



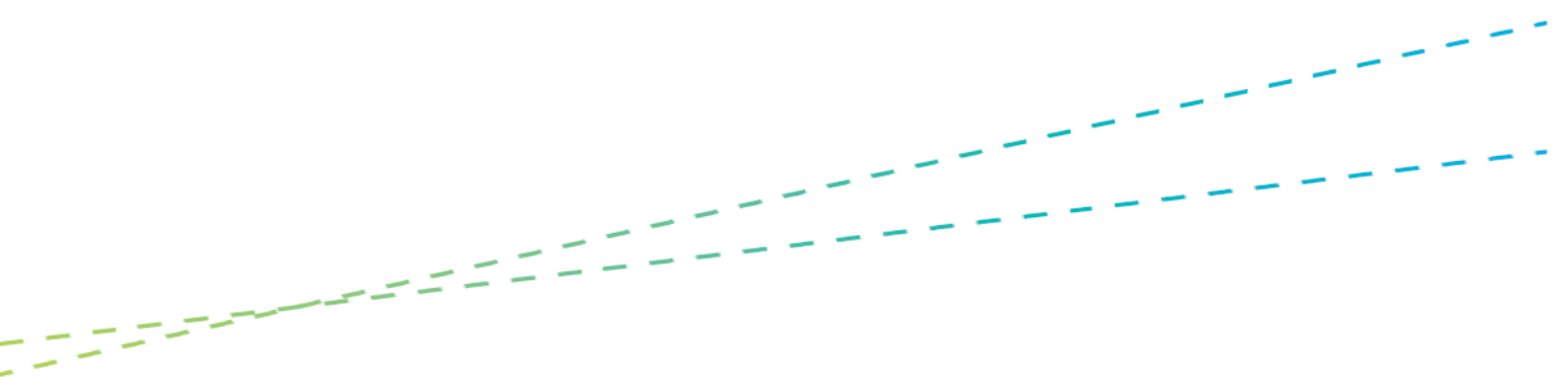
**An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency**

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

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

**Centre ID number: 026**

**Year: 2019**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Crosscare</b>
<b>Registered Capacity:</b>	<b>Five young people</b>
<b>Dates of Inspection:</b>	<b>11<sup>th</sup> and 12<sup>th</sup> March 2019</b>
<b>Registration Status:</b>	<b>Registered from 30<sup>th</sup> June 2017 to 30<sup>th</sup> June 2020</b>
<b>Inspection Team:</b>	<b>Michael McGuigan Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>27<sup>th</sup> June 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 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 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 June 2008. Before that it operated under a different name from another premises. At the time of this inspection the centre was in its fourth registration and in year two of the cycle. The centre was registered without attached conditions from the 30<sup>th</sup> June 2017 to 30<sup>th</sup> June 2020.

The centre's purpose and function was to accommodate up to five males from age twelve to eighteen on admission. Placements were for up to six months and the centre was part of the wider crisis intervention service. Their model of care was described as providing an opportunity to experience a stable living situation where the young person's primary needs were met. The centre had a relationship based and key-working model from which staff worked with young people to develop life and social skills and address any issues that existed. There were two young people living in the centre at the time of inspection.

The inspectors examined standard 2 'management and staffing', aspects of standard 5 'planning for children and young people', standard 6 'care of young people', standard 8 'education' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 11<sup>th</sup> and 12<sup>th</sup> of March 2019.

