



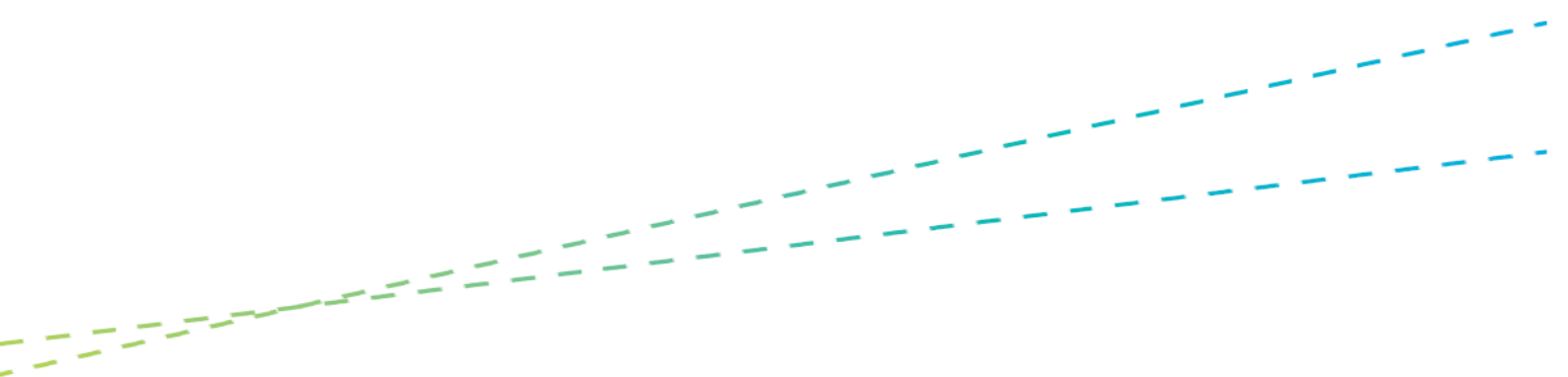
**An Ghníomhaireacht um  
Leanaí agus an Teaghlach**  
Child and Family Agency

## **Alternative Care - Inspection and Monitoring Service**

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

**Centre ID number: 020**

**Year: 2019**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Ashdale Care Ireland Ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>25<sup>th</sup> January, 4<sup>th</sup> &amp; 14<sup>th</sup> February 2019</b>
<b>Registration Status:</b>	<b>Registered from 31<sup>st</sup> March 2017 to 31<sup>st</sup> March 2020</b>
<b>Inspection Team:</b>	<b>Eileen Woods Sinead Diggin</b>
<b>Date Report Issued:</b>	<b>7<sup>th</sup> May 2019</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 young people living in them.

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

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

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

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

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

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

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in March 2008. At the time of this inspection the centre were in their fourth registration and were in year two of the cycle. The centre was registered without attached conditions from the 31<sup>st</sup> March 2017 to the 31<sup>st</sup> of March 2020.

The centre's purpose and function was to accommodate four young people of both genders from age eleven to seventeen years on admission. Their model of care was described as trauma and attachment informed and the organisation provide a training programme and clinical therapeutic team to support the teams and the young people. Four children and young people aged between eight and sixteen years of age were living at the centre at the time of this inspection. The eight year old was resident following a derogation process completed through the registration panel of the inspection service.

The inspectors examined standards 6 'individual care of young people: behaviour management and individual care', 7 'safeguarding and child protection', 8 'education' and 9 'health' of the National Standards For Children's Residential Centres (2001). This inspection was unannounced and took place on the 25<sup>th</sup> of January, the 4<sup>th</sup> and 14<sup>th</sup> of February 2019.

