



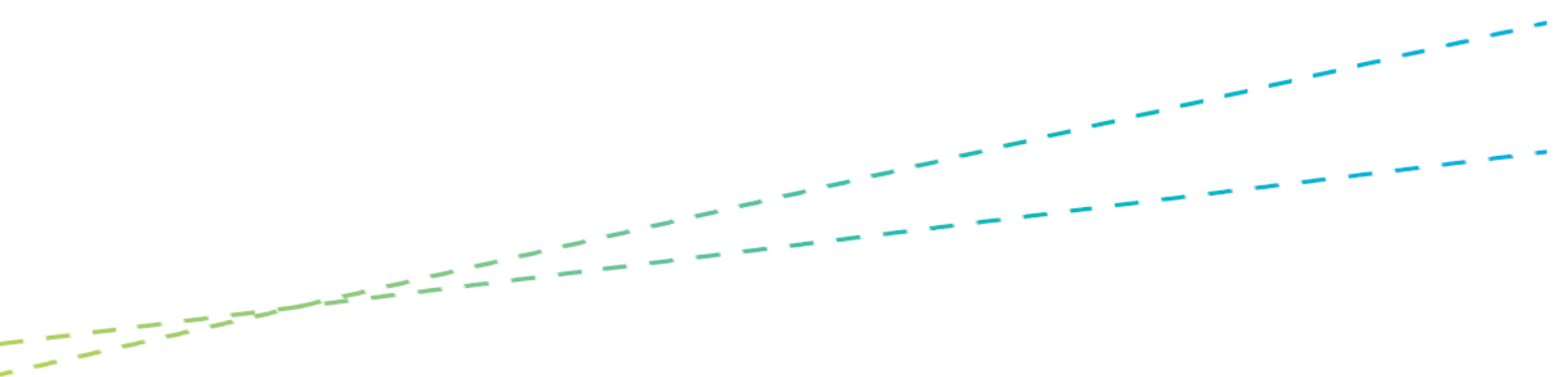
**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 031

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Ashdale Care
Registered Capacity:	Three young people
Dates of Inspection:	24th and 25th July 2019
Registration Status:	Registered from 9th September 2019 to 9th September 2022
Inspection Team:	Linda Mc Guinness Cora Kelly
Date Report Issued:	6th September 2019

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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 on 9th September 2013. At the time of this inspection the centre was in its second registration and in year three of the cycle. The centre was registered without attached conditions from the 9th September 2016 to 9th September 2019.

The model of care was described as providing specialist residential care through a person-centered therapeutic service to young people with complex emotional and behavioural problems. The aim was to offer a responsive, specialist service as an alternative to more secure forms of care and to return young people to a less structured environment or family placement as soon as was in their best interests.

The inspectors examined standard 2 'management and staffing', standard 4 'children's rights', 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 24th and 25th July 2019. There were three young people living in the centre at the time of the inspection.

1.2 Methodology

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

- ◆ An examination of inspection related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) Eight of the care staff
 - b) The centre manager
 - c) The deputy manager
- ◆ A visual 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
 - Management meeting records
 - Centre registers
- ◆ 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) One trainee senior practitioner
 - c) Two social care staff
 - d) The regional operations manager
 - e) The social worker for one young person
 - f) Telephone contact with the Principal Social worker for one young person
- ◆ 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

Board of Directors



CEO



Director of Care



**Regional Operations
Manager**



**Social Care Manager
Deputy Social Care
Manager**



**10 social care workers
and relief staff**

- **Clinical team**
- **Psychologist**
- **Art
Psychotherapist**
- **Occupational
Therapist/Health
consultant**
- **ASDAN co-
ordinator/teacher**
- **Senior social
workers**

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 25th August 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 satisfactory completed action plan (CAPA) on the 28th of August 2019 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: 031 without attached conditions from the 9th September 2019 to 9th September 2022 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 that it met all regulatory requirements including name, gender and date of birth of the young people as well as admission and discharge dates and detail of move on addresses. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre had a policy in relation to risk assessments and significant events. There was a system in place to record and notify the Child and Family Agency of all significant events relating to young people living in the centre. There was clear guidance to the staff team in relation to what constituted a significant event and how to manage and report these. Social workers who were interviewed confirmed that they were satisfied with the prompt notification and effective communication relating to significant events.