## 1.2 Methodology

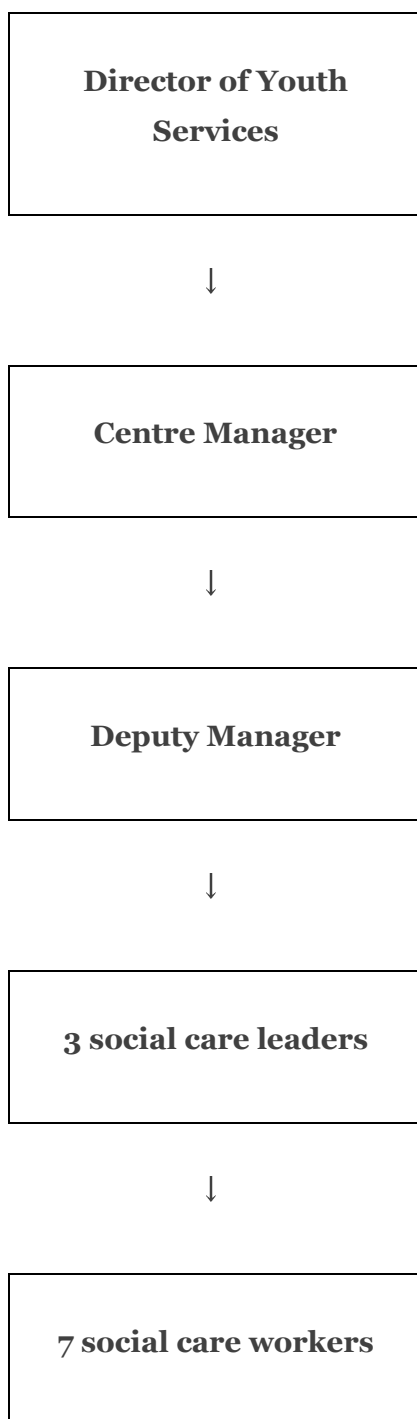
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
  - a) Seven of the care staff
  - b) The deputy manager
  - c) The director of youth services
  - d) The social workers with responsibility for two young people residing in the centre
- ◆ An inspection of the premises and grounds
- ◆ An examination of the centre's files and recording process including:
  - The young people's care files
  - Staff supervision records
  - Personnel files
  - Handover book
  - Maintenance log
  - Safety documents
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
  - a) The centre manager
  - b) The deputy manager
  - c) Two staff
  - d) Two young people
  - e) The social work team leaders for two young people
- ◆ 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, director of youth services and the relevant social work departments on the 18/04/19. 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 15/05/19 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 026 without attached conditions from the 30<sup>th</sup> June 2017 to 30<sup>th</sup> June 2020 pursuant to Part VIII, 1991 Child Care Act.



## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

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

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

##### **Register**

Inspectors conducted a review of the centre register and found this to contain details on the name, gender and date of birth of the young person as well as admission and discharge dates. The discharge addresses for young people were also included and there was evidence that this record had been reviewed by the centre manager.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

##### **Administrative files**

Inspectors reviewed a number of the administrative files in the centre and found these to be in order. It was observed that files in the centre were maintained in line with the Freedom of Information Act, 2014 and stored securely. Inspectors also noted that there were adequate financial arrangements in place.

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

##### **Management**

The centre had a full time manager who had been in post for two years and held a qualification in social care. This person had been deputy manager prior to their appointment as manager and was also a social care leader in the service for a period of time. The centre manager was present during normal office hours and had overall responsibility for the day-to-day running of the service. Inspectors observed evidence that the manager reviewed young people's daily logs, care files and centre registers as part of their governance. However, this needed to be more consistent and inspectors noted that some records had gaps and were not signed to evidence review. The manager also chaired staff team meetings and handovers and attended child in care reviews and professionals meetings. They were supported in their role by a

deputy manager and three social care leaders. There was an out-of-hours on-call service to support staff in the event of incidents occurring at evenings or weekends. The centre manager reported to the director of youth services and was supervised by this person. The governance structure for the centre included monthly management meetings and a separate social care leaders meeting. There had been nine management meetings and three social care leaders meetings in the year prior to the inspection. Records for management meetings consisted of an informal check in, a review of the social care leaders meetings (if they had taken place), a section for discussion on accountability and a section for any other business. Inspectors found there was a lack of structure to these meetings and a limited agenda. The meetings did not focus on the planning of care for young people or discussions on care practice. Records did not regularly reflect that actions were identified and there was no evidence of follow up on issues from meeting to meeting. The social care leaders meetings were not occurring regularly and this had not been addressed by service managers.

The centre manager produced monthly reports that were forwarded to the director of youth services. These reports were written under the headings of *highlights; focus* and *issues*. However, these reports contained mostly narrative and the subject matter varied from report to report. At times they contained issues on operations, staffing, service development or planning of care for young people. There was no evidence of action plans being created from these reports or responses being received. The reports were not structured to reflect links to standards or regulations and a clearer focus was required. Inspectors observed that the director of youth services had visited the centre frequently; however, there was no formal audit system in place. The director of youth services had last signed documents in the centre to evidence their governance in February 2018. A system for auditing is required which produces action plans and evidences follow up on issues identified. Inspectors found that external line managers did not have clear formal mechanisms to ensure that appropriate and suitable care practices and operational policies were in place.

