



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

## **Registration and Inspection Service**

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

**Centre ID number: 017**

**Year: 2017**

**Lead inspector: Lorna Wogan**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Gateway Organisation Ltd</b>
<b>Registered Capacity:</b>	<b>Two children</b>
<b>Dates of Inspection:</b>	<b>4<sup>th</sup> and 5<sup>th</sup> December 2017</b>
<b>Registration Status:</b>	<b>Registered from 18<sup>th</sup> December 2016 to 18<sup>th</sup> December 2019</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Catherine Hanly</b>
<b>Date Report Issued:</b>	<b>27<sup>th</sup> April 2018</b>

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## 1. Foreword

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

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

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and children 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 children 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 without conditions from 18<sup>th</sup> December 2016 to 18<sup>th</sup> December 2019.

The centres purpose and function was to accommodate two children of both genders from age eight to fourteen years on admission. The approach to working with children was informed by attachment and resilience theories with the over-arching approach based on positive behaviour support. The model of care supported staff to respond to the needs of children in a consistent manner rather than react to challenging behaviours within the centre. 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. This assessment was undertaken and reviewed by the services educational forensic psychologist. 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 inspectors examined standards 2 'management and staffing', 4 'children's rights', 5 'planning for children and children' and 7 'safeguarding and child protection' of the

National Standards For Children’s Residential Centres (2001). This inspection was unannounced and took place on the 4<sup>th</sup> and 5<sup>th</sup> of December 2017.

## 1.2 Methodology

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

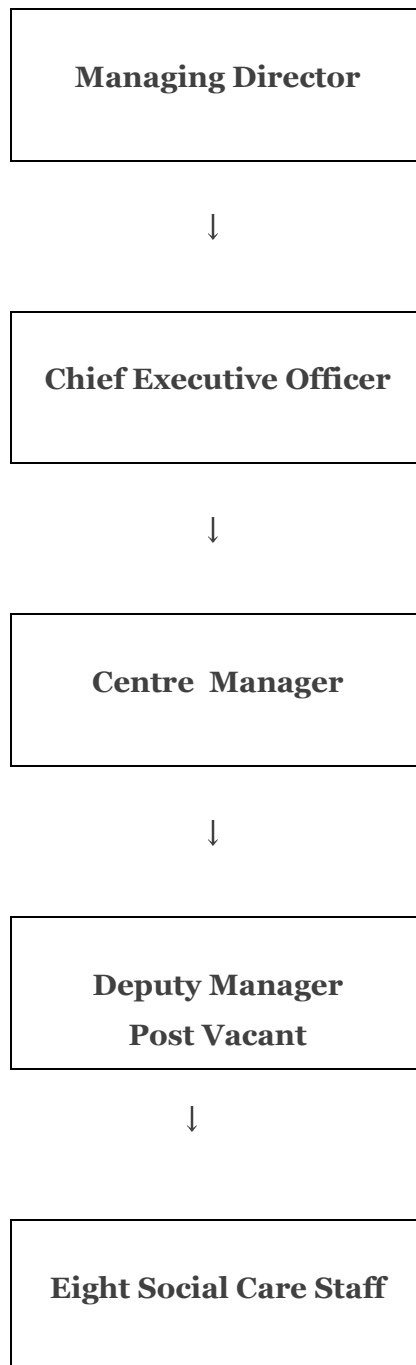
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
- ◆ Consultation with the lead inspector with responsibility for oversight of the significant event notifications from this centre.
- ◆ Attendance at staff team meeting.
- ◆ An examination of the questionnaires completed by:
  - a) Eight social care staff
  - b) The centre manager
  - c) One of the children in placement
- ◆ An examination of the centre’s files and recording process to include the following:
  - care files
  - supervision records
  - handover records
  - team meeting records
  - management meeting records
  - house meeting records
  - training records
  - complaint register
  - significant event logbook
  - physical intervention logbook
  - child protection concern records

- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The chief executive officer
  - b) The centre manager
  - c) Three social care workers
  - d) Two of the children in placement
  - e) The social workers with responsibility for the children
  
- ◆ 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 children, staff and management for their assistance throughout the inspection process.

## 1.2 Organisational Structure





## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, company director, chief executive officer and the relevant social work departments on the 22<sup>nd</sup> March 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 5<sup>th</sup> April 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 register this centre, ID Number: 017 without conditions pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 18<sup>th</sup> of December 2016 to the 18<sup>th</sup> of December 2019.

## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

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

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

##### **Management**

There was a clear management structure in place and the inspectors found that management to date had provided effective leadership to the staff team and good external oversight of the centre. At the time of the inspection there were significant changes within the management team. The director of services had recently resigned from the post and a new post of chief executive officer had been established within the organisation. The inspectors met with the chief executive officer as part of the inspection process. The person appointed to this post was appropriately qualified and experienced in management to undertake this new role within the organisation. The chief executive officer received a formal handover of information from the former director of services. The newly appointed chief executive officer outlined their role within the organisation and their initial plan to undertake a forensic review of the needs of the service from a governance perspective with a particular emphasis on outcomes for the children in placement. The chief executive officer reported to the managing director of the company.

At the time of the inspection the centre manager was on leave of absence. The centre's deputy manager appointed as acting centre manager was appropriately qualified and experienced to undertake the role. The centre manager worked office hours Monday to Friday and was accessible to both staff and children on a daily basis.

The deputy manager's post had not been filled at the time of the inspection however there were plans in place to appoint an acting deputy manager. The chief executive officer must ensure an acting deputy manager is appointed to the centre as a priority in compliance with the organisation's internal management structure.

The centre manager informed the inspectors that the external manager provided guidance and support to them in their role. The inspectors reviewed a number of the monthly reports from the centre manager to the director and found that the structure of the report was comprehensive in capturing a range of information about the operation of the centre and the children's placements however, the inspectors found that some of the information did not accurately reflect the current changes in staff team and some information was copied from previous months report and was therefore not accurate or up to date. The centre manager must ensure that monthly data forwarded to the external manager is accurate and up to date.

The director of services chaired monthly management meetings with all centres managers across the service. Minutes of monthly management meetings were inspected and evidenced that issues relating to the overall governance and management of centres were dealt with in this forum.

There was evidence that policies and procedures were subject to periodic reviews within the service and this was evidenced on records of staff and management meetings.

### **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. The register showed that there was one planned discharge from the centre.

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 written guidance for staff that detailed what constituted a significant event. The lead inspector for oversight of significant events arising in the centre was satisfied that all significant events were notified in a prompt manner and written reports contained sufficient and appropriate information.

A review of centre records demonstrated that significant events were appropriately recorded and notified to all relevant parties in a timely manner and interviews with staff and other relevant professionals confirmed this. 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. The social workers confirmed that parents were notified of all significant events.

There were 73 notifications of significant events recorded from January 2017 up to the time of the inspection for the children living in the centre. The inspectors noted a significant increase in the number of significant events arising in the centre following the most recent admission. There was an evident impact on the former resident following the most recent admission however staff were cognisant of this and had implemented some strategies to minimise the impact of one child's behaviour on the other.

Significant events recorded related to incidents where the children presented with behaviours that challenge, absconding and physical restraint interventions. The centre staff maintained a register of significant events and there were systems in place for tracking and cross-referencing significant events.

The inspectors found there was good oversight, review and analysis of significant events at team meetings and in individual staff supervision. A review of significant events indicated to the inspectors that events were managed in line with agreed responses outlined in behaviour management plans and in line with the centres care approach. Risk assessments were updated as required following significant events.

The inspectors found that the significant event reports on the individual care files were not signed by the author of the reports. The inspectors advise that the hard copies of significant event reports are signed by the author.

### **Supervision and support**

The centre had a written policy in relation to staff supervision. The inspector found that supervision was provided within the timeframes set out in the written policy. The acting centre manager was supervised by the director of services and received supervision every four to six weeks and the supervision records were made available for inspection. The inspector found there were good communication systems in place between the director and the centre manager. Supervision with the manager included a review of the children and their placement within the centre, the managers own

well-being and development, staff well-being and development, training needs and the requirements of the centre to operate optimally

The acting centre manager completed training in supervision practice in 2016. The centre manager supervised all staff members and there was evidence that staff were provided with regular and consistent supervision. The supervision schedule was displayed in the staff office. There were supervision contracts in place for all staff members. Staff told the inspector that they found supervision supportive and it provided them with guidance and accountability for their work. Following a review of the staff supervision records the inspectors found there needed to be more consistent evidence of reference to the children's placement plan and implementation of identified goals.

