



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

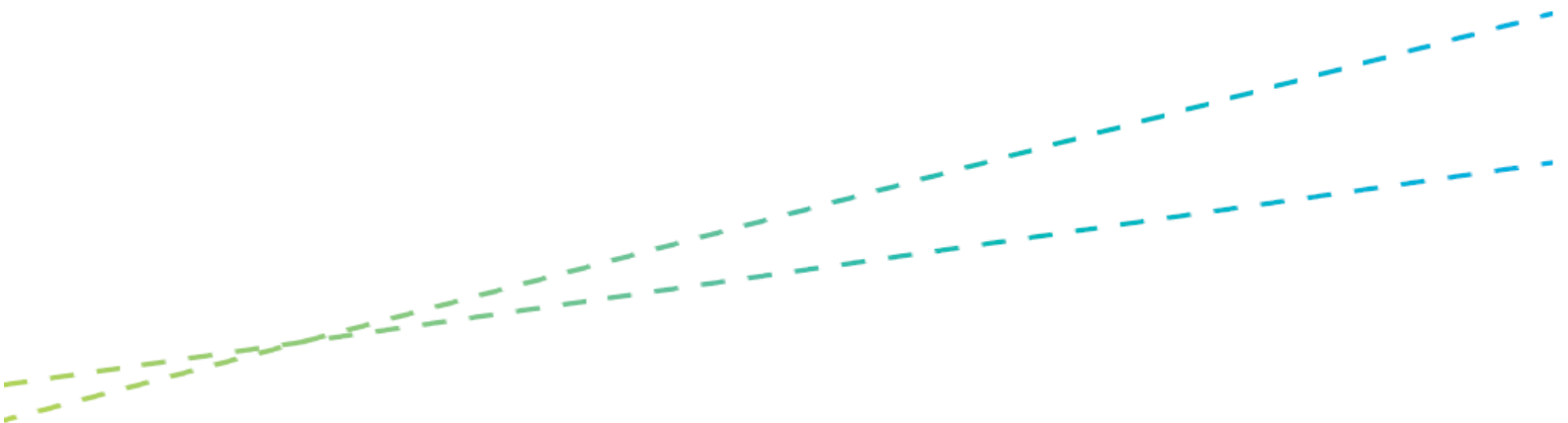
Alternative Care – Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 017

Year: 2018

Lead inspector: Lorna Wogan

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Inspection and Monitoring Report

Inspection Year:	2018
Name of Organisation:	Gateway Children Services
Registered Capacity:	Two young people
Dates of Inspection:	8th and 9th August 2018
Registration Status:	Registered from 18th December 2016 to 18th December 2019
Inspection Team:	Lorna Wogan
Date Report Issued:	27th November 2018

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	
3.6 Care of Young People	
3.8 Education	
3.10 Premises and Safety	
4. Action Plan	30

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 December 2013. At the time of this inspection the centre were in their second registration and were in year two of the cycle. The centre was registered from 18th December 2016 to 18th December 2019.

The centre's purpose and function was to accommodate two children of both genders from age eight to fourteen years on admission. The approach to working with young people was informed by attachment and resilience theories with the over-arching approach based on positive behaviour support. The attachment-based approach was supported and guided by an external specialist in the area of attachment disorders. The centre offered an evidence-based approach to 'What Works' in residential care and the assessment identified both protective and risk factors. 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 and belonging.

The inspector examined standards 2 'management and staffing', 6 'care of young people', 8 'education' and 10 'premises and safety' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 8th and 9th August 2018.