Staff team meetings were held each week and inspectors noted that these were well attended. Records for team meetings reflected a review of the last meeting minutes and discussion on any follow up required. There was a standing agenda that included discussions on the placement of each young person and items could be added to the agenda in advance. Each young person was discussed in detail and placement plans were also reviewed where necessary. Operational and service development issues were included and inspectors found that team meetings were focused to facilitate the planning of care for young people and service development. Young people's meetings

were also discussed here and the minutes reflected that their voices were heard in the planning process. At times team meetings were used as a forum for training and external specialists had attended to provide training to staff to support the needs of young people.

### **Notification of Significant Events**

The centre had a system for the prompt notification of significant events. From interview with the social workers for young people it was noted that reports were sent in a timely manner and contained appropriate information. The centre conducted an internal significant event review every three months and was also part of a review group for crisis intervention services that met six-weekly.

There was a significant event notification register that provided details of each incident in the centre. However, this had not been completed since 19/01/19 and there had been a substantial number of incidents since that date. These had not been entered onto the register to facilitate tracking and oversight and this needed to occur.

### **Staffing**

This centre had a staff complement of one manager, a deputy manager, three social care leaders and seven social care workers. Social care leaders were spread across shifts to support the staff team. Inspectors found that there were sufficient staff to meet the purpose and function and that there was a balance of experience on the team. Through interviews it was observed that staff members understood the needs of young people and were familiar with care practices and operational policies.

Inspectors conducted a review of a sample of staff personnel files and these contained Garda vetting, references that had been verbally verified, training certificates, CVs and copies of qualifications. However, inspectors found that the Garda vetting for one staff member was out-of-date. Further, a number of the references reviewed were testimonials and the referee had not completed an organisational reference form. While at times there was verbal verification for testimonials, a standardised system for obtaining references is required for the centre.

### **Supervision and support**

This centre had a policy that stated supervision would be conducted four to six weekly and was based on the Morrison model of supervision. The function of supervision of the team was split between the centre manager and deputy manager and both were trained in the provision of supervision. As part of this inspection a review of a sample of supervisions was conducted. Inspectors found that supervision

was not always being carried out in line with the time frames set out in centre policy. Further, it was observed in some supervisions that decisions were not being clearly recorded and there was no review of previous actions agreed. At times the records contained mostly narrative and discussions focused on operational issues and personal development for staff members rather than on planning for young people. While some discussions on key working and care practice were evident, placement planning was not always discussed. There was no set agenda and both the supervisee and supervisor could bring any current issues. However, this meant that at times there was no continuity or structure to the supervision, especially given that there was no review of the last minutes or actions agreed.

Inspectors reviewed records for the handover meetings and found that these contained space for the exchange of information on young people, appointments for the day, document review and the planning of key working. However, these were not always signed by the centre manager or deputy manager as part of their governance and this needed to occur and there was not always a centre manager at handovers.

### **Training and development**

Inspectors reviewed the training log and certificates in the centre and found that staff had up-to-date training in Children First e-learning. Some staff had also received training in working with sexually harmful behaviours, attachment issues, mental health and well-being, self-harm prevention and behaviour management. However, a number of staff required training in the prescribed model of de-escalation and physical intervention and also in first aid and fire safety. This training should be provided in a timely manner and an effective system for training and development is required in the centre.

### **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 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 centre manager must review the structure of management meetings to ensure these address operational issues, care practice and the planning of care for young people.
- The director of youth services must develop formal audit mechanisms to ensure that appropriate and suitable care practices and operational policies are in place in the centre.
- The centre manager must ensure that the significant event notification register is kept up-to-date for the purposes of oversight and tracking.
- The centre manager must ensure that vetting is in line with the requirements of the Department of Health Recruitment and Selection Circular, 1995.
- The centre manager must ensure that supervision records reflect discussions on care practice and the planning of care for young people and that actions agreed are clearly recorded and reviewed.
- The centre manager must ensure that core training is provided to staff in a timely manner.

### **3.5 Planning for Children and Young People**

#### ***Standard***

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

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

None identified.

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

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

#### ***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.

One young person placed in this centre did not have an allocated social worker due to staff shortage in the department. While the social work team leader was reviewing significant event notifications and linking in with the centre manager on presenting issues, visits to the young person were not occurring and a review of the young people's daily logs and care file had not occurred.