The centre had a significant event notification register which provided details of each incident in the centre.

Administrative files

Inspectors reviewed a number of the administrative files in the centre and found these to be in good order and that they facilitated good communication and effective planning for young people. The 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 acting manager who had been in post since October 2018. This person had a diploma in children's care, learning and development and was studying for a qualification in social care at the time of this inspection. This person had previous experience as deputy manager in this centre and had been working there since it opened in 2013. The acting manager was present during normal office hours and had overall responsibility for the day-to-day running of the service. There was evidence that the acting manager reviewed young people's daily logs, care files and centre registers as part of their governance. They also chaired staff team meetings and handovers and attended child in care reviews and professional's meetings. Interviews with staff and young people and review of records and returned questionnaires evidenced that the acting manager was providing supportive and robust leadership.

The acting manager was supported in their role by a deputy manager and a senior social care practitioner was also allocated to the centre. There were two trainee senior practitioners working in the centre, one of whom would be moving to another region within the organisation as part of their career progression. There was an out-of-hours on-call service to support staff in the event of incidents occurring at evenings or weekends.

The acting centre manager reported to the regional operations manager (ROM) and was supervised by this person and also the organisation's training officer as part of a dual process. The organisation had recently established new governance structures and system of oversight. This involved a regular schedule of announced and unannounced audits against the National Standards for Children's Residential Centres, 2001. These audits required the creation of an action plan and the implementation of this was overseen by the regional operations manager. The centre manager also created a weekly operations report that was forwarded to the senior management team and this included information on young people and operational and organisational issues. These reports included details on staffing, placement planning for young people, training and health and safety amongst others.

The previous manager to this centre was appointed in a senior role within the organisation in the support of other managers, providing advice and peer to peer support around the placements of young people and care practice. This was evident across the records. Records reflected 15 governance visits to the centre in 2019 to date. These included regional operations manager visits, quality assurance audits and an

unannounced visit by the Chief Executive Officer (CEO) and the organisation's human resource (HR) person. There was evidence of good formal and informal communication between the centre manager and senior management and guidance and direction was provided in support of the management role. There was evidence that the organisation was adopting a systemic approach to responding to the findings of recent inspections. Actions required in respect of an inspection in one centre were being implemented across the organisation if required. Social workers who responded to inspectors confirmed that there was good communication and responsive management within the centre.

There were internal regular management meetings and inspectors found that these addressed operational and practice issues. Regular external management meetings took place in head office and the provision of care to young people, service development and day to day operations were discussed at this forum.

Inspectors found that some issues noted in this inspection were not picked up or addressed through organisational auditing, management visits or at management meetings. These included issues related to the turnover of staff and the management of complaints and are detailed throughout the relevant sections of this report. Organisational management must ensure that the system of governance is reviewed to ensure that issues affecting young people are picked up and addressed as a matter of priority.

There was evidence of robust organisational review and management of a human resource issue within the centre. When this process was completed actions were agreed to ensure that there was organisational learning to prevent the occurrence of similar situations in line with best practice.

Staffing

This centre had a staff complement of one acting manager, a deputy manager, a senior practitioner, two trainee senior practitioners and seven social care workers at the time of this inspection. There were three young people resident in the centre and the roster comprised two overnights shift and a flexible support shift each day. Inspectors found that while there were enough staff to meet the centre's purpose and function there had been a significant turnover of staff in the past twelve months prior to inspection. Ten staff members including the social care manager and long standing members of the team had moved on in that time. Three of these people had been moved to another centre which opened in the organisation; another three had moved to positions in their other houses, one had moved from being relief to a full time position in another house,

two had left the organisation and one was dismissed. Of the twelve people on the current team it was only certain that a core number would remain working in this centre with discussions taking place about planned moves for a significant number of others. One person who was working in this centre had been recruited for the organisation's Region 2 which was in the process of being established. Minutes of organisational meetings reflected that staff were concerned that those recruited for Region 2 were not fully committed to the posts in this centre as they would be moving.

