An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	**018**
Year:	**2018**
Lead inspector:	**Noreen Bourke**

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Registration and Inspection Report

Inspection Year:	**2018**
Name of Organisation:	**Kellsgrange Children's Services**
Registered Capacity:	**Four young people**
Dates of Inspection:	**24th and the 25th January 2018**
Registration Status:	**Registered from the 11th of April 2018 to the 11th of April 2021 without conditions attached**
Inspection Team:	**Noreen Bourke Lorraine O'Brien**
Final Report Issued:	**July 2018**

Contents

1. Foreword

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

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

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

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

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

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

Registrations are granted by on-going demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2015. At the time of this inspection the centre were in their second registration and were in year three of the cycle. The centre was registered without conditions attached from the 11th of April 2015 to the 11th of April 2018.

The centres purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. The centre does not endorse a particular model of care. At the time of this inspection there were four young people in placement. One young person was in placement past their 18th birthday. This was to allow the young person to complete their education programme within the academic year.

The inspectors examined standard 1 ' purpose and function', standard 2 'management and staffing', standard 4 'children's rights, standard 8 'health' and standard 9 'education' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 24th and the 25th of January 2018.

1.2 Methodology

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

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

- An examination of the questionnaires completed by:

a) Ten of the care staff

b) Two directors of the service

c) One young person residing in the centre

d) The social workers with responsibility for young people residing in the centre.

e) Other professionals e.g. *Guardian ad litem*,

- An examination of the centre's files and recording process.

    - Purpose and Function
    - Policies and Procedures
    - Centre register
    - Significant events log
    - Staff personnel files
    - Staff supervision records
    - Recorded minutes of team meetings.
    - Record of staff training
    - Review of care plans and individual care files of the young people
    - Review of medical administration and storage
    - Review of key work folders
    - Complaints log
    - Audit templates reports of the independent external auditor

- Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively

    a) The centre management
    b) Two service directors

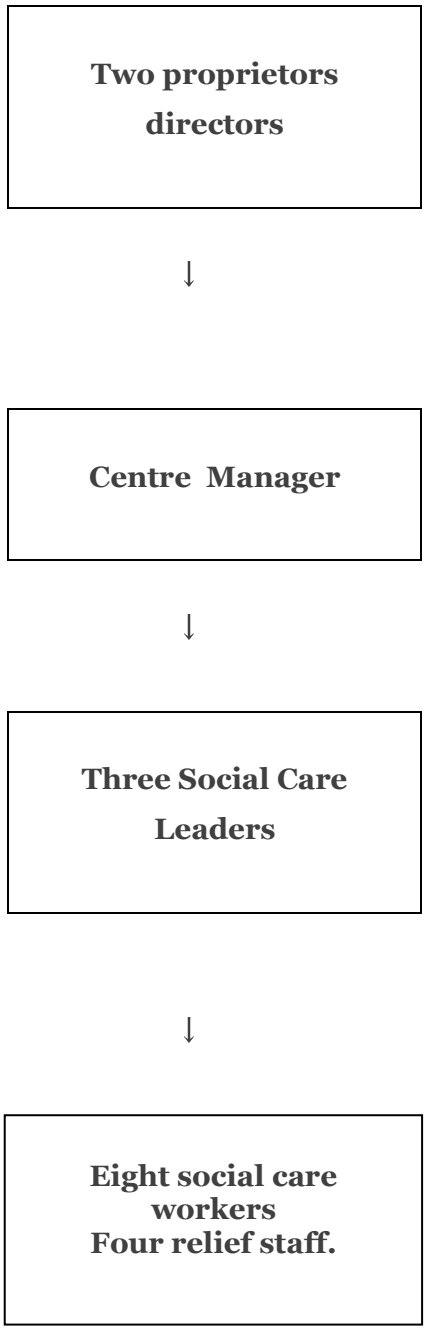
c) Four staff
d) Three young people
e) School principals
f) Guardian *ad litem*.
g) External auditor employed by the provider
h) Three social workers
i) One social work team leader.