## 1.2 Methodology

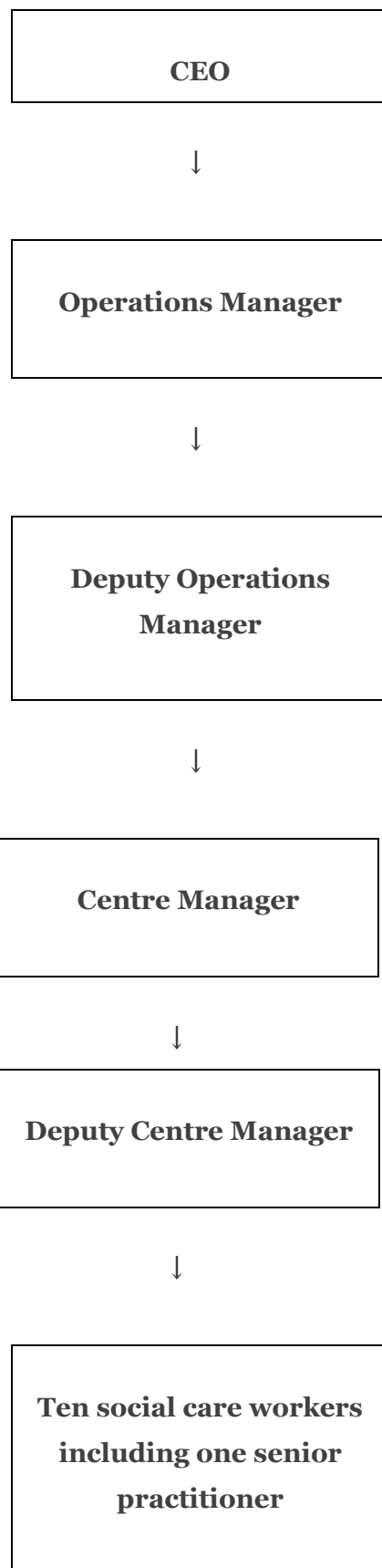
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) Twelve of the care staff
  - b) Three of the four young people residing in the centre
  - c) The four social workers with responsibility for the young people residing in the centre.
- ◆ An examination of the centre's files and recording process.
  - care files and daily logs
  - supervision records
  - handover records
  - registers
  - team and young people's meetings
  - personnel files
- ◆ 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) Three staff
  - c) One young person
  - d) The lead inspector
  - e) The derogation officer
  - f) Three social workers and one social work team leader for the young people
- ◆ Observations of care practice routines and the staff interactions and daily routines with the young people.

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, director of services and the relevant social work departments on the 4<sup>th</sup> of April 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a completed action plan (CAPA) on the 11<sup>th</sup> of April 2019 and the inspection service requested evidence of the work undertaken. Evidence of work completed was received on the 2<sup>nd</sup> of May 2019.

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 continue to register this centre, ID Number: 020 without attached conditions from the 31<sup>st</sup> of March 2017 to the 31<sup>st</sup> of March 2020 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 31<sup>st</sup> of March 2017 to the 31<sup>st</sup> of March 2020.



## 3. Analysis of Findings

### 3.6 Care of Young People

#### **Standard**

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

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

##### **Individual care in group living**

This centre has been home for two of the young people for many years, the goal is that this will be the long term placement for a third new resident and the fourth child requires a disability placement to meet their long term needs.

This centre participated in a long established activity based approach as part of their model of care called 'let's get going' and inspectors found that this was implemented with the children and young people. There were outdoors and play activities that were recorded as part of the holistic approach to their care and well being. There were also lots of individual activities, sports, clubs and interests established for those that were interested and new options were looked at as interests and maturity changed. Inspectors found that the team were proactive about getting and keeping the young people connected with friends and peers in the community. This included celebrating achievements and special occasions with a focus on seeking to make sure young people do not become isolated socially.

There were records of young people's meetings being held and consultation with the young people about their plans. The team gave them time and information to try to understand the nature of decisions and to be part of this where they can.

The social workers noted that staff were very good at organising activities and that the daily quality of life was well looked after with regard to getting out and about, play and interests. One social work department was providing additional funds for an outdoor activity respite resource for occasional weekends also.

Young people were supported with their hygiene and daily routines around these, daily logs were utilised to reflect and promote this as well as individual plans. One child required staff full support with their intimate care needs and their social worker had observed staff routines for this, they stated that they gave feedback about this with regards to ensuring privacy but was happy overall with the hygiene arrangements in place.

Inspectors found that one of the residents was not suitably placed due to the nature of their disability, their age and the distance from their placing area disability and medical services. The placement began as a response by this company to a request from Tusla to a need for an emergency placement in June of 2018; this was to be pending decisions about the long term care future for this child. The team had a staff member assigned to the child every day and inspectors observed close care and attention being paid to their daily individual needs. Their school and the team's attention to their well being were key positive factors in their care but the child has been the target of inappropriate comments and gestures by peers at the centre and this was monitored through close supervision. This is not the specialised area of work for this centre and is not a suitable placement long term, the child's right to specialised disability care were not being met despite the diligent work of the team at the centre.