Inspectors found that the extremely high staff turnover was not without significant negative impact on young people and the staff team despite the best efforts of the acting manager. The evidence of this impact was observed and heard by inspectors in speaking with young people, staff members and management, in minutes of centre and management meetings, in young people's files and log books and across staff supervision records. One young person informed inspectors that it was "not fair that they had to keep losing their keyworkers". They stated that they did not know that they could complain about this issue. While there was some evidence of the acting manager and others reassuring them, inspectors found that this was not adequately heard or addressed. Senior management explained that part of the staff retention programme was that professional career development was included as one of the measures to retain staff within the organisation; therefore, many people on stable teams had put themselves forward for more senior roles through the senior practitioner programme. While this had the effect of retaining people within the organisation it resulted in more movement within the centres. They also stated that they needed experienced people to help establish new centres within the organisation. Inspectors found that the level of impact of this within the organisation and on the lives of young people was minimised and not considered properly. Senior management must ensure that organisational expansion does not negatively impact on the care of young people already placed and that the centre has a stable staff team to ensure consistency of care.

Inspectors found that there were still some staff members with experience on the team as well as others who had recently qualified. Experienced staff members were generally rostered alongside those who had less experience and additional supports and supplementary informal supervision was available to newer staff. Six of the staff held a qualification in social care, three were qualified social workers, and others held educational or psychology qualifications. Through interview and the questionnaires completed, inspectors noted that staff had an awareness of 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 found that these contained up-to-date Garda vetting, references that had been verbally verified, training certificates, CVs and copies of qualifications. There was also evidence of interview notes and an induction programme for staff. It was noted that references sought for one person did not include a significantly relevant one which related to ten years employment in a social care setting. Inspectors recommend that HR policies include seeking the most relevant references for prospective staff. One staff file had not been signed off by the person in charge which was probably due to a change in management at that time. Senior management indicated that this would be addressed immediately.

Supervision and support

Inspectors noted there was a comprehensive organisational induction programme and evidence of probationary reviews meetings. The centre had a policy that stated supervision would be conducted every four to six weeks. Inspectors found that supervisions were always within the required time frames. Staff members who returned questionnaires stated that they found the centre was well managed and that the supervision provided was supportive. The function of supervision of the team was split across the manager and deputy manager. The senior practitioner also provided informal supervision to the team and this was noted as a valuable aspect of their role given they had been working in the centre since 2013. Both the manager and deputy manager were trained in the provision of supervision through a recognised model and there were supervision contracts on file for staff. The acting manager had oversight of the supervision provided by the deputy manager. The deputy operational manager had a regular supportive presence in the centre.

Inspectors reviewed a sample of supervisions records and found that while there had been some improvements in the recording of sessions following recent inspections across the organisation it still required some attention. The template had been revised to facilitate improvements however, if the notes were handwritten there was not sufficient space to record the discussions and actions required relating to placement planning for young people. There was more focus on keyworking and care practice for those who were appointed keyworkers and sufficient evidence of an effective link between supervision and placement planning was not yet achieved. There needed to be more evidence of discussions relating to progress or goals for young people, decisions and actions agreed and follow up from session to session.

Inspectors found that the current system of the centre manager receiving supervision from two people within the organisation was not working as intended. The senior social work consultant provided the professional development supervision. The records

reflected discussions that related to the transition from deputy to acting manager, training in support of the role, team dynamics and conflict management. There was no agenda set by the parties and no review of decisions and actions agreed at the previous session. Inspectors noted that the actions section of the template was often not completed. These records would benefit from greater detail of the discussions and clear records of decisions, actions agreed and timeframes. There was one section of the supervision template related to the case management of young people including care planning, risk assessments, keyworking and therapeutic input. This section was not completed and directed the reader to the regional operations manager supervision for case management supervision. When those records were reviewed by the inspector there was no detail relating to any of the above. In fact the supervision provided by the regional operations manager took a different format on each occasion and was more of an informal support. It was not always a one to one session between the two parties and was sometimes group supervision with the acting manager, the deputy and the senior practitioners. When there was an individual session the content was about staffing, the senior practitioner programme, the National Standards for Children's Residential Centres, 2018 and complaints and there was no detail of discussions relating to the care of young people, progress or outcomes. Organisational management must ensure that centre managers receive professional supervision which includes review of care provision to young people as well as professional development and support.

