An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 034

Year: 2019

Alternative Care Inspection and Monitoring Service
Tusla - Child and Family Agency
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Registration and Inspection Report

Inspection Year:	**2019**
Name of Organisation:	**Yeria Ltd**
Registered Capacity:	**Two young people**
Dates of Inspection:	**19th and 20th June 2019**
Registration Status:	**Registered from 31st March 2018 to 31st March 2021**
Inspection Team:	**Linda Mc Guinness** **Cora Kelly** **Anne Mc Evoy**
Date Report Issued:	**2nd September 2019**

Contents

1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Centre Description

This 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 2004. At the time of this inspection the centre was in its sixth registration and in year one of the cycle. The centre was registered without attached conditions from the 31st March 2018 to 31st March 2021.

The centre's purpose and function was to accommodate two young people of both genders from age thirteen to seventeen on admission. The centre had, since the last inspection voluntarily requested a reduction in capacity under their purpose and function from four to two young people. This request had been approved and the centre's capacity subsequently reduced to two. At the time of inspection there were two young people residing in the centre. Their model of care was described as having an emphasis on positive behavior and social engagement. The centre had adopted the Welltree Model of care since the last inspection and this focused on the national outcomes framework with the goal being that all young people were respected, protected and fulfilled, their voices were heard and they were supported to achieve the maximum of their potential.

The inspectors examined standard 2 'management and staffing', standard 5 'planning for children and young people' and standard 7 'safeguarding and child protection' of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 19th and 20th of June 2019.

1.2 Methodology

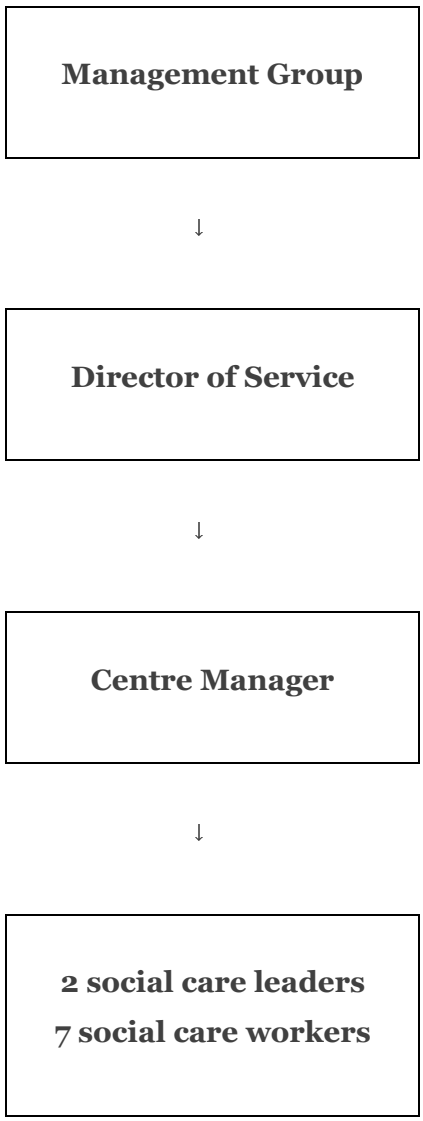
This report is based on a range of inspection techniques including:

- An examination of the inspection questionnaire and related documentation completed by the manager
- An examination of the questionnaires completed by:
    a) Nine of the care staff
    b) The social care manager
- An examination of the centre's files and recording process including:
    - The young people's care files
    - Staff supervision records
    - Personnel files
    - Centre registers
    - Handover book
    - Management meeting records
    - Operations visits
    - Centre audits
    - Team meeting minutes
- 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 two young people
    c) Two social care leaders
    d) Two social care staff
    e) The social workers for both young people
    f) The service manager

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 person, staff and management for their assistance throughout the inspection process.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 16th of July 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 26th of July 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: 034 without attached conditions from the 31st March 2018 to 31st March 2021 pursuant to Part VIII, 1991 Child Care Act. The period of registration being from the 31st March 2018 to 31st March 2021.

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

Management

The centre had a full time manager who held a qualification in social care, had relevant previous experience and who had been in post for almost three years. The manager was present during office hours Monday to Friday 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 of the centre. They also chaired staff team meetings, handover meetings and attended child in care reviews and professionals meetings. The social care manager contributed to a policy review process in January 2019 and this was on-going at the time of this inspection.