Inspectors found that the daily logs were a valuable resource and could be considered for use as a means of tracking specific areas to a greater extent, for example diet and group interactions given the busy nature of the centre. The staff had used the logs well on recording individual presentation, significant events and daily life, there was a caring focus on the emotional well being of young people and advice was sought where existing approaches to engagement had ceased to work.

### **Absence without authority**

The team had policies relating to absences and engaging with the Gardaí to guide their work with young people who may leave the centre or staff without permission. The policy cites the shared protocol 'HSE and An Garda Síochána Missing Children from Care' 2012. The protocol notes that once a young person is missing for more than a specific number of episodes that a meeting must be convened to address that matter.

The young people had absence management plans/AMPs in place with photographs some but not all of those found on file during the inspection were recently reviewed copies and these should be checked and updated regularly. One AMP noted a role for

the use of restraint for running away to the main road but this had not been named as an active risk in other plans and may relate to a younger age for that young person. Restraint should never be listed as a means of enforced compliance therefore the plans needs to be explicit and clear in their direction to staff and why. Inspectors require that this should be reviewed. Inspectors found that there was good use of situational risk assessments.

Where a young person was engaged in high risk absences the centre, social worker and Gardaí met and co-ordinated with other Tusla staff to create agreed safety plans which they sought to agree with the young person when the opportunity arose. The social worker had reviewed the daily logs and completed a child in care review also. They had made attempts to visit the young person to hear their views directly. Inspectors found good standards in reporting episodes of absences, of missing from care, there was also good use of interdisciplinary co-operation internally and externally to address them. The social worker noted that the team had amended the ICMP and AMP in response to an escalation in episodes of missing child from care. The social worker was happy with how the events were managed and satisfied with how the young person was returned from those absences.

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

#### **Managing behaviour**

The centre had a comprehensive suite of policies and procedures dedicated to behaviour management and these combined the centre's therapeutic trauma informed model with a crisis management approach for challenging behaviours. The staff at this centre were trained in a recognised intervention programme for crisis behaviour management and each young person had a dynamic crisis management plan/ICMP on file. These plans were brought to each handover and adapted as a live document; the complex needs and busy schedules of the children and young people require and benefit from this. The team meetings also supported the maintenance and updating of risk assessments and risk management plans as well as the individual placement plans/IPP. Through the process of review, layered planning and advice and training from the therapeutic team and management the centre aim to support progress and positive development for young people. The social workers all noted progression in the young people and this acknowledged changing patterns of challenges presenting at the time of this inspection. One young person noted their struggle with some aspects of the ongoing approach and the social worker and the management were aware of this and were seeking to engage the young person more to explore this. Inspectors received some positive feedback from one young person

directly regarding the supportive environment they have experienced at the centre and at the nearby hub operated by the company which contains educational, therapeutic and sensory resources. All of the young people can access the hub at different times and can have easy access to senior management should they wish from time to time.

Inspectors found that the key work plans in place looked at emotional and trauma drivers for behaviours with a focus on positive or incentive based interventions. There were key work discussion sheets on each file but staff had not been utilising these to their full extent. Significant events were tracked and the goal was gradual reduction in patterns of harmful incidents. There was evidence of discussion and feedback loops to the team through team meetings and supervision.

The presentation of bullying or targeting negative behaviours have been a recurring issue at the centre and addressed both directly by staff and therapeutically with the goal of reduction and elimination. A variety of interventions including restorative justice have been attempted and it remained an issue. There was a dedicated section on an IPP on a bullying intervention approach and this was an ongoing process at the time of the inspection visit. The impact and outcomes from the approach were as yet unclear but inspectors noted that the actions for this on the IPP were the same in September and in December, with an additional 'traffic light system' added. It was not clear how all these were tracked for effectiveness and inspectors recommend a specific review with a company psychologist to form an extracted plan taking a fresh look at the matter.