1.2 Methodology

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

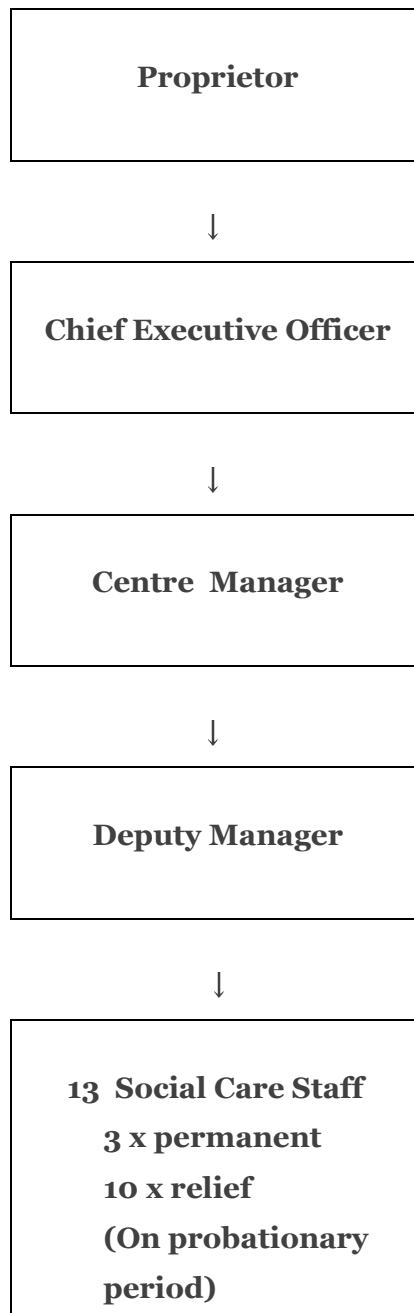
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) The chief executive officer
 - b) The centre manager
 - c) The deputy manager
 - d) Nine social care staff
- ◆ An inspection of the premises 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.
 - relevant sections of care files
 - daily logbooks
 - centre register
 - seven personnel files
 - handover records
 - supervision records
 - visitor's logbook
 - team meeting records
 - management meeting records
 - children's house meeting records
 - training records
 - significant event logbook
 - physical intervention logbook
 - fire register
 - health and safety audits
 - medication administrative records
 - maintenance logbook
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively

- a) The centre manager
 - b) Three social care staff
 - c) The social work team leaders for the two children in placement
 - d) The two young people in placement
 - e) The lead inspector
- ◆ Observations of care practice routines and the staff/young people's interactions.

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

The 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, proprietor, chief executive officer and the relevant social work departments on 1st November 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on 15th November 2018 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 grant continued registration for this centre, ID Number: 017 without attached conditions from 18th December 2016 to 18th December 2019 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

Management structures in the centre and the wider service were defined and clear. The company structure comprised of the company director, a chief executive officer and an advisory committee. The centre manager reported to the chief executive officer who in turn reported to the managing director. Staff that spoke to the inspector knew their roles and who they were accountable to within the service.

The chief executive officer met formally with the company director approximately once a fortnight. The inspector found that the chief executive officer had developed a clear strategic plan for service development since their appointment in November 2017. They provided staff with an opportunity to provide feedback on their experience of working within the organisation and with the children in their care. Currently the chief executive officer was responsible for the overall governance of the five residential centres operated by the organisation and for recruitment, training and development of staff and supervision of all centre managers. The organisation planned to expand the management team to include the post of head of service however this position remained vacant at the time of the inspection. There was evidence that the external manager provided good leadership and external oversight of the centre. They had oversight of all operational aspects of the centre through weekly written progress reports on the children, monthly data returns from the centre manager, review of significant events, formal supervision of the centre manager, management meetings, periodic attendance at team meetings, feedback from maintenance teams, weekly telephone contact with the centre manager and bi-monthly visits to the centre. Visits to the centre included meeting with the children each quarter and the staff on duty for updates and consultation purposes.

The chief executive officer chaired management meetings on a monthly basis with all centre managers across the service. The dates of meetings for the year ahead were identified. The inspector examined the records of these meetings and found evidence of good governance and management. The centre manager informed the inspector the chief executive officer was accessible and provided guidance and support to them in their role.

There was a change in manager within the centre since the last inspection in December 2017. The previous acting centre manager was in post for six months prior to their resignation. The current centre manager was in post since January 2018 and was appointed as an acting centre manager until they reached the required five years experience for the position. They were supported and mentored by a senior centre manager in the organisation. They had worked within the service for three and a half years and had previous management experience as a deputy manager in another centre in the organisation. There was evidence of a robust induction over a two week period supported by the chief executive officer, the training officer and other senior managers within the service. The centre manager was facilitated by the service to participate in management and leadership training.