Staff team meetings in the centre were held fortnightly with Individual Development Plan (IDP) meetings or training awareness programme meetings being held monthly to coincide with every second team meeting to support the planning of care for young people. One young person was discussed in detail at each IDP meeting and clinical guidance was provided to the team. The recording template for team meetings had recently been amended following inspection reports for other centres. This now included a review of decisions from previous team meetings and actions required. There was a standing agenda that included issues such as child protection, complaints, significant event review, consequences and the whistle blowing policy. Inspectors noted that discussion relating to the care for young people was often recorded in the section relating to any other business (AOB) and this should be amended to ensure planning for young people is a priority item on the agenda. Inspectors found that team meetings were generally well attended and there was evidence that members of the organisation's clinical team and senior line managers were present at times to discuss issues with staff.

One inspector attended a handover meeting and found that this forum facilitated the effective exchange of information and the planning of care for young people. There was reflection on the previous shift and dynamic planning for the shift ahead. The meeting

was child focused and it was evident that the management and team were aware of the emotional needs of the young people. The daily and weekly plans were developed to maximise contact with young people.

Training and development

Inspectors reviewed the training log and certificates across personnel files and found that staff had completed training in a recognised model of physical intervention and de-escalation as part of their induction to the centre. The organisation had recently received a professional fidelity with Cornell University relating to this programme and was the first in Ireland to achieve this status. Staff completed the online Tusla Children First e-learning programme prior to taking up post. At the time of inspection some staff had yet to complete the organisation's own child protection training. Inspectors found that staff could be in post for up to six months before certain training modules were provided including child protection, first aid and externally provided fire safety training. Organisational management must ensure that mandatory and core training is provided in a timely manner. The organisation also had a training and awareness programme (TAP) which was facilitated by the clinical team and there were monthly training days for staff throughout the year with the exception of during summer time. Staff members received supplementary training in various programmes in support of their work with young people through the TAP programme and externally sourced training. These included suicide and self-harm prevention, domestic violence, data protection, drug and alcohol awareness, medication management, diet and nutrition, play therapy and sexual health education amongst others. Staff were trained in the use of a ligature knife. Some staff had also received training in leadership and management, health and safety awareness and supervision skills. Some staff members who returned questionnaires to inspectors felt that training in cognitive behavioural therapy and the principals of play therapy could be useful to support the work with the young people.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 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 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)

Required Actions

- Organisational management must review the system of governance in the centre to ensure that issues affecting young people are picked up and addressed as a matter of priority.
- Senior management must implement measures to ensure that organisational expansion does not negatively impact on the care of young people already placed and that the centre has a stable staff team to ensure consistency of care.
- Organisational management must ensure that centre managers receive professional supervision which includes review of care provision to young people as well as professional development and support.
- Organisational management must ensure that records of supervisions include sufficient detail of the discussions, clear records of decisions, actions agreed and timeframes. Each session must review actions from the previous one.
- Organisational management must ensure that planning for children and young people is a priority item on the agenda for team meetings.
- Organisational management must ensure that mandatory and core training is provided in a timely manner.

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

There was a policy in place in relation to consultation with children and young people and this was evident in the records across young people's files. Inspectors noted that staff actively sought the views and opinions of young people and that they were afforded the opportunity to express their views in relation to aspects of their care.

Young people were encouraged where appropriate to attend their child in care review meetings, participate in young people's meetings and have choices of food and involvement in shopping. If young people did not wish to attend their review meetings there was evidence that their views and opinions were brought to that forum.

From a review of care files, inspectors found that in general, young people's views were sought on decisions that affected their daily lives and their care in the centre. However, inspectors noted that their views and opinions regarding the significant staff changes had not been adequately heard and responded to. This is discussed further under the complaints section of this report. It is recommended that social workers consult with young people about their experience of changes on the staff team and to ensure that disruption and upset to young people is kept to a minimum.

Young peoples' meetings were scheduled weekly. The format of these had been changed recently to improve them and ensure that the consultation was more meaningful. These meetings were generally attended by all young people if they were in the centre. Responses to young people from the manager were evident across the records, and there was feedback to them following discussions at team meetings if appropriate. There were discussions relating to the complaints processes and young people were made aware of groups who could advocate on their behalf. Empowering People in Care (EPIC) had visited the centre and met with each young person. Young people received feedback on their educational and other achievements which were celebrated at the meetings. Key working records reviewed during the inspection also evidenced on-going consultation and young people were supported to have their views heard in advance of their child in care reviews and other meetings related to their care.

Access to information

There was a policy in relation to access to information as required and young people were informed of their rights to access their records and assisted to understand the process in line with their age and level of understanding. Young people were provided with an information booklet on admission to the centre and access to information was discussed with young people to ensure they understood this right. Young people confirmed that they knew they could access their files but chose not to.