The manager was supported in their role by two social care leaders who both worked lines on the roster. The centre manager stated that one of the social care leaders who had recently moved to this centre from another centre operated by the company had been identified for the post of deputy manager and this transition was in process. It was expected that they would be appointed in July 2019. This movement of staff within the organisation has had an impact on staffing within the centre which is discussed under the relevant section of this report. Management were in the process of recruiting a new social care leader to backfill their post to retain two social care leaders in the centre. This should take place as a matter of priority.

There was an out-of-hours on-call service to support staff in the event of incidents occurring at evenings or weekends when no manager was on site. This was scheduled on a weekly basis and was covered by the social care leaders and the social care managers for both centres within the organisation.

The centre manager reported to the service manager who had been in post since October 2018. This person was supervising the centre manager and had a regular

presence in the centre. They had set up a system whereby they were facilitating meetings with young people outside the centre to check in and ensure that they were safe and appropriately cared for. There was also a new process to facilitate direct 'connect meetings' with staff members to facilitate communication with senior management in respect of care practice and service improvement.

Staff members who were interviewed and returned questionnaires indicated that the centre was well managed and that they received the support required from direct line management and senior management. There was a strong focus on management supporting the staff team and on staff development with regular feedback on care practice given to members of the team through the supervision process.

The service manager had until recently been conducting the quality assurance audits as well as their general line management function. This was seen as diluting their role somewhat and it was determined that a new quality assurance system would be required to support robust governance and that it was best to separate the two functions.

Records reflected two service manager visits to the centre to conduct audits on 21/11/18 and 05/03/19 prior to the new quality assurance system being in place. These audits covered different aspects of compliance with the National Standards for Children's Residential Centres, 2001 and an action plan was created. However, the sign off of these were not completed and it could not be determined if all required actions were completed although the manager reported that they had been.

At the time of this inspection, the audits were based upon the National Standards for Children's Residential Centre's, 2001 however management indicated that the aim was an imminent move to assessing compliance with the new National Standards issued by the Health Information and Quality Authority (HIQA) in 2018. A comprehensive audit had taken place on 21/03/19. A report was sent to the centre on 08/05/19 with a number of recommendations. A number of factual inaccuracies were noted by centre management and they were awaiting an amended report at the time of this inspection. Many of the recommendations provided at a feedback meeting and in the initial report had been addressed immediately and others were on-going at the time of this inspection. These were evident in a robust action plan which was subject to regular review by the service manager. It was not evident that the auditors met with staff or young people during their onsite process and it is recommended that this is included in future audits.

The centre manager also created a weekly update report which was forwarded to the service manager. These reports included details on the placements and outcomes for young people, staffing, recruitment, training, team meetings, risk management, and health and safety amongst others.

The minutes of senior management meetings were reviewed by inspectors. There was an agenda in place, a review of actions set out at the previous meeting with appropriate follow up. These meetings reflected discussions related to risk management, the planning of care for young people as well as significant event review, complaints, inspection reports, external monitoring, health and safety, training and finance amongst others. Through review of records and interviews whilst on site inspectors noted that there was excellent communication between the service manager and the social care manager which facilitated effective planning however communication at a higher level within the organisation required improvement which was referred to the inspector manager. This related to communication with the inspection service which the centre manager was not fully involved in despite them being the named person in charge.

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 centre register met regulatory requirements. 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 system for the prompt notification of significant events. From interview with the social workers for the young people it was noted that reports were sent in a timely manner and contained appropriate information. The centre had a significant event notification register that provided details of each incident in the centre and there was evidence of oversight of this register by senior line managers.

Training and development

The social care manager co-ordinated training needs analysis and the roll out of supplementary training with the support of one of the social care leaders. Inspectors reviewed the training needs analysis and training schedule and found that staff had up-to-date training in Children First e-learning and fire safety. They had also received training in a recognised model of behaviour management and de-escalation which included the safe use of physical intervention. One member of staff

did not have first aid training but this was scheduled at the time of this inspection. Staff supplementary training in support of the work with the young people, included: suicide prevention; self-harm prevention; data protection training; managing sexualised behaviour and medication management. Training was linked to the supervision process.

Administrative files

Inspectors reviewed a number of the administrative files in the centre and found these to be in order. Inspectors found that files in the centre were maintained in line with the Freedom of Information Act, 2014 and stored securely. Records were found to facilitate effective communication and planning for young people. The social care manager and the service manager had systems in place to monitor the quality of the records being kept in the centre and to rectify any deficits noted. All records were approved by the centre manager before being notified to relevant persons with amendments made if necessary. It is recommended that the social care manager keeps records of the support and direction given to the team in respect of this issue for tracking purposes. Issues in relation to record keeping were addressed with individual staff members in a supportive way through the supervision process and this was evident on the files reviewed by inspectors.