Staff reported to the centre manager, who had a deputy manager to support them in their role. The centre manager and the deputy manager were appropriately qualified in the field of social care. The deputy manager was appointed in February 2018 and deputised for the centre manager when they were on annual leave and provided mentoring support to staff on duty. The centre manager and the deputy manager met together on a regular basis and there was evidence of good communication within the internal management structure. The centre manager and deputy manager were conscious of their role to ensure good standards of care were maintained in the centre and staff were supported in their work. The centre manager listened to underlying concerns raised by the children and took action to improve practices from the children's perspective. Staff and external professionals told the inspector that the centre manager demonstrated good leadership skills and actively promoted high standards of care and behaviour support for the children within the team. There was evidence of good governance and oversight of the care practices and administrative records by the centre manager.

Following staff interviews and a review of questionnaires completed by staff the inspector found that staff had confidence in their internal and external managers and were aware that the highest standards of practice were expected of them in their work. Staff and managers interviewed by the inspector had a good understanding of

the key policies and procedures relating to the management of behaviour, the significant notification system, behaviour support procedures and the child protection policy.

The inspector found evidence that the service had developed a schedule for review of policies and procedures. There was evidence that managers across the organisation had recently been assigned individual policies and procedures to review and update and a number of policies had been finalised and were available for inspection. In May 2018 the chief executive office scheduled a workshop with managers and staff to examine the vision and mission of the service.

Overall, the inspector was satisfied with the external and internal governance, management and oversight of the centre.

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.

The register recorded three admissions to the centre since its initial registration in December 2013 and one planned discharge. There were no new admissions to the centre since the last inspection in December 2017.

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 interviewed were aware of what constituted a significant event. Social work team leaders interviewed by the inspector were satisfied that they were notified verbally and in writing of all significant events relating to the children in placement. Oversight of significant events by the centre manager was evident on the records. The centre manager stated that social workers responded to notifications and sought further clarification if required.

Supervision and support

The centre had a written policy in relation to staff supervision. Staff stated the centre manager was supportive during times of increased stress in the centre and the inspector found that the manager had good insight of the centre and its strengths and weaknesses. The centre manager was supervised on a regular basis by the chief executive officer and the inspector examined the records of this supervision. The centre manager received regular and robust supervision from the chief executive officer in line with the service supervision policy and a record of the supervision process was examined by the inspector. Supervision with the centre manager included a review of the children in placement, their care plans, significant events in the centre and overall standards of care, the managers own well-being and development, staff well-being and development and general operational issues.

The centre manager supervised all staff members and the regularity of supervision was overall good. The centre manager and the deputy manager undertook supervision skills training in April 2018 and there was evidence that staff were expected to prepare for their supervision. The inspector examined a sample of staff supervision records and the centre managers' supervision schedule was displayed in the staff office. Records reflected that this formal supervision was robust, regular and of a good quality. It addressed issues regarding the care of the children, concerns about children, teamwork, self care issues and training and developmental needs. The staff interviewed felt their supervision was supportive and effective in enabling them to carry out their duties with children in challenging situations. Following a review of selected staff supervision files the inspector advised that there should be more evidence of review and evaluation of the placement plan within the supervision records for key-workers.

A new recording template for supervision meetings was recently introduced following in-service supervision training attended by managers and deputy managers in May 2018. The centre had recently introduced a system to assign new staff members a mentor from within the team to provide additional support for new staff.

Handover meetings were held on a daily basis for thirty minutes. Staff coming on duty read the centre records for fifteen minutes and used the remaining time for planning. The inspector attended a handover meeting and found that staff shared information about the children and the tasks required to be completed over the next

twenty four hours. The handover records were structured to ensure all areas of work and all tasks were completed and/or handed over to staff coming on duty.

Staff team meetings were scheduled every three to four weeks and were found to be regular enough to meet the needs of the children and the service provided. Team meetings were valued by the staff members and were well attended. The inspector examined the minutes of team meetings. The minutes of the team meetings evidenced a focus on operation matters and review of current issues relating to the children and planning interventions. There was evidence that staff were provided with opportunities to review and inform themselves of centre policies at the staff meetings.

On-call support was delivered to the staff team on a rotational basis outside of office hours by the centre manager, deputy manager and other managers within the organisation. The on-call roster was displayed in the staff office. Staff interviewed stated they had had access to the external managers contact details should they wish to engage with them directly on any matter. There was a written policy that outlined the support mechanisms in place for staff in particular for those who may experience stress or have suffered injury in the course of their work. Staff can avail of private counselling for a specified number of sessions.