The second young person placed in the centre had an allocated social worker and there were weekly meetings between centre managers and the social work department on the young person's placement. The young person stated during interview that they were happy with the frequency of contact with their social worker and that they could also phone them if there were issues they needed to discuss. There was evidence of regular contact by the social work department and visits to the centre.

## 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.

As noted one young person did not have an allocated social worker. This young person had a social care worker allocated to link in with them who had experience in aftercare but was not the allocated aftercare worker. During interview with the social work team leaders for young people, both stated that they felt the placement was meeting the young persons' needs. The centre had been provided with referral information and social histories for the young people and there was evidence of responses to significant events where necessary.

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

#### **Aftercare**

One young person living in the centre at the time of inspection was due to turn eighteen in the following weeks. They did not have an allocated aftercare worker and also did not have an allocated social worker. There was no aftercare plan on file and the most recent care plan did not address the young person's aftercare needs. An assessment had been made that the young person did not qualify for aftercare support or funding. This decision had been appealed on behalf of the young person and they were awaiting the outcome of this appeal from the principal social worker for aftercare in the area.

Inspectors reviewed the placement plan for the young person and observed that there was on-going key working in relation to independent living skills and preparation for leaving the care of the centre. An aftercare needs assessment had been completed by the centre with the young person; however, as there was no allocated social worker or aftercare worker this could not be fully implemented. There was evidence that the centre had advocated strongly on the young person's behalf in relation to aftercare planning and EPIC was also involved. Inspectors reviewed the communication regarding aftercare with the social work department and noted that the issues for the young person had been escalated within the social work department.

The second young person living in the centre was under 16 at the time of the inspection.

#### **3.5.4 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 24, Visitation by Authorised Persons***

#### **Required Action**

- The principal social worker for one young person should ensure that they have an allocated social worker as soon as possible.
- The principal social worker for aftercare should provide a decision on the appeal regarding aftercare provision to one young person in a timely manner.

### **3.6 Care of Young People**

#### ***Standard***

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

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

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

The centre was a large detached building in a suburban area of Dublin and the young people each had a bedroom to themselves that they could decorate to their own tastes. There were communal areas for young people to meet with family and friends in private. Young people had allocated key workers that undertook placement plan work with them and also took them to activities and events. Inspectors reviewed key working that demonstrated the promotion of individuality and support for identity. Staff that were interviewed demonstrated an understanding of the needs of the young people and there was evidence that residents were provided with opportunities similar to that of their peers. Young people spent time with their friends in the local



community. During the inspection of the centre inspectors shared a meal with staff and young people and observed warm and friendly interactions.

### **Provision of food and cooking facilities**

Inspectors found that there were adequate cooking facilities in the centre and that there was a supply of nutritious food. The placement plans for young people noted programmes for healthy eating and they were consulted on menu planning and food shopping. There was evidence that young people shared meals with the centre staff and these were considered social events.

### **Race, culture, religion, gender and disability**

This centre had appropriate policies on non-discriminatory practice and recognising diversity. Inspectors found that placement planning focused on identity with young people and there was on-going key work on developing a sense of self. Programme work had also been carried out on individuality with young people.

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

### **Managing behaviour**

The centre had a policy on behaviour management that provided guidance to staff on how challenging behaviours were to be addressed. There was also a policy on sanctions. Inspectors found that while young people had individual crisis management plans some of these were not in date and were not being regularly reviewed. There were no behaviour support plans to direct staff on how challenging behaviours were to be managed and behaviours were not addressed through the placement planning system. There had been a number of events in the months preceding the inspection where young people displayed complex challenging behaviours. Inspectors did not find behaviour management plans, risk assessments, risk management plans or safety plans to address these issues. Inspectors noted that during periods where young people in the centre struggled with their behaviours meetings were held and strategies devised to support them. Following these meetings there was a reduction in outburst behaviours; however, inspectors did not find that the behaviour management strategies devised at these meetings were recorded in formalised plans.

A review of the sanctions used in the centre was conducted and inspectors found the sanctions used to be appropriate and related to behaviours.

## **Restraint**

Each young person had an individual crisis management plan that contained relevant information and direction for staff on how to manage outburst behaviours. The centre used a recognised model of physical intervention and de-escalation, however, inspectors found that four staff working in the centre did not have up-to-date training in the model which at the time of inspection was almost half of the staff team. Inspectors found that restraint and physical intervention was not a frequent event in the centre, however, the limit capacity of the team to perform physical intervention should be noted in the ICMPs and a risk management plan developed around this.