There were group risk assessment and management plans/RAMP in place that had been regularly reviewed with at least one young person remaining high risk across several key areas of behaviour. The RAMP's cross referenced to the structures in place to create safe group living and to promote personal progress. The preventative measures were listed, and staff were named within these as crucial agents for change. One child's risk and behaviour management planning documents did not contain specific enough reference to their disability needs and inspectors recommend that this be reviewed. The team had yet to complete specific training in ASD at the time of the inspection and the provision of specialised systems for nonverbal communication were being implemented. The timeframes highlighted that as this was not a disability service the tools and training had to be retrospectively integrated into their structures. The social worker named that they were satisfied with the quality of care being provided and that they had resourced the provision of a dedicated staff member daily for this child until they are asleep at 8/8.30pm. They stated that they and the

service were committed to maintaining a high standard of care until the longer term future for the young person was decided. They stated that they visit the centre and oversee the care delivery to the child, they were aware of the impact issues arising due to the combination of young people living at the centre. They also noted progress in the child's overall well being and that the centre's role in sourcing and working with the specialist school has been a significant protective factor. Inspectors gave feedback on their findings and named that impact risks remained an area requiring ongoing oversight to support the centre and the placement.

Two social workers had teleconferenced about a recent admission and both discussed areas of concern around behaviour management, the placement proceeded once the centre processed the pre admission assessments. All parties remained committed to co-operating as they were aware that it could present issues that require adjustments to behaviour management plans. Both social workers involved had discussed the matter with management and all social workers had been invited to participate in the individual placement planning meetings, two of the social workers had completed this. Attendance at the therapeutic team meetings remains an open invitation to all social workers.

The centre implements consequences and divides these into natural and related consequences which were recorded and commented upon by management. Inspectors found that the team and management must review their decision making relating to access with key persons for one young person. The decision was framed both as risk based and as a response to negative behaviours when changes were made to access arrangements. This presented as a consequence and access should never be framed in this way. If the issue is risk during transport then arrangements and back up planning should be agreed with the social work department. There were specific areas of disagreement in decision making and their validity between one social work department and the centre related to behaviour management and access. The social work department were found by inspectors to be strong advocates for the young person, the centre management also displayed robust ownership of specific decisions related to their day to day decision making at the centre. Inspectors discussed the matters arising with the management and requested that they review their communication around consequences and risk assessment related to access arrangements.

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

None identified

## **Required Action**

- The risk management and behaviour management planning documents must better reflect the specific disability needs of the relevant children and young people.
- The management must review the decision making and communication related to consequences and to risk management planning.

## **3.7 Safeguarding and Child Protection**

### ***Standard***

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

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

An appropriate group of policies was available to staff covering the key areas identified under safeguarding and child protection. At the time of this unannounced inspection the deputy manager had stepped into the manager's role for a defined period of time starting on the 15<sup>th</sup> of January 2019. They have been the deputy manager at this centre for six years and had previously acted up into the manager's role. This manager was supported by an acting deputy manager assigned from another centre for the duration of the role. The centre did not have a social care leader role but had a role called a senior practitioner designed to reflect a person with over three years experience and seniority within the team. The senior practitioner at the centre was deemed to be in a trainee role at the time of the inspection. There were no plans to appoint a second senior practitioner. Therefore at the time of the inspection there were significant changes taking place in management whilst also running a team of over thirteen staff caring for four children and young people. Protective measures in place to manage these factors were that all those at senior level were experienced staff from within the centre or the company. The deputy director of social care was supporting the centre as was the director. There was also a newly appointed quality assurance officer within the company.

Inspectors found that of the thirteen social care staff - five had over three years experience, two had two years, two had over one year and four had less than one year's experience. Probation reviews were scheduled at three and six months but these were not up to date at the time of the inspection and should be completed. Inductions were evidenced on file. Staff were supervised regularly in a tracked and

well maintained system. Sessions were generally completed in accordance with the policy guidelines for new and existing staff. The staff were provided with an on call support system through the manager Monday to Thursday and through an organisation wide shared on call from Friday to Sunday. The manager reported weekly to the deputy operations manager who in turn visited the centre on a monthly basis and responded to significant event reports.

Inspectors found robust procedures in place surrounding the personnel files by the HR manager who oversees all matters relating to the recruitment and vetting of staff and staff support mechanisms including retention programmes. The centre management completed verifications and review all personnel files for their incoming staff.