3.2.2 Practices that met the required standard in some respect only

Staffing

The organisation had a policy relating to the recruitment and selection of staff. This centre had a staff complement of one manager, two social care leaders (one of whom had been identified to take on the new role of deputy social care manager) and 7 social care workers.

At the time of inspection there were two young people resident in the centre as the capacity had been reduced from four to two upon request from the proprietor. The roster was comprised of two overnight shifts and one-day shift from 1.30pm to 11pm each day. It was noted from review of the rosters that on a few occasions in the months prior to inspection the day shift was not filled due to sick leave at short notice. At the time of this inspection the team were working extra shifts to cover aspects of the rota. This was not in line with the 'European Working Time Directive 203/88/EC (EWTD)'. Management indicated that they were in the process of recruiting staff and reviewing rosters to ensure compliance with all aspects of the WTD. There was much discussion in respect of this issue at senior management meetings and in management reports. The centre did not have sufficient staff to meet

the WTD, or allow for unplanned leave or the capacity to respond to the need for a live night shift if required. Management informed inspectors that recruitment was taking place at the time of this inspection and that a number of staff had been identified to take up positions within the organisation. One young person and a social worker had informed inspectors that they would like a better gender balance on this team and management stated that they were cognisant of this and had male staff in mind for this centre.

Through review of centre records and minutes of meetings inspectors found that some staff were also working in another centre within the organisation. When this was queried it was explained that the social care leader who was identified for the deputy manager post had moved over from that team. Their post had not been back filled in that centre so staff members from this team were sent there twice per week to fill their line on the roster. This was on-going since February 2019 and while it is acknowledged that it has helped to facilitate good communication and relationships between teams it is not in the best interests of young people. This must be addressed as a matter of urgency so that this centre has a team of core staff who are dedicated only to this home and that there are sufficient staff to meet the purpose and function and legislative requirements.

Inspectors found that there had been a number of changes to the staff team with six new staff taking up posts in the past 12 months. Information received during the inspection from the staff team indicated that there was some disquiet in relation to pay, conditions and contracts. Management reported that this was being addressed at the time of inspection and was due to be finalised. It is vital that the organisation has a robust recruitment and staff retention programme to ensure stable teams and consistency for young people.

Some of the team were relatively inexperienced in the field of residential care but management made every effort to ensure that there was a balance of experienced to inexperienced staff on shift daily. They did this by working with dedicated 'shift partners' and staff and management reported that this was working well. Seven of the core staff held a qualification in social care or related field and one had a degree in counselling and psychotherapy. Another staff member was exploring qualification equivalency with CORU, the regulatory body for social care professionals. Through interview and the questionnaires completed, inspectors noted that the staff team had a good awareness of the needs of young people and were familiar with care practices and operational policies. They were enthusiastic and committed to the work with the young people.

The centre manager was responsible for staff personnel files and these were well organised and managed professionally. Inspectors conducted a review of a sample of these files and found that they contained CVs, up-to-date Garda/Police vetting and three references (one from the most recent employer, if available) which had been verbally verified as required. There were also copies of qualifications which had been verified and details of all mandatory and other supplementary training on file.

Supervision and support

Inspectors noted there was an induction programme for staff and a six month probation period which was being changed to nine months at the time of inspection. The centre had a policy that stated supervision would be conducted at intervals not exceeding 8 weeks. Inspectors found that supervision generally took place within more frequently and within the required time frames with a few small exceptions. It was noted that there was a discrepancy between the supervision contracts (four to six weeks for some) and the timeframes set out in the policy document and these should be brought into line with each other. Inspectors recommend a review of the supervision policy to include more frequent supervision for new or inexperienced staff. The staff supervision was generally the responsibility of the centre manager with the social care leaders each supervising one staff member. Both were trained in the provision of supervision through a recognised model and the centre manager had oversight of their supervision records. There were supervision contracts on file for each staff file reviewed; however, the contracts differed and this should be reviewed as part of an overall revision of the supervision policy and practice.

Inspectors reviewed a sample of supervision records and found that it was of good quality and addressed placement planning, key working and care practice as required. There was specific direction to staff when required. There was evidence of decisions taken and actions agreed and follow up at subsequent sessions.

Staff team meetings in the centre were scheduled to be held fortnightly. Inspectors noted that 9 meetings took place from a possible 12. The other meetings were dedicated to the training in the Welltree Model of care with the person who had clinical oversight of the model.