- Observations of care practice routines and the staff/young person's interactions.

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager on the 7th of 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 service director returned the report with a completed action plan (CAPA) on the 21st of March 2018. The initial findings of the inspection service were that the centre did not meet the regulatory requirements in accordance with the Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies. The inspection service requested further evidence to support the action plan on the 25th of March 2018. The inspection service received evidence of the issues addressed on the 29th of March 2018.

The findings of this report and assessment by the inspection service of the submitted action plan should they be fully implemented deem the centre to continue to be registered 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 continue to register this centre, ID Number: 018 without conditions attached pursuant to Part VIII, 1991 Child Care Act from the 11th of April 2018 to the 11th of April 2021.

3. Analysis of Findings

3.1 Purpose and Function

Standard

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

3.1.1 Practices that met the required standard in full

None identified.

3.1.2 Practices that met the required standard in some respect only

The centre had a written statement of purpose and function. The statement described the centre as providing care for four young people; aged between 13 and 17 years of mixed genders. The aim of the centre was to provide high quality care within a child centred, homely and safe setting. The programme of care offered by the centre was based on the individually assessed needs of the young people as outlined in the care plan. This programme of care aimed to assist young people in developing physically, socially, and emotionally.

The management and staff interviewed stated that their model of care was Therapeutic Crisis Intervention (TCI). Staff interviewed stated that they were trained in therapeutic crisis intervention and implemented the principles and practices of TCI in their work with the young people.

The inspectors found that management and staff interviewed did not have a cohesive and clear understanding of the statement of purpose and function. The inspectors also found that staff and management were unable to define theories that informed their work with the young people. It is the view of the inspectors that a clear model of care would have helped and supported staff to work cohesively in the best interest of the young people. The service must review their purpose and function and identify a model of care that more accurately described the care approach used within the centre.

Information regarding the statement of purpose and function was available to young people and parents through an information booklet which described the centre and

there was evidence that the young people had been given this information. Through the process of key working staff helped them to understand how the centre operated. However, the inspectors found that this information was not up to date and did not reflect recent changes that had taken place within the service.

The provision of therapeutic services to young people was not reflected in the statement of purpose and function. Therapeutic services were sourced independently and were not employed directly by the service. Employing services independent of the centre was not fully understood by the young people's social workers. This lack of clarity was a cause of concern for them. Within the process of the inspection the purpose and function was amended to give some clarity to this issue. The issue of the provision of therapeutic services must be further clarified in the purpose and function.

The statement did not identify the names of those who had responsibility for the review of the written statement of purpose and function and the timeframes for reviewing the statement.

3.1.3 Practices that did not meet the required standard

None identified.

Required Action

- The service directors and the centre manager must ensure the statement of purpose and function is kept up to date with responsibility for this clearly defined. It must accurately describe the specific care approach used by the centre with particular reference to its model of care. Staff must be familiar with the purpose and function and a model of care that accurately describes the care approach used by the centre.
- The purpose and function must clearly state how therapeutic services are provided within the service. It must be evident to the stakeholders that these services are sourced independently and that therapists are not employed directly by the service.
- The service director and the centre manager must ensure that the statement provided is accurate and up to date information is provided for young people, families and social workers and any other person with a legitimate interest in the work of the centre.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Register

The centre manager maintained a register of all children who lived in the centre to date. The centre's register of admissions and discharges was accurate and up-to-date. There was a system in place where duplicate records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Training and development

The service provided good opportunities for staff to engage in training and development. The inspectors examined the training attendance records and found that all staff were trained in Therapeutic Crisis Intervention. Three staff required training is fire safety, two staff required training in children first, and two members of the team required training in first aid, which the centre manager was scheduling training dates for. Individual members of the staff team had also received training in safe talk, I - Assist applied suicide intervention skills training, effective writing, manual handling, food safety, substance misuse, understanding self-harm and in the safe management of medication, professional supervision.