3.4.2 Practices that met the required standard in some respect only

Complaints

There was a policy in place that outlined what constituted a complaint, how young people could make a complaint, the procedures to be followed and the appeals process. The policy is in line with the Tusla 'Tell Us' policy in that there are complaints which can be resolved locally and others which require more formal processes. It had not yet been updated to remove the language of grievances and informal complaints in line with the policy which only references complaints. The register of complaints separated complaints into two categories at the front and back of the book. Those at the front

were categorised as formal and notifiable and those at the back were not notified through the complaints policy or the significant event processes. These were generally dealt with through negotiation and compromise. Under the organisation's policy, four notifiable complaints were made by the young people in the centre in the past 12 months prior to inspection. With the exception of one of these all had been investigated and brought to a conclusion in line with policies and procedures. The complaint which was still open was made under the Tusla 'Tell Us' policy in March 2019. The complaint related to aspects of service provision by the supervising social work department. This complaint had been acknowledged and a member of the team met with the young person. Some improvements about the issues of dissatisfaction had come about for a time. Notwithstanding this, the complaint had not been concluded and the young person had not received a formal response at the time of the onsite inspection. Following the inspection the principal social worker informed the inspector by telephone that the issue had been concluded and a letter was being prepared to send to the young person and the centre.

They subsequently made another complaint two months later which related to many of the same issues including access arrangements with family amongst others. Some of the issues within both complaints related to the statutory responsibilities of the social work department. The acting manager explained that the access arrangements were received from the social work department the next day and the young person was happy with this so it was closed and held on the non-notifiable section of the register. There were other aspects to this expression of dissatisfaction that were not formally notified and this was not in line with the complaints policy. Centre management must ensure that the complaints policy is fully understood by everyone and implemented in practice. The supervising social work department must ensure that the young person's complaint is concluded and that the outcome communicated to them and to the centre. They must address the issues which gave rise to the complaint as a matter of priority. Inspectors noted that 8 members of the management and team expressed that the social work provision to this young person was not meeting the required standards and that there were significant difficulties with communication. The young person did not have a social worker who was allocated to the case on a full time basis and this contributed to the many issues arising. This must be addressed by the supervising social work department in Tusla South region.

One of the issues contained in the complaints by the young person was contact with their social worker. There had been changes in social work allocation since they were placed in the centre however inspectors noted that the young person had not been visited by a social worker in the centre within the regulatory timeframes through the

course of their placement. The supervising social work department must ensure that the young person is visited in the centre in line with regulations. There was evidence of oversight by internal and external management on the register of complaints however the issue above was not highlighted as non-compliance with policy.

The young people informed the inspectors that they knew how to make a complaint however one stated that they did not know that they could complain about the issue relating to staffing. Complaints were addressed in team meetings, young people's meetings and in the weekly operations reports completed by the centre manager and forwarded to senior management. However, it was not evident to the inspectors from review of files and interviews with staff members that an issue would be processed as a complaint if a pattern emerged from their consultation and communication with young people or from a review of the records. The young people had on many occasions expressed dissatisfaction and upset at the high level of staff turnover but this was not recorded and processed as such. This was a deficit, was not in line with policy and should have been picked up by external auditing and robust governance mechanisms.

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.*

Actions required

- Centre management must ensure that they adhere to organisational policy in respect of the reporting of complaints. Issues relating to aspects of service provision from social work departments must be notified. Patterns of repeated expressions of dissatisfaction must be processed as complaints.
- The supervising social work department Tusla (South) must ensure that their young person's complaint is fully investigated, concluded and that they and the centre are given feedback on the outcome. The issues which gave rise to the complaint in respect of social work statutory obligations must be addressed without delay.
- The supervising social work department must ensure that the young person is visited in the centre in line with regulations.

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

There was evidence that education was valued in the centre and that young people were encouraged to attend education or training courses in line with their abilities. There were educational assessments on young people's files. At the time of this inspection all of the young people were attending formal education and one had recently completed the junior certificate examinations. The two other young people had successfully returned to mainstream school having missed significant periods of formal education. Excellent support was provided by the teacher within the organisation who worked with both young people individually. Social workers informed the inspection team that they were extremely happy with the focus on education and the extensive support provided to young people.