The centre manager stated that the chief executive officer provided good support, guidance and direction to them in their role and had a good understanding of the challenges faced by the staff team in working with the current children in placement. It was evident following a review of staff questionnaires and interviews with the inspector that staff experienced stress and anxiety when the children's behaviour escalated. The inspector found the centre manager had put a lot of systems in place to further support staff and build resilience within the team.

The staff handbook was recently updated and the chief executive officer and centre manager confirmed that the service was well advised to ensure that all statutory provisions in relation to employment law are adhered to. There were no disciplinary procedures initiated against any staff member at the time of the inspection.

Training and development

The centre manager maintained a record of staff training that was examined by the inspector. There was evidence of an effective ongoing staff development and training programme for the care and education of staff. Overall the inspector found there was good attention paid to training and development of staff. A new full-time post of training officer was established within the service since the last inspection. There were systems in place to capture gaps in training for example in the monthly report to management and meetings with the organisations training officer. A training needs analysis was recently undertaken by the training officer. The role of the training officer was to provide training for staff and to track, audit and source training for the organisation. This resulted in training becoming more structured and timely in its delivery across the service.

Core training in the management of behaviours that challenge, child protection, fire safety training and first aid was provided for the team and was up to date for staff. Behaviour management training was up to date for all but one staff member and they were scheduled for refresher training in the coming month. The organisation had developed a child protection training pack and a two-day workshop with staff was being rolled out by the chief executive officer. Staff were also provided with data protection training in July 2018 to ensure their understanding of the requirements of new statutory regulations.

Staff members were also facilitated to attend the HSE training in applied suicide intervention skills training and understanding self harm training workshop.

There was evidence that staff participated in regular training with their attachment specialist. Full two-day attachment training was provided to the team in February 2018 and regular workshops with the attachment specialists had taken place to date in 2018. A record of these meetings was held at the centre. Staff attendance was low at times as the training was on a Saturday. The chief executive officer is currently working on this issue. The importance of this training was evident in the overall implementation of the model of care.

3.2.2 Practices that met the required standard in some respect only

Staffing

The staff team comprised of thirteen staff members, in addition to a deputy manager who was included on the roster. The staff/child ratio was 2:1 for one child and 1:1 for the second resident. In May 2018 the staff ratio was reduced from four staff on duty to three staff following an assessment of the children's needs. The rosters were reviewed by the inspector and reflected there were three staff on duty during the day and two staff slept overnight in the centre. The inspector found that the day shift was from 8am to 11pm and while this provided good consistency of care for the young people the inspector advised the chief executive officer to ensure staff rotas were in compliance with the working time act. There was evidence that staff found this duty tiring and stressful when the children were unsettled and challenging. This issue needs to be addressed as a matter of priority.

Staff retention and recruitment of experienced staff continued to be an issue for the centre. All staff were suitably qualified however their experience working in residential child care was limited and they required considerable support and mentoring while on duty. The inspector found that the centre manager and deputy manager provided significant mentoring support to the new inexperienced staff particularly at times when the children's behaviour escalated. The inspector found that there was an inadequate level of experience within the team which impacted on the overall operations within the centre. There was evidence that the core team had stabilised over the past six months however at the time of the inspection four staff members had informed the centre manager of their pending resignation. Exit interviews were offered to all staff leaving the centre and there was evidence that staff left for personal reasons, alternative social care work and issues relating to the challenging nature of the work itself. Issues pertaining to staff recruitment and retention were currently being examined by the chief executive officer. The addition of male staff members to the core team would further benefit the team and provide positive role models for the children in placement.

The inspector examined personnel files of seven staff recruited since the last inspection in December 2017. The files contained the relevant Garda/Police vetting. Two files did not have a third reference on file however there was evidence these references had been requested. Two of the files did not evidence verification of qualifications. The outstanding references and copy of qualifications must be secured by the centre manager. A senior administrator was recently appointed within the

service to support the administrative functions in relation to staff recruitment and vetting.

There was a formal induction process for all new staff members within the organisation and evidence that the induction process was continuously being strengthened and developed.

Administrative files

The inspectors examined a range of administrative files and records including daily logbooks, centre registers', visitor's book, handover records, minutes of staff meetings and children's house meetings. Key workers had responsibility to ensure that care files were organised and up to date. Files and records were well organised and maintained to facilitate effective management and accountability. Care files and administrative records were stored securely. Good attention was paid to ensuring records were maintained in a confidential manner. There was evidence on the records that reports were written in a professional and sensitive manner.