3.2.2 Practices that met the required standard in some respect only

Management

The manager was appropriately qualified, experienced and had been in position for one year. They had responsibility for the day-to-day management of the centre which included attending staff meetings, handovers, staff supervision and the review of young people's placements, records and reports. The centre had undergone a number of operational and management changes in the past year. The centre had moved premises to a new location and the senior management structure had changed. The

manager worked a four day week and was contactable by phone if required on the day of their absence from the centre. No provision was made regarding a management presence in the centre for the day that they were absent. The findings of the inspectors were that given the number of young people and of their complex needs having a manager working four days a week was not sufficient to provide support and guidance to the staff team. Management presence within the centre must be reviewed by the directors of the service.

The centre manager reported to the service directors. The centre manager was supported in their role by three child care leaders who formed part of the rostered core team. Their role included having extra responsibility for staff supervision and in overseeing the implementation of placement plans for the young people.

The role of the directors was to oversee the development of the service. One of the directors had responsibility for the management of the day to day operational activities. Their role included staff recruitment and management of the staff roster. They also had responsibility for maintaining oversight of staff training and development which was done in consultation with the centre manager. The role of the second director was to maintain an operational link with the manager, to offer support and direction and where necessary to appraise themselves on all aspects of the young people's care. Both directors provided an out-of-hours on-call service to the centre.

The director with responsibility for the maintaining an operational link with the manager stated that they satisfy themselves of practices within the centre through visits to the centre. Being on call gave them an insight into the working of the centre and in particular issues that arose for staff and young people. They held weekly meetings with the centre manager to discuss all aspects of the young people's care. From time to time they reviewed the significant event reports for the young people including their care files. However, the inspectors found that there was no evidence of this work in practice. There were no records of the directors meetings with the centre manager and both acknowledged this to be the case.

The service employed an external auditor who had been in this position for the last three to four years. They undertook quarterly audits of the centre. They also provided supervision to the centre manager and delivered training to the staff team in child protection through the delivery of training Children First 2011. They were responsible for providing independent oversight of complaints within the centre.

This was to ensure that the centre was following its agreed procedures when dealing with complaints.

The role of the auditor was to provide oversight of the care and administrative files of the centre in line with The Child Care (Standards for Children's Residential Centres) 1996. The audit included the review of the centres administration and care records for the young people including children's rights, care of young people, planning for children and young people, education, health, purpose and function, management and staffing, premises and safety.

The findings of the inspectors were that the concept of the audit was good. Following the audit of the centre the auditor met with the centre manager to report their findings and if necessary this was followed by a phone call to the service directors. However, there were not records of these meetings or phone calls. The tool used to undertake the audit was dated. It failed to identify serious deficits within the centre. The inspectors found that audit did not provide the service with the level of quality assurance that it required.

The findings of the inspector were that the systems of governance for the centre were not robust enough. There was no evidence of their awareness of deficits within care practices and their reporting procedures. There were no formal recorded structures in place such as senior management meetings to allow for the planning and review of its operational practices to ensure that they were adhering to their own policies and procedures.

Poor systems for oversight and governance of the centre resulted in the inability of the centre to operate to its own policies and procedures. This was evident to the inspectors following a review of their complaints procedures and in the review of significant event reports, poor oversight and vetting of care staff compounded by a lack of appropriate supervision of care staff. These issues will be addressed further in the body of the report.

Notification of Significant Events

Social workers confirmed that they received written notification of significant events. They also stated that they received verbal notification regarding significant events prior to the written notification. However, a review of the centre log for significant events was not undertaken by the centre manager to ensure effective oversight. The centre log did not record the full names and positions of those referred to in the

reports. The signature of staff completing the significant event reports was not always legible.

The inspectors reviewed a sample of the significant event reports and it was evident from these reports that there were pattern of behaviour among two of the residents that was a cause of concern. In the course of the inspection the young people spoke to the inspectors about behaviours identified in the reports which they felt they were not addressed in a timely manner.