If a young person was struggling to maintain their school placement there was evidence that excellent supports were put in place including close communication with the school, care staff present to support the young people and reduced timetables. Consistency of staff is also key in maintaining the relationships with relevant people in support of education so staff retention should be a priority.

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

Inspectors found that young people had a room to themselves and space was available within the centre for young people to have visits from friends, family members or social workers. Young people had access to a space within the centre where their personal belongings could be kept safely and securely. The centre was clean and tidy and was decorated to a standard which created a pleasant and homely atmosphere. Young people had a say in how the space was decorated. It was adequately lit, heated and ventilated. There were appropriate play and recreational facilities available. Issues relating to the physical premises were included in weekly operational reports and management meetings. They were also reviewed through internal and external auditing processes. Finance was made available for improvements promptly when required. There was up to date insurance in place.

Maintenance and repairs

The centre held a maintenance folder where all issues requiring attention were held. There was routine examination of the premises to assess the standard and safety of the premises. The CEO had also conducted an unannounced visit to review the premises at which time they provided finance for upgrade of soft furnishings. There were a number of people employed by the organisation to respond to maintenance requests. There was much evidence that these were dealt with promptly only resulting in a delay if there was difficulty sourcing a specialist external contractor. Inspectors noted that for the most part issues were recorded as having been resolved however on some occasions they were left open and it could not be determined from the record if the issue was resolved or not. This was not picked up through centre audits however senior management informed inspectors that they had just that week moved to a register type record so that would resolve this issue.

Safety

The centre had an up to date health and safety statement that all staff were familiar with. Risk assessments had taken place to identify and address any hazards. Some staff had received health and safety training including the health and safety officer with identified responsibilities in this area. It was noted that there was sometimes a delay with staff receiving first aid training and this must be reviewed as part of the overall training policy. The centre vehicles were road worthy, appropriately insured and only driven by appropriately qualified persons. Medication was stored securely and any medication administered was recorded appropriately in line with centre policy.

3.10.2 Practices that met the required standard in some respect only

Fire safety

The centre had written confirmation that all statutory requirements relating to fire safety and building control were complied with. There was a statement relating to fire safety, fire precautions and evacuation procedures as required. Fire extinguishers had been moved from their dedicated location due to a possible risk and an appropriate risk assessment had taken place at that time. Centre management must review when it is appropriate to return them to their proper locations.

The policy stated that fire drills take place once per year and if there were new young people admitted or new staff joining the team. While the fire drills exceeded those required by policy a drill did not take place when a new staff member commenced employment in line with policy. Standards require that one drill takes place during the hours of darkness however it was not possible for inspectors to determine if this had happened as there was no time recorded on the register.

Fire training which included the use of fire extinguishers took place in the head office however it could be up to six months before this was provided to new members of the team. Staff members received a walk around the property when they commenced employment which included advising them of fire exits, the centre alarm system and the recording of daily and weekly checks. The onsite fire induction did not include the information in respect of the use of extinguishers and this must be updated. Centre management must ensure that comprehensive fire training is provided in a timely manner. An external contractor was responsible for the maintenance and check of fire equipment and these were all up to date. Daily and weekly checks of exits and alarm systems were recorded appropriately.

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.

Actions required

- Centre management must ensure that fire drills adhere to organisational policy and are recorded appropriately.
- Centre management must ensure that comprehensive onsite fire training is provided in a timely manner.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	<p>Organisational management must review the system of governance in the centre to ensure that issues affecting young people are picked up and addressed as a matter of priority.</p> <p>Senior management must ensure that measures are put in place to ensure that organisational expansion does not negatively impact on the care of young</p>	<p>A review of current governance systems will be discussed at the management meeting on the 2.9.19 and followed up further with the governance committee on the 27.9.19.</p> <p>With immediate effect.</p>	<p>The governance committee going forward will set the topics for audits. These audits will be reviewed by senior management to establish if there are any issues being presented by the voice of the young people which requires immediate attention. On a daily basis Centre Management will ensure that on reviewing logbooks and young people's meeting, that if any issues arise affecting the young people that this is addressed immediately, and these concerns are to be logged in operational reports to senior management.</p> <p>This is constantly reviewed via monthly management meetings and weekly senior executive committee meetings. The organisation will endeavour to ensure that</p>