The centre manager attended handover meetings, team meetings, care planning meetings and reviewed all care and administrative records generated at the centre. The service had recently strengthened its administrative support structures to support the centre managers across the service. The chief executive officer outlined plans to introduce new electronic systems for managing and processing information on children and storing data within the organisation. The inspector was satisfied that management was familiar with the requirements of the legislation in relation to access to information and protecting personal information.

There were clear financial management systems in place in the centre which involved the use of petty cash and receipts. Petty cash records evidenced the day-to-day expenditure at the centre and staff balanced and signed off these records at the end of each shift. Records were also maintained of monies provided to the children for pocket money and other expenditure. The inspector found that these systems ensured accountability in relation to expenditure in the centre. The centre manager and staff interviewed stated that the budget was adequate for the purpose and function of the service.

The inspector found that centre records relating to the children in placement were stored in plastic boxes in the attic. This matter must be addressed as a matter of

priority. The centre manager must ensure that all records relating to the children are stored in perpetuity using an appropriate medium.

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 16, Notification of Significant Events.*

The centre has not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 7, Staffing (Numbers, Experience and Qualifications)*

Required Action

- The chief executive officer must ensure that there is a balance of experienced to inexperienced staff on the team to carry out their duties.
- The chief executive officer must ensure roster duties are in compliance with the working time act.
- The centre manager must ensure that all records relating to the children are stored in perpetuity using an appropriate medium.

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 that care practices took account of the children's individual needs. The centre manager outlined to the inspector the ways in which they catered for each of the children's individual needs. The children were cared for in a manner that took account of their wishes, preferences and individuality. Memory boxes for each of the children were being created by staff at the time of the inspection. There was evidence that the children were encouraged to participate in a range of recreational activities. Local amenities were used to engage the children in activities with staff and key-workers. House meetings with the children provided them with the opportunities to express their wishes, preferences and individuality. There was evidence that issues raised by the children were taken into account and appropriately responded to.

There was evidence that the children received weekly pocket money and earned additional monies on completion of some household chores. Matters relating to personal care and hygiene were outlined in the individual placement plans and were dealt with sensitively and with dignity. The children received money for clothing and they had the opportunity to purchase their own clothes with advice and support from their carers. Personal items, awards, photographs and other memorabilia were kept safely for the children with some of the awards displayed in their bedrooms. The children's birthdays and other festive occasions were planned for and celebrated appropriately in the centre. The children recently had the opportunity to re-decorate their bedrooms in accordance with their own preferences.

The inspector found that individual work carried out by key-workers was carefully planned, well documented on the care file and specific to the individual needs of the

children. Key-work was regularly reviewed and evaluated. Staff interventions and key-work showed an awareness of the impact on the children of separation and loss and where applicable of neglect and abuse. Staff identified their attachment based approach as a means to show the children they listen to them as they express their individual needs. There was evidence the children were encouraged and supported to identify and explore their emotions.

The children in placement had structured daily routines which included education, TV/Wi-Fi time and outdoor/indoor activities with staff. Activities and outings from the centre were subject to risk assessment as and when required.

Provision of food and cooking facilities

The children benefitted from a varied, home cooked and healthy menu that provided a balanced diet and took into account dietary needs as well as their preferences. The centre manager had recently asked the team to consider more creative ways of ensuring the children ate more vegetables. The children had access to healthy snacks between mealtimes. The children were consulted in weekly menu planning and were encouraged to bake and help with mealtime preparations. The inspector joined the staff and children for dinner and found that there was good social interaction around mealtimes. There was an expectation that the children and staff sit and eat meals together on a daily basis.

Race, culture, religion, gender and disability

The centre had a written policy on anti-discrimination practice. The inspector found that the staff ensured the children enjoyed the same opportunities as their peers in the community. The children were supported and encouraged to meet friends for specific social activities in the community. The inspector advised that staff further support one of the children to explore cultural issues as they related to their community of origin.

There was evidence that the staff encouraged and supported the children to attend religious services however the children generally declined the opportunity to engage in formal religious practice.