There was no evidence that significant event reports were reviewed by centre manager within the service. There was no evidence to support an analysis of the significant reports and of the impact of behaviours on the young people. The review of incidents must be used to make an informed analysis of incidents, to improve and give direction to care practices within the centre and ensure that senior management are aware of the presenting behaviours that challenge.

Staffing

The staff team were stable, committed and an experienced team. There was a good skills mix of experienced staff. Three social care leaders and eight social care workers were employed at the centre. The team were supported by four temporary social care workers. When speaking to the inspectors the young people stated that they had good relationships with the staff team. Social workers told the inspectors that the staff team were committed and supportive of the young people.

Three staff were recruited since the last inspection. The inspectors examined the personnel files of the newly recruited staff. The finding of the inspectors were that a contract was furnished and the staff member had taken up their duties prior to Garda clearance being received for one staff which is in breach of National Vetting bureau (Children and Vulnerable Persons) Acts 2012 to 2016. A further review of this file showed that while three references were on file, one of the references did not name the person for whom the reference was written for. The second reference was not signed by the referee. The reference was initialled as having been verbally verified without the signature of title of the person who verified the reference. A reference request was not sought from the most recent employer.

A second staff member was employed as a trainee social care worker. The staff roster evidenced that they were scheduled full-time on the roster from October 2017. The

inspector was not satisfied that the centre manager provided sufficient mentoring, monitoring and support to the trainee.

The inspectors found that the current system of staff induction was inadequate and did not reflect the written centre policy of staff induction. The induction process for a newly recruited member of the team consisted of a two hour meeting with the director and one hour shadowing a member of staff in the centre. Following a review of supervision records the inspector found that the staff member had one supervision session in four months.

Two members of the core team did not have a qualification in social care or equivalent. The centre manager confirmed to the inspectors that this issue was being addressed by the service and that the service was supportive of them in getting the relevant qualification. There was no written confirmation from the staff in question of their intention to get a relevant qualification.

Supervision and support

The inspectors examined a sample of supervision files including the centre manager's supervision records. The centre manager was in receipt of regular supervision. A review of the supervision records showed them to be brief and at times was not legible to the reader. The centre manager delivered supervision to the child care leaders. The child care leaders delivered supervision to the social care staff. The child care leaders were trained in the delivery of professional supervision. For staff who were in receipt of regular and formal supervision they found it to be supportive and beneficial within the practice.

However, the inspectors found that staff supervision was of mixed quality. There was a supervision policy but supervision did not always occur in line with the policy. Staff supervision was not structured, robust or consistent. There was no supervision schedule established at the centre. The current rostering arrangements made it difficult for child care leaders to meet with their assigned supervisees.

A review of team meetings showed that the focus of the meeting was on the young people to achieve the goals of their placement. Good attention was paid to meeting the immediate needs of the young people. However, the inspectors found that the structure and format of the team meetings did not reflect how the team utilise their skills in taking a therapeutic approach to their work with the young people as

described in their information to social workers during the referral stage, an issue that must be addressed by the management team.

Handover meetings took place each day. The centre had a template to take account of relevant information regarding the young people's activities, appointments and recorded their behaviour throughout the previous shift. The inspectors found that where behaviours that challenge were identified in the course of the handover, that senior care staff were not clear of the strategies to address the underlying issues of the behaviour in order for staff to be clear as to the type of intervention and support to be given to the young people.

Administrative files

The inspectors examined a range of administrative files and records including daily logs, significant event log, complaints register, supervision records, handover records and minutes of staff meetings. The care files and centre records were generally well organised.

However, there was no evidence that the centre manager had systems in place to monitor the care files and the centre administrative records to facilitate effective management and accountability. The centre manager must ensure there are systems in place to monitor the quality of all centre records and evidence any action taken to remedy deficiencies to safeguard the interests of young people and staff.