## **Absence without authority**

Inspectors found that the young people had absence management plans; however, these were not being updated monthly as required and this should occur. Inspectors found that there were frequent absences from the centre for one young person. There had been a number of meetings and frequent key working with the young person to support them remaining in their placement and there had been a reduction in absences over the past number of months. It was also observed that prevention strategy meetings were not occurring with social work and An Garda Síochána as required and the overall plans to manage absences from the centre need to be reviewed.

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

None identified.

### **3.6.4 Regulation Based Requirements**

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

*-Part III, Article 11, Religion*

*-Part III, Article 12, Provision of Food*

*-Part III, Article 16, Notifications of Physical Restraint as Significant Event.*

### **Required Action**

- The centre manager and director of youth services must review planning for the management of challenging behaviours in the centre to ensure that adequate direction is provided to staff.
- The centre manager must ensure that training in a recognised model of physical intervention and de-escalation is provided to those who require it.

- The centre manager must ensure that absence management planning is in keeping with the requirements of Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Service Executive, Children and Family Services, 2012.
- The centre manager must ensure that the policy on young people being missing from care and absent without permission is reviewed to provide direction to staff in this respect.

### **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**

Inspectors found that education was valued in the centre and that routines supported school attendance and study. One young person was attending a school placement regularly; however, one young person did not have a school placement at the time of the inspection. It was observed that tutor hours had been allocated to him and that the staff team were in contact with the local education and welfare officer. Staff were also undertaking school work and educational day events with the young person. Key working for young people contained specific sections on educational achievement. Inspectors found that assessments of need relating to educational supports and tuition were conducted and that these assessments were available to the staff team to inform their interventions.

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

None identified.

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

None identified.

### **3.10 Premises and Safety**

#### ***Standard***

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

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

##### **Accommodation**

This centre was a detached premises in an suburban area of Dublin. The centre was close to schools, shops, public transport routes and local amenities. Inspectors observed it was suitably decorated and homely in nature and that young people had a bedroom to themselves. It was also noted that appliances were domestic in nature, the centre was well lit and ventilated and there was suitable furniture and furnishings. There was room for young people to meet family and friends or their social worker in private if required and there was space for the secure storage of young people's belongings.

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

The centre had a maintenance log that identified when hazards arose and the nature of the work to be completed. This log was then signed and dated by management when the issue was resolved. Inspectors found that there was a budget for maintenance work and that hazards that arose were generally quickly addressed. From a review of the premises inspectors found the building to be in good repair.

##### **Safety**

Inspectors reviewed the health and safety statement and found that this contained appropriate information and had accompanying risk assessments to direct staff on addressing the hazards that existed in the centre. Inspectors observed safe practices for the storage and administered of medication and there was a designated health and safety officer for the building. The centre had provided safety induction training for staff including first aid, fire safety and manual handling. There were also annual safety audits and weekly safety checklists that had been completed by staff.

##### **Fire Safety**

The centre had a general fire safety register and appropriate fire safety policies and procedures. The register contained evidence that daily, weekly and monthly checks

were being completed on the centre's fire fighting apparatus, means of escape, emergency lighting and fire alarm. The centre had a contract with a fire safety company that carried out testing and servicing of the fire safety equipment. Inspectors also found that regular fire drills had been completed in the centre.

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

None identified.

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

None identified.

### **3.10.4 Regulation Based Requirements**

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

*-Part III, Article 8, Accommodation*

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

*-Part III, Article 15, Insurance*

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

*-Part III, Article 13, Fire Precautions.*

## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>The centre manager must review the structure of management meetings to ensure these address operational issues, care practice and the planning of care for young people.</p> <p>The director of youth services must develop formal audit mechanisms to ensure that appropriate and suitable care practices and operational policies are in place in the centre.</p> <p>The centre manager must ensure that the significant event notification register is kept up-to-date for the purposes of oversight and tracking.</p>	<p>Centre manager will have reviewed the structure by the end of July 2019.</p> <p>The director of youth service is engaging with other NGOs around their audit systems. This will be completed by July 2019.</p> <p>Significant Event Register is now up-to-date.</p>	<p>The Centre manager will refresh the structure and minutes of these meetings to include the practice and the planning for young people and are recorded as such. These issues are also discussed in team meetings weekly and case managements are recorded. The director of service will be sent the minutes of these meetings for review.</p> <p>The director has been in touch with other NGOs and following this has put in place a plan to use the monitoring self-audit tool, this will be done on a theme quarterly basis.</p> <p>Centre manager will ensure events are recorded in the register as they are completed and sign off for the purpose of governance, oversight and tracking. This will be reviewed in the first week of each</p>