	<p>people already placed. There must be a stable staff team to ensure consistency of care.</p> <p>Organisational management must ensure that centre managers receive professional supervision which includes review of care provision to young people as well as professional development and support.</p>	<p>With immediate effect. The Director of Care has instructed that Centre Management receive line supervision every 4 weeks and professional development supervision every 6 weeks.</p>	<p>each staff team has a core team attached to same to ensure consistency of care for the young people going forward. Senior management are currently reviewing promotions within the organisation and are actively trying to ensure that where possible staff who are promoted remain within the centre they are assigned.</p> <p>Organisational management will ensure that supervision for Centre management is recorded on an appropriate recording format which encompasses the review of care provision for the young people. Supervision recording templates will also differentiate between line supervision and professional supervision to highlight the dual function of the organisation's supervision for centre managers. Centre managers submit monthly feedback into the management meeting, whether each centre manager has received line/professional supervision for the month. This will be audited by the Director of Care going forward.</p>
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	<p>Organisational management must ensure that records of supervisions include sufficient detail of the discussions, clear records of decisions, actions agreed and timeframes. Each session must review actions from the previous one.</p> <p>Organisational management must ensure that planning for children and young people is a priority item on the agenda for team meetings.</p> <p>Organisational management must ensure that mandatory and core training is provided in a timely manner.</p>	<p>With immediate effect. The current supervision template will be updated and ratified at the management meeting on the 2.9.19.</p> <p>With immediate effect. The current team meeting template has been reviewed and will be ratified at the management meeting on the 2.9.19.</p> <p>This will be kept live through the recruitment process and monthly thereafter via supervision.</p>	<p>Audits on supervisions will be carried out by centre management and internal auditors going forward and will be reviewed by the Regional Operations Manager. The Regional Operations will also review a sample of supervision files on a quarterly basis through home visits.</p> <p>Continual auditing through centre management, internal auditors and the Regional Operations Manager.</p> <p>Organisational management in conjunction with the services training Co-ordinator and the HR department will continue to liaise regarding staff members' mandatory and core training during their induction period. Mandatory and core training will remain a permanent item on supervision records to ensure that any gaps missed during induction are followed up</p>
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			during the supervision process. Centre management will then communicate same to HR and the training Co-ordinator.
3.4	<p>Centre management must ensure that they adhere to organisational policy in respect of the reporting of complaints. Issues relating to aspects of service provision from social work departments must be notified and patterns of repeated expressions of dissatisfaction must be processed as complaints.</p> <p>The supervising social work department Tusla (South) must ensure that their young person's complaint is fully investigated, concluded and that they and the centre are given feedback on the outcome. The issues which gave rise to the complaint in respect of social work statutory obligations must be addressed without delay.</p> <p>The supervising social work department must ensure that the young person is visited in the centre in line with regulations.</p>	<p>Centre management will endeavour to ensure that all expressions of dissatisfaction from young people are fully explored and processed in a timely manner in accordance with policy.</p> <p>Follow up was conducted at the team meeting on the 16.8.19.</p> <p>No formal response received from Tusla (South) at the time of final report.</p> <p>No formal response received from the social work department at the time of final report.</p>	<p>Management and staff will review the policy to ensure that all staff and management have a consistent and clear understanding of the process to be followed.</p> <p>Centre management will continue to follow up same with the Social Work department until complaints are followed up on.</p> <p>Centre management will ensure that they continue to communicate with relevant Social Work department requesting statutory visits. If a continued delay is</p>

			noted, Centre Management will raise with Senior Management.
3.10	<p>Centre management must ensure that fire drills adhere to organisational policy and are recorded appropriately.</p> <p>Centre management must ensure that comprehensive fire training is provided in a timely manner.</p>	<p>Immediate action taken. Staff team all have taken part in a full fire evacuation as off the 21.8.19. A night-time evacuation also took place on the 17.8.19</p> <p>All staff trained in fire training on the 16.8.19</p>	<p>Centre management will ensure that fire drills are in accordance with the organisational policy.</p> <p>Internal auditing team will audit that fire drills have taken place.</p> <p>The services training Co-ordinator and the HR department will continue to liaise regarding each staff members mandatory and core training during their induction period. Mandatory and core training will remain a permanent item on supervision records to ensure that any gaps missed during induction are followed up during the supervision process. Centre management will then communicate same to HR and the training Co-ordinator.</p>