The inspectors found that there were good communication systems in place through well structured handovers and regular team meetings. The inspectors found that these meetings contributed to the placement planning process and consistency amongst the staff team to ensure the implementation of agreed programme of care for the children as outlined in their daily plans and placement plans. One of the inspectors attended a team meeting and the minutes of team meetings were reviewed by the inspectors. Team meetings took place on a monthly basis and they were well structured with a strong focus on the individual care of the children and overview of staff practice and teamwork. Team meetings were well attended and staff interviewed stated that they were essential to ensure good communication and a cohesive approach to their work.

Handover meetings were held on a daily basis. 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.

The service had a written policy on managing stress for staff that may experience stress or injury in the work environment. Debriefing was provided to staff members by the centre manager where they had experienced a challenging or stressful event in the centre.

On-call support was delivered to the staff team on a rotational basis outside of office hours by the centre manager and other managers within the organisation. The on-call

roster was displayed in the staff office. All staff had the directors contact details should they wish to engage with them directly on any matter.

The staff handbook and individual contracts outlined the terms and conditions of employment for staff and the date of commencement of employment were evident on the staff contracts inspected.

The centre manager received appropriate guidance and support when dealing with matters relating to employment law.

### **Administrative files**

The inspectors examined a range of administrative files and records including daily logbooks, petty cash book, complaint register, handover records, minutes of staff meetings and children's community meetings. 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 were financial management systems in place in the centre which involved the use of petty cash and receipts. Staff stated in interview that they had sufficient financial resources to care for the children and to provide recreational and educative programmes. There were clear financial management systems and records in place.

There was evidence that the centre manager monitored the centre registers, logbooks and other written reports on a regular basis. There was evidence that the director of services had signed a number of the centre logs and registers.

Files relating to the former resident were appropriately stored in the organisations head office.

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

#### **Staffing**

The staff team comprised of the centre manager, deputy manager and eight social care staff. The centre used regular relief staff resources that were shared across other centres within the service. The inspectors found there had been a significant turnover of staff in the past twelve months with six staff members leaving the centre, two staff transferring within the service and two members of the team on sick leave. Staff retention had been a significant issue for the team over the past six months in

particular. Stabilisation of the team must be a priority issue to be addressed by management. Four social care staff were working in the centre for less than two years while four of the staff had worked in the centre less than a year. There was evidence that the centre manager balanced the roster between experienced and inexperienced staff in so far as was possible. The inspectors found there was a need to build experience and stability within the team.

The inspectors found there was adequate numbers of staff to care for the children in placement. There was a staff ratio of 2:1 for both children each day and two staff covered sleep-over duty in the centre. There was evidence that the staff roster was structured to best meet the children's needs.

Personnel files were well organised. The inspector examined five personnel files for staff members recruited to work at the centre since the last inspection. Garda vetting and three references were secured in compliance with the requirements however the inspectors found that verification and a copy of qualifications for two staff members were not evident on their files. The centre manager must retrospectively verify qualifications and place a copy of qualifications on file for these two staff members.

Five of the team members had the required social care/youth work qualification, two staff members had relevant and related qualifications and one staff member had no training in social care practice. This staff member did not undertake overnight duties and was provided with additional support by the manager and was rostered on duty with a qualified staff member until they are appropriately qualified.

All staff exiting the service were offered the opportunity to provide feedback to the service in relation to their experience working in the centre. The manager stated that exit interviews were forwarded to the external manager and used for feedback to organisational development. The inspectors found that a number of exit interviews undertaken were not evidenced on the staff personnel files. The centre manager must ensure that where exit interviews are completed they are placed on the relevant personnel file.

Staff interviewed stated that the manager was supportive and provided guidance and support to them in their work. Staff reported there was good communication and support within the team with a strong emphasis on consistency in approach and reflective practice.

There was good evidence that the staff team were highly engaged with the children throughout their day. Inspectors recognised that the children were active and challenging at times and this placed a lot of demands on the team however the commitment to the children was evident. Social workers told the inspector that the staff team presented as committed and supportive of the children in placement and that staff were professional and courteous in their approach at all times.

There were no disciplinary procedures initiated against any staff member at the time of the inspection.

### **Training and development**

Overall there was evidence of an effective ongoing staff development and training programme for the care and education of staff. Core training in the management of behaviours that challenge, child protection, fire safety training and first aid was provided for the team. However, the inspectors found there were currently some gaps in fire safety training and first aid due to staff turnover. The manager stated that these staff would be facilitated to attend the next scheduled organisational training in these areas. Some staff certificates were also missing from the personnel files yet there was evidence that the training had been completed. The centre manager must ensure that all staff training certificates are stored on the staff personnel.

