly review of support plans will ensure good planning to meet the needs of young people. This will occur immediately.</p> <p>The Service Manager will review staffing levels with Directors and ensure that safe levels of staff are in place.</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



	<p>The services manager must ensure that personnel files are reviewed and that vetting is in line with the Department of Health Recruitment and Selection Circular, 1995.</p> <p>The project leader must ensure that administrative files are organised to facilitate effective management and accountability.</p>	<p>Service Manager will consult with HR Director with regard to implementing the requirements in full. Timeframe: End of Q1.</p> <p>A coherent system of files suited to the needs of the service are now in place.</p>	<p>Service Manager and Project Leader will audit staff files annually.</p> <p>These files will be part of the governance audit.</p>
<b>3.5</b>	<p>The services manager must ensure that appropriate risk planning occurs around the placements of young people.</p> <p>The project leader must ensure that key working occurs with young people in relation to emotional and specialist support, aftercare and contact with families where necessary.</p>	<p>Due to the nature of the service, a pre-admission collective risk assessment is not possible. However, the project's referral process does incorporate an appropriate risk assessment component. The Project Leader has adapted the CRA template to reflect the nature of the service and this specific risk assessment tool is now in use. This is in place.</p> <p>Whilst key working in the traditional sense does not occur, staff do create opportunities of work which enhance and support young people's development, supports harm reduction in risk taking and prepares young people for adult life. These interventions are now recorded in a more structured manner.</p>	<p>New risk assessment tool is in place and audit process will ensure compliance.</p> <p>Project Leader and Assistant Project Leader will review case recording monthly.</p>

	The project leader must ensure that young people's care records contain sufficient details around their placements and that appropriate recording practices are in place in the centre.	A system of recording is already in place, which reflects the nature of the service. However, the Project Leader will ensure that the staff team have a consistency of practice in how they record, going forward. End of Q1.	Project Leader will standardise recording and support the team to implement it. On-going audit process will ensure compliance.
<b>3.7</b>	<p>The services manager must ensure training on child protection and safeguarding is provided to the staff team.</p> <p>The project leader must review significant event notifications for young people from 01/06/18 to identify if there are any outstanding child protection and welfare referrals.</p> <p>The project leader must ensure that a risk assessment is completed to address vulnerable service users interacting with adult services in the locality.</p>	<p>All members of staff are up-to-date with regard to child protection and safeguarding policies and procedures. Safeguarding will be part of a revised team meeting structure.</p> <p>Project Leader will review all SENS for that period immediately.</p> <p>The Project Leader will review safeguarding policy. End of March 2019.</p>	<p>All staff members will attend mandatory refresher training, as required.</p> <p>If Project Leader identifies any outstanding child protection and welfare concerns, he will refer to social work through portal.</p> <p>Update safeguarding policy, if necessary.</p>
<b>3.10</b>	The Services Manager must review the procedures in place to ensure that a suitable fire safety routine is in operation in the centre.	The Project Leader will address current deficits with the organisation's Property Management Department. Daily checks will be carried out and recorded appropriately.	Fire safety will be incorporated into daily handover. Project Leader will check periodically and Service Manager will monitor using the audit tool.