The centre had clear financial management systems in place. Oversight of the centre budget was maintained by the director and centre manager. The centre manager stated that the centre was adequately resourced.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 6, Paragraph 2, Change of Person in Charge***

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

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

Required Action

- The service directors and centre manager must evidence clear governance systems to ensure appropriate and suitable care practices and operational policies are in place.
- The service directors must satisfy themselves that the centre manager has capacity to undertake their management duties within the current agreed work practice arrangements.
- The service directors must ensure that the senior staff evidence systems that review the work of the centre, to plan and make provision for staff supervision and for the implementation and oversight of placement plans.
- The service directors must ensure that the independent audit of the centre is providing the service with the quality assurance that it requires.
- The service directors must ensure there are formal systems in place to review, track and monitor significant events arising in the centre.
- The services recruitment practices must fully comply with the of National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.
- The service directors in conjunction with the centre manager must develop a formal and structured induction process and staff induction should be evidenced on the personnel files and within the supervision process.
- The service directors must ensure that trainee social care workers are required and supported to complete the relevant training and provided with sufficient mentoring, monitoring and support.
- Supervision should be carried out in line with the centre's policy guidelines, monitored regularly, recorded clearly and demonstrate an effective link to the young people's placement plans.

3.4 Children's Rights

Standard

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

3.4.1 Practices that met the required standard in full

Consultation

The young people were provided with information booklets in relation to the centre. Advocacy groups and their right to access to their records were contained in the booklet. On reading the booklet the inspectors found that the information had not been updated to take account of the change of location of the centre. The names and contact details of people outside of the centre whom the young people could contact if they felt that they were not being cared for properly had not been updated.

Three of the young people were due to move on from the care system in the coming months. The inspectors found that account was taken of the wishes of the young people regarding their move on plans. They had assigned aftercare workers and one young person had an assigned Guardian ad litem who sought the views of the young people regarding their wishes in respect of aftercare. A review of the key work reports evidence that the young people were involved in and consulted about their after care plan.

The social workers confirmed to the inspectors that the young people were involved in the decision making process within the child in care review meetings. There was evidence that the young people were visited in the centre by their social workers.

The young people were given information about EPIC (empowering People in Care), which is a national agency that advocated for young people in care. The centre manager confirmed that EPIC attended the centre to meet with the young people.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre had policies and procedures in place to manage complaints. The findings of the inspector were that the centre had not adhered to its own policy in relation to the management of complaints. In speaking with the young people the inspectors became aware of issues of dissatisfaction among the young people relating to behaviour that challenged which were not dealt with within the process of complaints. One of the young people made a complaint to their social worker in the company of a member of staff. The nature of the complaint was such that the placing social worker submitted a standard report form to the Child and Family Agency. There was no record of this complaint on the complaint log of the centre.

Staff confirmed to the inspectors that only serious and/or formal complaints were recorded on the centres complaints logbook. When complaints were not recorded it was difficult for the inspectors to review how the complaints were dealt with. There was no evidence to support that senior management of the service were aware of the complaints. There was no evidence that complaints were reviewed at team meetings to monitor the status of the complaints investigation or to identify learning outcomes following the complaints.

Access to information

The young people had good relationships with their keyworkers and it was evident in the keyworker reports that they acted as good advocates for the young people. The key work reports evidenced that the older young people were given the opportunity to read their records. From speaking to one young person they were not aware that they could access their records.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

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

Required Action

- The service directors and the centre manager must review their operational practices with regard to how complaints are dealt with within the centre. The centre manager must ensure that young people are fully supported and facilitated to make a complaint. The procedures must be user-friendly, non-adversarial and positive in response.
- The service directors must put systems in place to monitor and appraise complaints within the centre. They must provide training to all staff to ensure that they fully understand the complaints procedure and that staff are able to appropriately identify a complaint.

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

None identified.

3.8.2 Practices that met the required standard in some respect only

The inspectors found that all of the young people had educational placements. There was evidence of school progress reports on file. Two of the young people attended alternative school placements. The inspectors found that they were supported by their keyworkers in maintaining their school placements. The school principle for one of the young people told the inspectors that the young person's key worker acted as a good support and advocate for the young person. There was evidence of good co-operation and communication between the school and the young person's key worker.