There was evidence of good induction and training in advance of commencing work in the centre. Training in the management of behaviours that challenge was completed prior to staff working in the centre. The inspectors found there was regular training and input from the attachment specialist and this was evidenced on the training records in February, May and June 2017. The importance of this training was evident in the overall implementation of the model of care. Fire safety training was provided to the team in February 2017 and Response Abilities Pathways training was provided to the team in June 2017.

The centre manager maintained a record of all training undertaken by staff to date. There were systems in place to capture gaps in training in the monthly report to management.

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

None identified.



### **3.2.4 Regulation Based Requirements**

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

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

#### **Required Action**

- The chief executive officer must examine the issue of staff retention and team stabilisation.
- The centre manager must ensure that the outstanding documents relating to verification of staff qualifications and outstanding in-service training certificates are secured on the relevant staff files.
- The centre manager must ensure that where exit interviews are completed they are evidenced on the personnel files.
- The centre manager must ensure recently recruited staff complete all aspects of their core training.

### 3.4 Children's Rights

#### **Standard**

The rights of the Children are reflected in all centre policies and care practices. Children and their parents are informed of their rights by supervising social workers and centre staff.

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

##### **Consultation**

The centre had written policies on children's rights, complaints and access to information. Children interviewed told the inspector that staff had informed them about children's rights. The inspectors found that children's rights were respected and promoted by centre staff. There was evidence that staff practice was strong in seeking the views of children and listening to their views. Children were consulted with about the day-to-day operation of the centre. Children were consulted around meal planning and activities on a day-to-day basis. Community meetings were held on a monthly basis and the inspectors examined the minutes of these meetings. The children understood the purpose of the community meetings and they confirmed to the inspectors in interview that they felt staff listened to them. These community meetings appeared to be working well for the children. Clear decisions were recorded on the minutes of meetings and there was evidence that children were informed of decisions made. The records showed that the children were given opportunities to express their own feelings and were provided with opportunities to develop and negotiate their own plans.

Children were cared for in a manner that respected their individual choices and religious beliefs. Children had opportunities to engage in leisure activities, were encouraged in their hobbies and interests and were facilitated to take part in activities in the community that would assist them develop their social and teamwork skills.

Both children had the opportunity to contribute to and/or attend their statutory care plan meetings. Children are consulted prior to their review meetings to ensure their views are heard and one of the children attends every alternative care plan review meeting. There was evidence that the social workers provided feedback to the children following their review where they did not attend the meeting.

## **Complaints**

The centres complaints policy was recently updated in July 2017. The centre had an appropriate child-friendly complaints procedure for the children living in the centre. Children who met the inspector said that they could raise issues with staff individually or in their house meetings and were generally satisfied that their issues were heard and discussed. The children interviewed by the inspectors were aware of their right to make a complaint and stated that they had no complaints to date. The social workers stated that this was specifically asked on visits and no complaints about their care had been raised by the children or their parents. Social workers were confident that the children were aware of the range of people they could go to if they were unhappy about their care including parents. They were also confident that staff would relay any concerns raised by the children about their care. The centre maintained a central complaints logbook however there were no complaints recorded on the register since 2016. The centre manager, staff and social workers interviewed by the inspectors stated that the children had not made any complaints about their care to date. The inspectors found that some staff were not as sure of the practice around managing children's complaints as they were in other areas of practice therefore inspectors advised that the complaints policy and procedure is revisited with newly recruited staff at a team meeting or in individual supervision.

## **Access to information**

The centre had a policy on children's right to access information. The children were provided with child friendly written information about the centre and how it operated. The children had access to their daily logs and there was evidence that the children had read their logs occasionally. The children were aware of the context of their care plans as this had been explained to them by their social workers and reinforced by staff. The manager informed the inspector that the team had recently discussed ways in which they could assist the children have more access to information on their files and they will continue to explore and promote appropriate access to information.

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

None identified.

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

None identified.

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

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

### 3.5 Planning for Children and Children

#### **Standard**

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

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

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

The centre had written policy and agreed procedures describing the admission process. The inspectors found that admissions were in line with the centres purpose and function.

One of the children was placed from another jurisdiction and consent to place the children was secured in accordance with the requirements of Article 56 of EC Regulation 2001/2003 from the competent authority in Ireland, that is, Tusla, the Child and Family Agency.

The organisation had systems in place to undertake pre-admission risk assessments and placement impact assessments. The centre manager informed the inspectors that they had received adequate information about the children prior to their placements. The inspectors found that pre-admission risk assessments were completed however these assessments were not signed or dated by the author/s therefore it was unclear who was involved in completing the assessment.