There was evidence that the staff understood and implemented the policies on safeguarding and relied on a range of tools in planning to support their work. Their strongest daily safeguard appeared to be through the handover and daily planning procedures as well as the additional staffing. Group risk assessment plans carry preventative measures for staff to follow, the team were caring for young people for whom risk remained high and change was at their own individual pace. There had been incidents of fire setting and division and distraction of staff and all of these required highly structured and daily reviewed safeguarding responses. The team must remain alert and be supported at all times to deliver on this. A dedicated safeguarding plan was in place for a specific emerging safeguarding risk but inspectors found that it needed to be reviewed as was not evidenced as fully implemented. A co-ordinated review with the clinical team to look at the patterns of internal risk and how best to manage them should be completed.

Inspectors found evidence of the empowering people in care charity EPIC visiting the centre from time to time and up to date information on their activities was prominently displayed and promoted to the young people. There was evidence of all the social workers visiting the centre and reading the logs from time to time. There are bedroom alarms and the aim is that the young people hand up their phones, if they have one, at night time. There were workshops planned on internet safety, the staff were found to be addressing elements of safety in individual work, in key working and with actions like contracts for having a mobile phone.

### 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.

The organisation updated their child protection and safeguarding policy documents in 2018 to include the details of their child safeguarding statement and the roles of designated liaison person/DLP and deputy designated liaison person/DDLP, these are the manager and deputy manager respectively. This was further updated when the people in the roles changed in January 2019. The relevant person is the director of services. The team have completed the national online training modules on Children First with a small number still pending. The staff who were interviewed and who completed questionnaires had an understanding of the reporting procedures and of their role as mandated persons. They also highlighted that they would seek advice and support from the DLP and relevant person should they have any queries. Some had received additional complementary training in child protection. Feedback on child protection matters occurs at team meetings.

Inspectors found that the correct reporting form and reporting mechanism, through the national online portal, had been implemented and used at the centre. A child protection reporting register was in place and tracked by management. The team had completed a report for a nonverbal child who had been targeted by a peer. A total of four reports had already submitted through this portal. The social workers, inspection and monitoring officer and relevant others were also notified that a report has been submitted through the formal channels. The child protection register had been updated and completed to outcomes and those still outstanding must be followed up to conclusion by all parties.

During the inspection process an allegation was made against a staff member and this was not notified in accordance with the centres own policy or in line with staff expectations as noted to inspectors in their questionnaires. The reasons for this deviation in policy was shared and discussed with inspectors and all social workers were aware of the matter. A number of protective actions occurred concurrent with the allegation – the Gardaí met the young people on the night, a social worker visited the next day, the retraction took place almost immediately. But whilst these measures were in place to safeguard the young people the decision making around



the deployment of the worker involved before the formal conclusion of the investigation was outside of the organisation's policy. Inspectors and management had an open discussion about the timeline of decisions and it was acknowledged that key decisions were outside the safe guidelines in place and would also be confusing for staff.

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

None identified

#### **Required Action**

- The centre and the organisation must adhere to their policy and procedures in respect of child protection.

### **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**

At the time of the inspection two children had primary school placements, one young person was attending education provided by the organisation whilst a school was being sourced in the community and the fourth young person had been in full time education but was being supported regarding new options. The older young person participated in meetings with different education and training options, and this was based on what they wanted, this young person had successfully completed their junior certificate and the results were saved for them on their file. The subsequent difficulties in maintaining a course have been addressed through key working and by management in a bid to support the young person through this stage. The company offers an education programme at their nearby hub titled ASDAN and the young people and staff spoke highly of its quality and value to them on an ongoing basis.

The centre managed all education information and was the link for the social workers to the schools. Two social workers had developed direct connections with the schools

also, one with a plan to hold some child in care monthly reviews there and another in relation to meetings regarding complexities in the school placement extending back a number of years. The school for one of these children was already emerging as a key partner in assisting in specialist disability programmes to benefit the child. The centre were fully committed to working with the school in implementing any new programmes.

Two of the young people were awaiting revised educational psychological assessments to best inform and manage their second level educations. It is essential that these are funded if necessary and completed given their wide implications for both practical and academic supports being applied for and implemented at their schools.