Two of the young people attended mainstream education. Both young people had complex needs and this impacted on their educational attainment. One of the young people had poor school attendance. This was acknowledged and strategies put in place to address it by the placing social worker within the young person's care review meetings.

The second young person had a reduced timetable in their allocated school placement. The inspectors found that relevant information regarding the needs of the young person had not been shared with the school prior to the young person starting there. There was miscommunication between the placing social worker and the centre regarding the sourcing of a school placement and as to who was to provide the relevant information to the school. The school became aware that there were underlying issues in respect of the young person when their behaviours became challenging within the school. The school principle was of the view that the school were always playing catch up with the young person. Had they know the extent of the young person's attachment issues the learning programme within the school could have been tailored to address the needs of the young person. Attempts were made to address some of the needs of the young person through the provision of play therapy within the school programme. The school principle also reported that the young person did not always present well regarding their school uniform. This was as issue that had been discussed with care staff.

Required Action

- The service directors must be clear of the centres role and level of responsibility with regard to liaising with school placements.
- The service directors must review with the centre manager how young people are presented to school and that it is in line with the expectation of the educational placement.

3.8.3 Practices that did not meet the required standard

None identified.

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

All of the young people had access to a local general practitioner. The young people had a valid medical card in their own right. The young people had attended dental, ophthalmic and other specialist services when required. Social workers confirmed that they were notified on any significant problems relating to the young people's

health. Records of medical contacts were maintained at the centre. One young person required on-going specialist treatment. The social worker reported that the young person received good support from staff in the management of their medical condition. This resulted in the young person being able to self-medicate and this was acknowledged as a very positive outcome. Medical consent forms were on the care files for the young people.

The centre had a medical administration policy and there were procedures in place for the administration and disposal of medication. One member of the team was trained in the safe administration of medication. They had put in place a recording system for the administration both of prescribed and non-prescribed medications. Each young person had an individualised medication management plan. The plan had a photo of the young person along with their name and date of birth. The management plan gave clear direction to staff regarding the administration of medication. Medications were stored in a secure box and individual medicine storage boxes where maintained for each young person.

One young person was administrating their own medication and a system was in place to support them to manage their medication. Oversight of the young person's medication was maintained by the team member who was trained in the safe administration of medication.

There was evidence that staff encouraged the young people to participate in activity based programmes. However, given that the centre had recently moved location the young people were not engaged in local community activities. One young person stated that they had an interest in being outdoors and staff provided them with the opportunities to explore the local countryside.

A sufficient number of staff were trained in first aid and this training was up to date. A first aid kit was available in the centre and adequate supplies were maintained in the first aid kit.

A review of key work reports evidenced that where it was age appropriated the young people were given guidance and information on diet. There was evidence that young people were offered a nutritious and varied diet which involved the young people in having a choice of foods.

3.9.2 Practices that met the required standard in some respect only

None identified.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.***

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).***

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.1	The service directors and the centre manager must ensure the statement of purpose and function is kept up to date with responsibility for this clearly defined. It must accurately describe the specific care approach used by the centre with particular reference to its model of care. Staff must be familiar with the purpose and function and a model of care that accurately describes the care approach used by the centre.	The service has a relationship based model of care. Two core staff had attended 'Unity through relationship, a commitment to relational based practice' in Dublin in November 2017 and delivered a synopsis to staff on same. Retraining of all staff in our model of care scheduled for 22nd and 23rd of March 2018 by external provider. All staff have received same by email to read and familiarise themselves with prior to same. The purpose and function states that all professional services are outsourced and paid for directly by the service. Family brochure being updated currently with updated address etc.	Purpose and function to be updated yearly or if any changes within the service warrant such. Also to be discussed bi yearly at staff meeting to keep all staff current. Model of care training updated yearly.