The inspectors found there were some gaps in the pre-admission information in respect of one young person. On reviewing the individual care file for the most recent admission the inspector found that the pre-admission section of the file did not contain any information. The centre manager stated this information was stored in another file. Inspectors advised that all pre-admission information relating to the child is stored in one location on the main care file.

The centre completed their child friendly pre-admission document 'Getting to Know You' in respect to the most recent admission. The information from this document informed the development of the child's recovery plan which formed the basis for the

daily care approach. There was evidence of careful preparation for the most recent admission with risk assessments and management plans developed to address known and potential unsafe behaviour. The centre staff met with the former carers of the most recent child admitted to the centre prior to their admission and this meeting provided comprehensive information in relation to caring for the child.

The social worker for one of the children was satisfied that the child placed had made some positive progress since admission. The social worker for the other child in placement expressed concern that the child they were supervising had regressed in recent months however they were satisfied that the child was well cared for at the centre and the quality of care was good. The children had information about their care plan and the plans in the medium term. However, one child was in placement for three years and the inspectors felt the placement in care was ‘drifting’ due to the lack of an appropriate through care placement. This matter must be addressed by the social work team as a matter of priority.

The centre was registered to care for two children therefore was closed to any new referrals.

### **Contact with families**

Family contact was promoted, facilitated and supervised where required by centre staff and social work staff. Where contact was supervised the reason for this had been explained to the children. Contact with families was good with scheduled visits to the centre and regular telephone contact. Family contact was reviewed at statutory review meetings and set out in the statutory care plans. The care files contained a record of all family contact and outlined the outcome of such contacts. There was evidence that parents were supported and facilitated to attend the statutory review meetings. The centre manager ensured that parents and significant others were kept informed about events in their child’s life and were invited as appropriate to participate in important events in the children’s lives. There was evidence that parents had visited the centre prior to their children’s admission and were provided with information about the centre.

### **Supervision and visiting of children**

There was evidence that the social workers monitored the placements closely and visited the children regularly generally on a monthly basis. The staff maintained a written record on the children’s file of every social work visit and the outcome of these visits.

## 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.

Both children had an allocated social worker who prepared and updated the care plan and made arrangements to hold care plan reviews. There was evidence on the records that parents and children were invited to participate and contribute to decisions made in respect of their care. The social workers confirmed that they had the opportunity to meet with the children in private at the centre. The social workers stated that they always asked the children if they were happy living in the centre and enquired if they had any complaints about their care to date. There was evidence of good monitoring of the placement by the social workers and they were attuned to the current challenges within the placement and the progress the child had made to date. The children interviewed had contact numbers for their social workers and had contacted them when required. The social workers confirmed they received prompt notification of all significant events including incidents of physical restraint and/or unauthorised absences of a child. There was evidence that such incidents were closely monitored and reviewed by the placing agencies. Both social workers confirmed they kept a written record of every visit to the child they were supervising.

There was evidence that the social workers read and signed the centres records from time to time.

### **Emotional and specialist support**

There was particular attention paid to the children's emotional and psychological needs and the individual placement plans identified the children's needs in this area. The attachment training guided staff practice to ensure staff met the children's emotional development needs and nurturing needs through safe care practices. There was a focus on core staff helping the children to form meaningful relationships with the adults caring for them. There was a strong emphasis on being present and engaged with the children throughout the day. Individual work and key-work on file evidenced a focus on emotions and attachment issues.

The children were provided with external specialist supports as required. One of the children attended play therapy outside of the centre. Specialist supports had been

considered for the second child in placement however the main focus over the past four months was to build relationships with the young person. There were plans in place to commence some sensory integration work with this child which would be guided by an occupational therapist who was due to commence work with the service later in December 2017. The provision of occupational therapy within the service was outlined in the placement proposal for this young person. At the time of the inspection this specialist provision had not been secured by the provider but was due to commence in later in December 2017.

### **Preparation for leaving care**

The children in placement were not at an age for preparation for leaving care. There was evidence on the placement plans and in key work/individual work records that staff teach the children a range of life skills appropriate to their age and stage of development.

There was evidence that key-workers for the child who was discharged from the centre had supported them in their preparation for leaving care. The young person was provided with opportunities to take responsibility for budgeting, cooking and learning a range of skills required for independent living. There was evidence the young person and their family were involved in developing the leaving care plan.