	<p>The centre manager must ensure that vetting is in line with the requirements of the Department of Health Recruitment and Selection Circular, 1995.</p> <p>The centre manager must ensure that supervision records reflect discussions on care practice and the planning of care for young people and that actions agreed are clearly recorded and reviewed.</p>	<p>All Garda vetting is up to date. Centre manager completed a HR file review and has noted all staff members Garda vetting dates.</p> <p>The organisation places a high value on supervision. Our policy while in line with standard 2.13 and 2.14, there can be times where the frequency falls outside the policy due to the nature of the service; we will strive to minimise these occurrences. Supervision has 4 key pillars around the support, accountability, learning and organisation link with the staff member. These are the lens which each agenda item will be looked at through. Through this structure standard 2.14 will be met where any issue arises with a staff member's performance impacting on the implementation of a placement plan, the supervisor will address it and record it. The development of placements plans are</p>	<p>month by the manager or deputy.</p> <p>There is an internal audit system in place led by the organisation's HR team, this is due to happen in 2019 but had not happened prior to the unannounced inspection. Centre manager is linking with HR team re: this.</p> <p>Centre Manager will ensure actions are clearly recorded and agreed and reviewed at next supervision meeting. Supervision refresher training will also be provided. Our system has led to the staff development and retention success we have had that is mentioned in the report. The organisation puts a high value on supervision and the feedback from the care team is very positive.</p>
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	The centre manager must ensure that core training is provided to staff in a timely manner.	<p>done on a key-working team basis initially then fed in to the care team as a whole. Care planning and practice issues are in handovers, the weekly team meetings and case management meetings (standard 2.15).</p> <p>Decisions made in supervision records will be followed up on in the next supervision.</p> <p>First Aid Training and Fire training has been booked and will be completed by 30<sup>th</sup> June.</p>	<p>First aid training was completed on 09<sup>th</sup> May. Fire training will take place on the 18<sup>th</sup> June. Centre manager to monitor the training log to note refresher dates required to ensure governance of on-going core training.</p>
<b>3.5</b>	<p>The principal social worker for one young person should ensure that they have an allocated social worker as soon as possible.</p> <p>The principal social worker for aftercare should provide a decision on the appeal regarding aftercare provision to one young person in a timely manner.</p>	<p>No response was received from the relevant social work department.</p> <p>No response was received from the relevant social work department.</p>	<p>No response was received from the relevant social work department.</p> <p>No response was received from the relevant social work department.</p>
<b>3.6</b>	The centre manager and director of youth services must review planning for	Centre Manager will review behaviour management plans in May 2019.	Centre manager will implement behaviour management plans on an individual basis,



	<p>the management of challenging behaviours in the centre to ensure that adequate direction is provided to staff.</p> <p>The centre manager must ensure that training in a recognised model of physical intervention and de-escalation is provided to those who require it.</p> <p>The centre manager must ensure that absence management planning is in keeping with the requirements of Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Service Executive, Children and Family Services, 2012.</p> <p>The centre manager must ensure that the policy on young people being missing from care and absent without permission is reviewed to provide direction to staff in this respect.</p>	<p>All staff are now TCI trained.</p> <p>All absence management plans will be reviewed on a monthly basis.</p> <p>Review of unauthorised absence policy including missing from care and absent without permission policy to be conducted in July 2019.</p>	<p>regarding working approaches agreed by the team, should they fall outside of the TCI documentation in particular the ICMP.</p> <p>Centre Manager updated the training record to reflect this. Centre manager will seek a refresher date for all team in TCI by end 2019. Centre manager to monitor the training log to note refresher TCI dates/ full TCI required ensuring governance of on-going TCI training.</p> <p>Absence management plans will be reviewed on the 1<sup>st</sup> team meeting of every month as part of team meeting agenda going forward.</p> <p>Following policies review all staff to be made aware of any changes to provide clear direction in this respect.</p>
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