Managing behaviour

A written policy in relation to the management of behaviour was in place. Specific training in behaviour management was provided for the staff team and oversight of their approach was undertaken by their training officer. The centre operated a positive behaviour support model, centered on building and maintaining strong relationships with the children. Routine interventions, behaviour management plans and placement plans for children were informed by external specialists that identified the children's complex needs and vulnerabilities.

Staff reported there was good communication and support within the team with a strong emphasis on consistency in approach and reflective practice. There was evidence that the staff team were highly engaged with the children throughout the day. There was evidence through observations of practice, interviews with staff and children that the staff team work extremely hard on building relationships with the children based on empathy and trust.

It was evident from interviews with children and external professionals that staff had fostered positive and trusting relationships with the children. Both children told the inspector they had regular house meetings and the children had the opportunity to call community meetings to discuss issues arising for them in the centre. The centre records evidenced that the children used these forums effectively. This forum facilitated the children to be open with staff about their worries, feelings and reasons behind their behaviour.

The inspector found that staff generally managed the behaviour of the children well, despite the fact that some of these behaviours periodically resulted in unsafe situations for the children. Following a review of behaviour support plans and incident records the inspector found that the centre responded to these incidents in accordance with the agreed interventions and written safety plans. However in some cases the staff struggled to meet needs as the children became more complex and challenging. The inspector was of the opinion that the inexperience of many of the team members in residential care work impacted on their ability to contain some of the more challenging behaviours. There was also an emerging view within the team that the two children in placement were not compatible and the capacity of the staff to manage both children's together in the one centre was limited due to the impact of each child's behaviour on each other. This matter was subject to review in the context of the children's care plan meetings.

The inspector found that the team implemented many strategies to ensure the children were safe. Following an examination of incident reports the inspector found that staff utilised their relationship with children to minimise incidents and redirect the children, by engaging them in activities or re-directing them by using identified de-escalation techniques.

There was evidence that staff helped the children to understand the rationale behind the boundaries and expectations established and in place.

The two children interviewed by the inspector felt that staff were fair and proportionate and understood that staff interventions were put in place to keep them safe and not just to apply rules. The inspector found that the planning and review process for one of the children was not as robust as required given the child's presenting behaviours and the inspector addressed this with the social work manager.

The centre had a policy in relation to consequences for negative and positive behaviour. Positive behaviour was praised and acknowledged. Consequences sometimes involved children participating in a specific piece of individual work where there was a clear learning outcome or deduction of some pocket money. The inspector found that consequences employed by staff were reasonable and fair and were reviewed for effectiveness.

Significant event notifications were reviewed by the Tusla registration and inspection service. The lead inspector for the oversight of significant events reported that where incidents arose they were reported in a prompt manner and such reports were clear and concise in detail with no concerns relating to staff practice. There was evidence of an escalation in significant events for the children relating to their behaviour over the previous three months prior to the inspection.

A significant event logbook was maintained at the centre and was signed by the chief executive officer when reviewed. The inspector found this logbook corresponded to the significant event reports on file. There were a total of 73 incidents relating to the children from January to July 2018, 31 incidents for one child and 42 for the other child in placement. The incidents related to assaults on staff, property damage and threatening behaviours. The inspector found there were good oversight, review and analysis of significant events at team meetings and in individual staff supervision. There was evidence on the care files that risk assessments and safety plans were updated as required following significant events.

Restraint

The staff team was trained in a recognised method of physical restraint and used this intervention model to de-escalate and support children in crisis and employ physical restraint if required. Staff had up-to-date training in the approved model of behaviour management. The principles and practices of this crisis intervention model were reflected in the Individual Crisis Management Plans (ICMP's). The ICMP's on file were comprehensive and well-detailed and identified triggers, indicators of distress and associated management strategies. The ICMPs were updated monthly and new and emerging behaviour patterns were accounted for in updated plans. There was evidence that social workers were consulted in the development of the ICMPs.

External oversight of significant events was undertaken by the chief executive officer and by the internal training officer if physical restraint interventions were employed.

Despite periods of escalated behaviour there had been a significant decrease in the number of physical restraints employed by staff since the last inspection in respect of one of the children in placement. The staff interviewed attributed this to external guidance and the centre manager's approach. The ICMPs for the children in placement indicated that staff employed specified physical restraint techniques to manage behaviour. The centre staff maintained a logbook where restraint and physical interventions were recorded. There were five physical restraints employed for one child and four restraints in relation to the other child in placement from January to 8th August 2018. Issues that occurred during restraints were reviewed with the team by the organisation's trainer.