### **Discharges**

The centre had a written policy on discharges outlining that the centre will endeavour to ensure that children do not leave their placement in an unplanned manner. There was one discharge from the service to date. The young person had a clear leaving care plan and was appropriately supported by the Tusla aftercare services as they transitioned from their care placement.

### **Aftercare**

Tusla, the Child and Family Agency recently published a new national aftercare policy for alternative care along with a range of supporting documents to inform relevant professionals of the supports available to children on leaving care. The Child and Family Agency facilitated briefing sessions for staff and relevant stakeholders to ensure they have a good working knowledge of the aftercare services and their obligations under the new legislation. The children currently in placement are not yet eligible for aftercare services due to their age.



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

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

The social worker for the child placed from another jurisdiction indicated that they were aware of Tusla's national policy that children aged twelve years and under in residential care must be subject to a monthly care plan review. The inspectors found that monthly care plan reviews were not in line with Tusla's national policy. One child in placement had eight statutory reviews in a period of twelve months and the social worker for the second child stated that they used the statutory visit to fulfil this requirement. The social worker met with the centre manager on these visits and reviewed the child's progress. The referring authority tied these meetings into the therapeutic reviews which are scheduled every two months. The role of the placing authority was to oversee the therapeutic care plan and to ensure the therapeutic needs of the child were being met. The inspectors found there was good oversight of the placement by the referring authority however these meetings should be evidenced on the centre records. The social worker stated that they completed statutory visit reports following these visits however there was no evidence of these reports on file at the centre. Minutes of two statutory care plan meetings for the other child in placement were not on file at the centre. The centre manager had requested a copy of the minutes of these meetings. The placing agencies must ensure that placements are subject to monthly reviews and that the care plan is updated accordingly. A record of all monthly review meetings must be maintained on the individual care files.

As outlined above the inspectors found evidence that the care plan was for the child to move to a family placement however despite the efforts made by the social work team this plan was not realised. The inspectors were of the view that a through care placement and permanency planning for this child must be realised for this child as a matter of priority as they had spent three years in placement and there was evidence of significant progress made in this period of time. There were some indicators that if a through care placement was not identified as a matter of urgency all the gains made in the previous year may be lost. A targeted and focussed plan must be developed by this child's social work team to identify an appropriate family placement.

Individual placement plans were developed for both children and were reviewed and updated every three months. The individual therapeutic overview report then provided an overview of the individual tasks achieved over the previous three months. The individual placement plan was then updated. The inspectors found that there was some repetition across placement plans without a clear assessment of whether tasks had been achieved. The inspectors also found that some of the tasks under the specific domains were too broad and not task-specific. The placement plan

for one of the children did not reference the psychologist assigned to oversee the therapeutic plan for the particular child. The inspectors found that the placement plans on file were not signed by the author/s of the documents.

The care plan documents for one of the children were detailed and incorporated a comprehensive assessment of need. The plan also detailed how the current placement intended to address the particular needs of the child and identified responsibility for same. The most recent care plan on file for the other child in placement was dated September 2017. Given the concerns about the difficulties of finding a through care placement for this child inspectors found that the care plan on file did not evidence sufficient attention to this matter.

The children in placement were allocated key workers on admission. Due to the staff turnover in the past number of months the children have had several changes in key-workers. The role of the key-worker was outlined in the children's booklet. Inspectors observed that staff interaction with children was appropriate and that staff treated children respectfully and warmly. Key-work staff were continuing to get to know the children and establish good professional relationships with them. Comprehensive key-work records and individual work records were evidenced on file and outlined in the weekly progress reports to the social workers. There was evidence of oversight of key-work and individual work by the centre manager.

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

The social workers confirmed they maintained an individual case file for the children in placement. The children had individual care files that were stored in secure fire retardant cabinets. Records were written in an appropriate professional manner. The centre manager was aware that care files were kept in perpetuity and stored in a manner that maintained appropriate levels of privacy and confidentiality about the children's circumstances. All staff signed a confidentiality agreement when they commenced their employment in the centre and this was held on their personnel file.

The care files contained copies of the children's birth certificate. A copy of the care order in respect to one of the children was not evident on file. The centre manager must secure a copy of the care order in respect of this child.

The inspectors found that a number of reports and documents written by staff were not signed and dated by the author/s such as reports to review meetings, significant event reports and placement plans to name a few. The centre manager must ensure all reports generated within the centre are signed and dated.

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

None identified.