	The purpose and function must clearly state how therapeutic services are provided within the service. It must be evident to the stakeholders that these services are sourced independently and that therapists are not employed directly by the service. The service director and the centre manager must ensure that the statement provided is accurate and up to date information is provided for young people, families and social workers and any other person with a legitimate interest in the work of the centre.	Purpose and function states that all professional services are outsourced and paid for directly by the service Family brochure being updated.	 Brochure and family information to be reviewed yearly.
3.2	The service directors and centre manager must evidence clear governance systems to ensure appropriate and suitable care practices and operational policies are in place. The service directors must satisfy themselves that the centre manager has capacity to undertake their management duties within the current agreed work	The weekly meeting between manager and director to be officially recorded. This is in operation. The manager and director attended Auditing of residential care services course on 8th March to aid their practice going forward. The centre manager now works five days Directors to also work from the centre.	All meetings to be recorded. Directors to review practice regularly to see they meet the needs of the service.

	practice arrangements.		
	The service directors must ensure that the senior staff evidence systems that review the work of the centre, to plan and make provision for staff supervision and for the implementation and oversight of placement plans.	Senior staff meet weekly this will be minuted. Staff supervision is now scheduled on the roster.	Supervision to be reviewed monthly by mange to make sure it is priority and regular.
	The service directors must ensure that the independent audit of the centre is providing the service with the quality assurance that it requires.	We are appointing a new auditor. An external company are providing recommendations to us of various professionals for this role.	Directors to review audits when completed to make sure they are adequate and serve their purpose effectively.
	The service directors must ensure there are formal systems in place to review, track and monitor significant events arising in the centre.	The weekly senior staff meeting will review all SENS and formulate a working plan to give direction and support to their co workers on managing any behaviours that are recurrent and supporting the residents more effectively.	Directors to review/attend meetings and oversee this new procedure.
	The services recruitment practices must fully comply with the of National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.	One Vetting was not current due to the service responding to pressures for extra staff in a short period. This is not a regular occurrence and the manager will make sure	Directors to make sure all vetting in place prior to staff commencing work.

		it does not occur again.	
	The service directors in conjunction with the centre manager must develop a formal and structured induction process and staff induction should be evidenced on the personnel files and within the supervision process.	Induction documents updated. All files now contain an official record of induction.	Documents to be reviewed yearly and directors to review all files induction.
	The service directors must ensure that trainee social care workers are required and supported to complete the relevant training and provided with sufficient mentoring, monitoring and support.	Trainee workers are being mentored by the manager and records being kept in supervision files.	Directors to assist the manager with any issues, extra supports needed by trainees.
	Supervision should be carried out in line with the centre's policy guidelines, monitored regularly, recorded clearly and demonstrate an effective link to the young people's placement plans.	Supervision is now scheduled on the roster and extra paid hours provided for such so staff no longer have to find the time during a shift. Supervision practice has been revised by management. Latest supervision training was 10th February 2018.	Directors to review supervision files regularly. Directors to address required changes in supervision training with company trainer.
3.4	The service directors and the centre manager must review their operational practices with regard to how complaints are dealt with within the centre. The centre	Complaints policy revised and revisited with the young people. Staff now record all informal complaints and discuss at weekly senior staff meeting and prepare a plan to	Directors to oversee new procedure and training. Review yearly.

	manager must ensure that young people are fully supported and facilitated to make a complaint. The procedures must be user-friendly, non-adversarial and positive in response. The service directors must put systems in place to monitor and appraise complaints within the centre. They must provide training to all staff to ensure that they fully understand the complaints procedure and that staff are able to appropriately identify a complaint.	address immediately. Staff retrained in complaints procedure during staff meeting 29th March 2018. Complaints log to be discussed at bi weekly staff meeting	
3.8	The service directors must be clear of the centres role and level of responsibility with regard to liaising with school placements. The service directors must review with the centre manager how young people are presented to school and that it is in line with the expectation of the educational placement.	Policy on such in place. Manager to attend all placements meetings initially with all schools. This is now part of staff handover duties and recorded as such	Directors to review regularly. A director to liaise with manager to make sure this is being undertaken.