Absence without authority

There was evidence that the centre staff reported and managed absences from the centre in line with the HSE/Garda Síochána *Children Missing from Care* Joint Protocol. Staff members interviewed were familiar with this protocol. Absence management plans were developed for the children in placement. Strategies to reduce risk factors associated with absences were identified on the plans. At the time of the inspection there were four occasions where the children had been absent at risk and had been reported appropriately in line with their absence management plans and the above protocol. Generally when the children left the centre they were in sight of the staff as they encouraged the children to return to the centre.

3.6.2 Practices that met the required standard in some respect only

None identified.

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.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

The inspector found the children's right to education was promoted by the staff team. One of the children was in a stable full time educational placement. This child was educated with their peers within their community and had an exemplary attendance record. The child was well integrated into their school community and had made academic progress. The inspector found there was good communication and collaboration between the school community and the centre staff.

A school placement was secured for the second child but this placement became disrupted in April 2018. The inspector found that the centre manager worked closely with the local education welfare officer and the social worker to advocate for the child's return to school. The inspector found that the centre manager was actively involved in processing applications to secure a school placement for this child for September 2018. The centre manager had offered to support the school to enable them to accommodate the child. The centre manager was committed to ensure the children received updated educational assessments as required.

There was evidence that education was valued by the staff team and the children in placement were encouraged and assisted by staff to reach their educational potential. There were good routines in the centre in relation to completing homework/assigned educational work and the staff provided appropriate support to the children in relation to their schoolwork. There were appropriate facilities for homework and study and each child had a study desk.

The children's educational progress was subject to review at the statutory care plan meetings. There was evidence of school progress reports on file and of staff attendance at parent teacher meetings.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

Accommodation

The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The young people had their own bedroom that had storage space for personal belongings. The centre manager and staff highlighted that the environment could be further enhanced with some additional bright, colourful soft furnishings and a decorative upgrade however the inspector was informed they were planning to move to a new house in the coming months thus there was no further investment planned for the current accommodation. The centre manager stated that the layout and design of the new premises was more suitable to the needs of the children in placement and the manner in which they provided care.

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 inspector was satisfied that staff ensured there were adequate arrangements in place for children to have visits from family members and social workers that were private.

The children had their own bedrooms that were decorated in accordance with their own personal preferences but required ongoing monitoring by the centre manager to ensure they were maintained in good decorative order.

Maintenance and repairs

There had been property damage since the last inspection but the inspector found this was attended to promptly. Routine maintenance and repair work was carried out promptly and the centre manager maintained a log of all maintenance and repair requirements. The chief executive officer monitored the premises periodically to ensure the maintenance of safety and standards.

Safety

The inspector found that the centre had an up-to-date health and safety statement and there were effective ways of reporting health and safety hazards in place. The inspector recommended that the centre manager and all members of the staff team sign this statement. Emergency contact numbers were recorded on the 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 were risk assessed on a weekly basis. Risks were appropriately identified and recorded by staff. This record was reviewed and signed by the centre manager.

Staff that spoke to the inspector were aware of the need to monitor safety as part of their day to day practice and were keenly aware of aspects of safety such as increasing the supervision of the children within the centre when behaviour escalated or incidents caused tension. The manager ensured where possible they or the deputy manager were present in the centre at times when the children's behaviour was at risk of escalating.

Medication was safely stored in a locked medicine cabinet. Medication for each child was stored individually. The centre had a written policy on the safe administration of medication and two members of the team had training in the safe administration of medication. Records for the administration of medications were maintained and signed by two staff members.

Six members of the team had completed first aid training in April 2018. The remaining members of the team were scheduled for first aid training in August 2018. A first aid kit was located in the staff room and in each of the centre vehicles. The inspector found they contained basic supplies. The inspector recommended that

regular routine audits were undertaken to ensure the first aid boxes were fully stocked in compliance with their own checklist.

All accidents and injuries were recorded separately in a record book.