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency/Placing Authority has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

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

*-Part V, Article 25and26, Care Plan Reviews*

The Child and Family Agency/Placing Authority has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

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

*-Part IV, Article 24, Visitation by Authorised Persons*

*-Part IV, Article 22, Case Files.*

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

*-Part III, Article 17, Records*

*-Part III, Article 9, Access Arrangements*

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

### **Required Action**

- The centre manager must ensure that all relevant information provided on referral and admission is stored on the individual care file.
- The centre manager must ensure that pre-admission risk assessments and other reports generated within the centre are signed and dated by the author/s of the documents.
- The social worker for one of the children must ensure the care plan is up to date and forwarded to the centre in a timely manner.
- The social workers must ensure that placements are subject to formal monthly reviews and that the care plans are updated to reflect decisions taken in compliance with national policy. Minutes of care plan reviews must be forwarded to the centre in a timely manner.
- The centre manager and key-workers must ensure that the children's placement plans are reviewed to ensure there is not repetition of tasks. Placement goals must be specific and measurable.

- The centre manager must secure a copy of the care order from the social worker in respect to one of the children in placement.

### 3.7 Safeguarding and Child Protection

#### **Standard**

Attention is paid to keeping children 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**

Children told inspectors that they felt safe in the centre. There was a range of measures in place to ensure that children were safeguarded. There was a strong focus on keeping children safe and a good awareness amongst the team of safe care practices. The team meeting records evidenced that the children's safety was prioritised at all times.

There were a number of safeguarding practices implemented within the centre including vetting of staff, a lone workers policy, staff supervision, whistle blowing policy and ongoing training. There was evidence that staff were confident to challenge a colleagues practice and the primary goal for staff was to keep the children safe in care. As previously stated there were some deficits in staff awareness of the centre's complaint procedure and its importance in safeguarding children in placement. Staff were aware of the children's right to privacy and respected this right. There was evidence that the staff regularly discuss issues relating to bullying and support the children to understand the impact of bullying on children and how best to deal with issues relating to bullying. Given the age of the children access to the internet was restricted, supervised and monitored by staff.

Each child had an individual risk assessment on file. Although all risks to children could not be eradicated, there were systems in place in the centre that endeavored to promote the safety of children.

There was evidence that children were previously provided with information about EPIC (Empowering People in Care), which is a national agency that advocates for children in care. A heightened awareness of the role of EPIC/VOYPIC would be of value to the team given that there is a number of new staff on the team and a new resident in placement.

The centre manager was aware of the requirement for all staff to complete Children First e-learning programme in December 2017 and the requirement to develop of a

child safeguarding statement by end March 2018 to ensure compliance with the Children First Act 2015.

Staff were aware of the role of the designated liaison person and the centre manager was the identified designated liaison person. The on-call manager was the designated liaison person when the manager was not on duty.

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

#### **Child Protection**

##### ***Standard***

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

Practices regarding the safety of children were governed by national policies and procedures in line with Children First (2011). The centre had a child protection policy and was in line with Children First 2011: National Guidance for the Protection and Welfare of Children. All staff members were in the process of completing the new online training prior to the implementation of the Children First Act 2015.

Child protection concerns were reported to the local duty social worker and copied to the relevant placing social workers and the inspectors found evidence of this on the records and through staff and social work interviews. The out of State placing authority were aware of the reporting procedures under Children First. They confirmed that they were aware of the concerns reported to the local Tusla child protection teams and Tusla had liaised with them in the management and investigation of these reports.

There were systems in place to monitor and track child protection concerns reported to Tusla the Child and Family Agency and reported concerns were noted at the beginning of each staff meeting.

Staff interviewed were aware of child protection procedures and the measures to be taken in the event of an allegation of abuse or neglect. Staff were aware of the practice of reporting and management of child protection concerns.

There was no evidence on the centre records to evidence that agreed arrangements were in place with the supervising social workers for bringing allegations of abuse to

the attention of parents or guardians. The centre manager must clarify the procedure with the placing social workers and ensure this is noted on the children's file.

There were systems in place to track reported child protection concerns and their outcome. There were five entries in the centres child protection report logbook since the last inspection. The concerns were all reported on a standard report form and forwarded to the local child protection team and forwarded to the placing area. The centre manager was awaiting a response from the relevant social worker in relation to one concern. There was a print-out on file from the other social worker stating that all child protection concerns reported in relation were closed however the inspectors found there were no details in relation to the outcome following the screening of each individual concern reported and if it there were any implications for centre in their practice.

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

None identified.