Inspectors did not find a dedicated education intervention plan for the young people who would require it and although the IPP latterly named a more structured approach the actions were not extensive or explicit enough. Despite several years of challenges the inspectors did not find a diverse range of support items implemented at the centre for example, digital books, extra books and resources, daily journal actions and so forth. Leadership and internal quality assurance was needed to ensure and provide support to the centre so that all actions that could be taken are taken and inspectors found that the centre had not evidenced that this had been the case in a sustained manner over the years. The education file for the young person this related to was not well maintained. Latterly after another meeting late in 2018 the IPP did reflect new actions such as a new desk and laptops and inspectors recommend that this continues to be built on and more importantly tracked weekly to ensure all core tasks are completed such as journal signing and notes to teachers.

The local area education and welfare officer/EWO was also involved in meetings regarding absenteeism where this met the threshold. At a handover inspectors observed a good discussion around lack of school attendance and found that the team reviewed their daily strategies for attendance.

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

None identified.

#### **Required Action**

- The management must implement and maintain dedicated education supports plans where required. These must be reviewed and external support and quality assurance provided to the team to assist them with this.

- The Tusla social work departments for the two young people requiring educational psychological assessments to inform their second level education must ensure that these are resourced and completed without undue delay.

### 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**

None identified

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

All four young people had a local GP with whom they have been registered. One young person had been moved from their area and this had an impact on timeframes for specialist ophthalmology and paediatric follow up, inspectors requested that the social worker contact the existing specialists for advice regarding same. The centre had been advised that there was a delay in records transfer. The relevant social worker had read the daily logs and observed the hygiene and intimate care routines and found that any requests were responded to positively.

The young people's IPP evidenced awareness around emotional impact of the placement and there was a good dedicated section on health and well being based on the available information provided to the centre. The centre reported that a recent illness exposed the need for regular specialist paediatric follow up and for expertise in nonverbal children and illness. The centre have committed to follow up on this child's rights through the social worker should any further delays in specialist health care occur.

The organisation provides art therapy which was well attended by young people, occupational therapists and psychologists were also available with a new fully equipped professional sensory gym being opened at that time of this inspection. There was evidence of the centre sourcing immunisation records for the young people and some were on file. There was evidence for the other young people of action on medical, dental and optical day to day care. There was evidence on file of sexual health and development information and education being provided to the young people. There were records maintained of medications and their administration.

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

None identified.

### **3.9.4 Regulation Based Requirements**

The Child and Family Agency has not 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 has 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).*

#### **Required Action**

- The Tusla social work department for the child with a disability, in co-operation with the HSE disability services, must ensure that their specialist health and disability medical needs are met through referral to the appropriate professionals.

## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.6	<p>The risk management and behaviour management planning documents must better reflect the specific disability needs of the relevant children and young people.</p> <p>The management must review the decision making and communication related to consequences and to risk management planning.</p>	<p>The risk management plans will be audited and reviewed by our internal monitors and updated accordingly.</p> <p>Home managers endeavor to assign appropriate consequences related to risk taking behaviors and will continue to liaise with all relevant bodies to ensure there is open communication in relation to same.</p>	<p>The organisation now has two dedicated staff who undertake regular audits in line with governance and quality assurance.</p> <p>A regular schedule of audits will now take place to ensure all documentation is applicable, current and actively reflects how best to meet the individual needs of the young people.</p>
3.7	<p>The centre and the organisation must adhere to their policy and procedures in respect of child protection.</p>	<p>Senior management in conjunction with home managers will ensure all policies and procedures are adhered to. Senior management have reiterated this via Management Support Meetings.</p>	<p>The Operations Manager will ensure oversight of same.</p>
3.8	<p>The management must implement and maintain dedicated education supports plans where required. These must be reviewed and external support and</p>	<p>One young person has now undertaken an educational psychological assessment on 23.03.2019 and we are currently following up in conjunction with the school and the</p>	<p>The organisation now has two dedicated staff who undertake regular audits in line with governance and quality assurance.</p>

	<p>quality assurance provided to the team to assist them with this.</p> <p>The Tusla social work departments for the two young people requiring educational psychological assessments to inform their second level education must ensure that these are resourced and completed without undue delay.</p>	<p>social work department on the one that is outstanding. Home management will ensure all IEPs are current and on file and are live documents. Lap tops have now been purchased for all homes for educational purposes.</p> <p>No response was received from the relevant social work departments.</p>	
<b>3.9</b>	<p>The Tusla social work department for the child with a disability, in co-operation with the HSE disability services, must ensure that their specialist health and disability medical needs are met through referral to the appropriate professionals.</p>	<p>No response was received from the social work department involved.</p>	