Cleaning schedules were displayed in the staff office and cleaning tasks completed were recorded. An audit of the food storage and food preparation areas was undertaken when the centre was initially registered and the inspector found that the recommendations outlined in this report continued to be adhered to at the time of the inspection. One member of staff was HACCP trained to ensure good standards in relation to food hygiene and food preparation were maintained. Staff monitored fridge and freezer temperatures.

Regular inspection of the premises in relation to pest control was evidenced on the centre records. The centre boiler and heating system was subject to a maintenance check in June 2018. Cleaning products in the centre were safely stored.

The 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 had designated responsibility to ensure the centre vehicles were subject to regular maintenance checks. The centre maintained a record of maintenance requirements on vehicles.

3.10.2 Practices that met the required standard in some respect only

Fire Safety

An engineer report dated 11th of March 2014 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 23rd February 2016, under the Building Control Act 1990 & 2007 was also viewed by the inspector.

The centre had an appointed fire officer. A fire safety update report was completed every three months by the centre fire safety representative. The inspector found that adequate precautions had been taken to ensure there was an effective means of escape in the event of a fire. The fire panel identified the zones within the premises. 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 evacuation plans were displayed throughout

the centre. Exit routes were marked, sufficient and unencumbered. The inspector found that the electronic key guards at the front and back door were damaged and required repair.

There was evidence that detection equipment and fire safety equipment was maintained and fire drills had been undertaken and recorded. The inspector found that the names of the children that participated in the fire drill were not identified and advised that a fire drill at night time should be undertaken once a year.

Fire-fighting equipment was subject to an annual maintenance check. The organisation had a maintenance contract to service the central fire alarm and emergency lighting system. Dates of the required maintenance checks were on file in the centre. Seven staff members undertook training in fire prevention in 2018 with the remaining team scheduled for the training before the year end. Staff completed the fire safety logbook and night time fire safety checklist and the inspector found it was maintained up to date. Staff maintained a 'fire bag' by their bedside at night which contained specific items required during an evacuation.

Staff members were instructed in evacuation procedures during their induction.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

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

-Part III, Article 15, Insurance

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

-Part III, Article 13, Fire Precautions.

Required Action

- The centre manager must ensure the names of the children that participate in fire drills are identified on the fire drill record.
- The centre manager must ensure that one fire drill is undertaken annually at night time.
- The centre manager must ensure the electronic key guards are repaired.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The chief executive officer must ensure that there is a balance of experienced to inexperienced staff on the team to carry out their duties.</p> <p>The chief executive officer must ensure roster duties are in compliance with the working time act.</p> <p>The centre manager must ensure that all records relating to the children are stored in perpetuity using an appropriate medium.</p>	<p>A review of staff occurred in August to ensure balance regarding experience and skill set for this centre to respond to the needs of the children. This is reviewed on an ongoing basis in line with care plan and review meetings.</p> <p>This is monitored by our finance director and our HR administrator to ensure that the organisation is in compliance with the Working Time Act.</p> <p>It has been decided that all records relating to the children are to be moved to the company's main office within the next two weeks.</p>	<p>In addition to the centre manager this is reviewed on an ongoing basis by our senior manager for recruitment and retention of staff. All staff must have appropriate qualification and experience and audit of skill set is carried out following induction to ensure correct staff are placed in each centre.</p> <p>All staff rosters are submitted in advance and reviewed by our HR administrator and centre manager to ensure roster duties are in compliance with the Working Time Act.</p> <p>Senior managers will oversee the storage of said records and any other records that are archived from the centre.</p>

3.6	No required action		
3.8	No required action		
3.10	<p>The centre manager must ensure the names of the children that participate in fire drills are identified on the fire drill record.</p> <p>The centre manager must ensure that one fire drill is undertaken annually at night time.</p> <p>The centre manager must ensure the electronic key guards are repaired.</p>	<p>A new template is being utilised within the centre. This new template will include the names of the young people; thus, they will be identified on the fire drill record.</p> <p>The new template will ensure that one fire drill at night is identified.</p> <p>Relevant qualified professional to be contacted to ensure these are repaired to the appropriate standard.</p>	<p>Centre manager will oversee the fire drill record, to ensure the young people's names are identified on the fire drill record.</p> <p>Centre manager will oversee and regularly review the fire drill record, to ensure that one fire drill is undertaken at night, annually.</p> <p>Centre manager to include the electronic key guards in the daily checklist.</p>