#### **Required Action**

- The centre manager must ensure there are agreed arrangements in place with the supervising social workers for bringing allegations of abuse to the attention of parents or guardians.
- The relevant social worker must provide a clear outcome following the screening of each of the individual concerns reported and indicate if it there were any implications for centre in their practice.

## 4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>The chief executive officer must examine the issue of staff retention and team stabilisation.</p> <p>The centre manager must ensure that the outstanding documents relating to verification of staff qualifications and outstanding in-service training certificates are secured on the relevant staff files.</p> <p>The centre manager must ensure that where exit interviews are completed they are evidenced on the personnel files.</p>	<p>The recruitment and selection within the centre has been addressed and recruitment to the core team has been completed. From an organisational perspective succession planning is being addressed. A review of methods to retain staff through consultation, review of terms and conditions and through review of policy and procedures is underway.</p> <p>An audit of files has taken place alongside HR, outstanding documents relating to verification of staff qualifications have been sourced. Any outstanding in-service training certificates have also been sourced and secured on the relevant staff files.</p> <p>The centre manager has undertaken this requirement.</p>	<p>Completed for centre and on-going from an organisational perspective.</p> <p>HR systems are monitored prior to staff commencement and audited each quarter by HR administrator. Calendar of training is circulated by the training officer to all centre managers and a record and monitoring of same to ensure all</p> <p>Exit interviews are conducted for all staff one week prior to departure from their position.</p>



	The centre manager must ensure recently recruited staff complete all aspects of their core training.	Centre Manager has undertaken this requirement.	On-going monitoring in place by centre manager.
<b>3.4</b>	No action required	N/A	N/A
<b>3.5</b>	<p>The centre manager must ensure that all relevant information provided on referral and admission is stored on the individual care file.</p> <p>The centre manager must ensure that pre-admission risk assessments and other reports generated within the centre are signed and dated by the author/s of the documents.</p> <p>The social worker for one of the children must ensure the care plan is up to date and forwarded to the centre in a timely manner.</p> <p>The social workers must ensure that placements are subject to formal monthly reviews and that the care plans are updated to reflect decisions taken in</p>	<p>This information has been provided and is stored on the individual care file.</p> <p>All pre-admission risk assessments and further risk assessments carried out since admission have been signed and dated by the authors of the documents.</p> <p>Centre manager will continue to follow-up with relevant social workers to ensure that updated care plans are forwarded to the centre in a timely manner.</p> <p>Placements have review meetings on a formal monthly basis and organisational placement plans are updated regularly to reflect decisions taken in compliance with national</p>	<p>Completed.</p> <p>Procedure now in place.</p> <p>The inspection service requested feedback to this outstanding issue from the relevant social work department and did not receive a response.</p> <p>The inspection service requested feedback to this outstanding issue from the relevant social work department and did not receive a response.</p>

	<p>compliance with national policy. Minutes of care plan reviews must be forwarded to the centre in a timely manner.</p> <p>The centre manager and key-workers must ensure that the children’s placement plans are reviewed to ensure there is not repetition of tasks. Placement goals must be specific and measurable.</p> <p>The centre manager must secure a copy of the care order from the social worker in respect to one of the children in placement.</p>	<p>policy. Minutes of these care plan reviews have been requested to be sent to the centre in a timely manner by the centre manager.</p> <p>Placement plans are subject to regular reviews on a monthly basis at team meetings. These placement plans are also subject to review and change in between these times as required. The centre manager will monitor these closely to ensure there is not a repetition of tasks. Placement goals will be more specific and measurable going forward.</p> <p>A copy of the care order from one social worker in respect to one of the children in placement has been received and secured on the young person’s file.</p>	<p>The centre manager will review placement plans on a quarterly basis for quality and continuity assurance purposes.</p> <p>Action required completed.</p>
<p><b>3.7</b></p>	<p>The centre manager must ensure there are agreed arrangements in place with the supervising social workers for bringing allegations of abuse to the attention of parents or guardians.</p> <p>The relevant social worker must provide a clear outcome following the screening of each of the individual concerns reported</p>	<p>The centre manager will ensure agreed arrangements are in place for bringing allegations of abuse to the attention of parents/ guardians are clear and adhered to henceforth.</p> <p>A clear outcome following the screening of each individual concern reported has been requested by the centre manager from the</p>	<p>The inspection service requested feedback to this outstanding issue from the relevant social work department and did not receive a</p>

	and indicate if it there were any implications for centre in their practice.	relevant social workers.	response.
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