There was an agenda set for each meeting which included detailed discussion in respect of young peoples' plans. Their progress was discussed in line with the model of care and there was a link to specialist services who were engaged with the young people. Other items such as, complaints, significant event review, consequences, report writing, consistency and communication were discussed. There was also a

focus on learning and practice development for staff, reflective practice and peer support. Inspectors noted that there was direction and guidance given in respect of the over use of sanctions. Planning for a policy and procedure review also took place and there was a full review of these scheduled for later in 2019 with established working groups already in place. There was evidence of feedback being provided to the team following an external audit. A standing agenda item of child protection and safeguarding review had been added to the agenda in February 2019. Discussion regarding finance and petty cash also took place across meetings.

The template for minutes of team meetings could be further improved to include a review of decisions from previous meetings and follow up to actions agreed. Also, inspectors noted that there was some inconsistency relating to the detail of discussions across staff meetings and this should be reviewed internally. Since March 2019 there was a delegation checklist for day to day tasks which was completed following the meeting. There was evidence service managers attended the team meeting on occasion and evidence of oversight of the records as part of their governance of the centre. Support for staff was available during difficult periods in the centre when challenging behaviour had increased.

One inspector attended a handover meeting and reviewed the records for these meetings. These were found to be child focused and that they facilitated the effective exchange of information and planning of care for the young people. They included discussions about the meaning behind challenging behaviours, how to support young people and manage risk safely. Shift plans were created for each day and these were developed to include protected time for keyworking, activities, access arrangements and free time.

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 ensure that there is sufficient staffing and a core team dedicated to this centre in place.
- Centre management must ensure that the supervision policy is updated and congruent with supervision contracts.

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

Suitable placements and admissions

The centre accepted referrals from the Tusla National Private Placement Team (NPPT). The centre created both individual and collective pre-admission risk assessments prior to placements and there was evidence that staff had discussions at team meetings to plan for meeting the needs of young people. Social workers confirmed that they were consulted about new admissions to the centre although there was no allocated social worker for the first young person at the time of the admission for the second and that department was not responsive to centre communication at that time.

Each young person was provided with information on the placement and there was evidence of planned transitions where young people were supported to move in to the centre in a structured way. Inspectors found that the communication between the team where one young person had been previously placed and this team was excellent. The social worker also spent a half day in the centre to inform the team and gave guidance about the particular presentation of the young person and how best to communicate and meet their needs. The young person interviewed was clear about the purpose of their placement in the centre.

Contact with families

There were two young people living in the centre at the time of inspection. Inspectors found from a review of care records that family access was being facilitated for both young people. There was evidence that the staff team encouraged and practically supported contact with parents, family and significant others. Parents were encouraged to visit the young people in the centre if appropriate. All family contacts were recorded appropriately on care files in the centre.

Emotional and specialist support

Both young people who had been placed in the centre had psychological support outside the centre. The team received monthly advice and support from the specialist who had oversight of the implementation of the WellTree model of care in operation in the centre. This was directly linked to young people's plans and keyworking goals. One social care leader had also taken a lead role in facilitating its implementation within the service and this was reported by management and staff to be useful.

A psychological assessment had taken place for one young person prior to admission and the report was available to facilitate planning for this young person. There was a plan in place to keep this young person linked to disability services.

Inspectors found from review of records, attending handover and observation of interactions with young people that the staff team were aware of the emotional and psychological needs of young people and planned to meet these accordingly.

There were delays in approving the required specialist support for one young person related to social work provision and this is detailed under that section of the report.

Preparation for leaving care and aftercare

At the time of the inspection there was one young person living in the centre who was aged over sixteen. There was agreement that this young person would be prioritised for allocation of an aftercare worker through the Complex Needs Protocol. They had not yet turned 17 and a leaving care needs assessment and aftercare plan had not yet been completed but there was evidence that there was a focus on the development of independent living skills. Discussion at handover meetings reflected future planning. There was evidence that staff members were doing pieces of work with the young person with a focus on independence.

The social worker for the second young person was also advocating that their young person be dealt with under the Complex Needs Protocol and it was envisaged that

their aftercare would be linked to disability services within the Health Service Executive. This was to be built into the forthcoming aftercare plan.

Children's case and care records

Inspectors found evidence that external line managers had reviewed the care files for young people and that these contained the required documents. Records were written to an appropriate standard and there was evidence that the social care manager reviewed files and noted where improvements were required. The language used across records was discussed at team meetings and through the supervision of individual staff members.

Young people's daily log books contained a narrative of their day and noted any issues that had arisen for them. There was evidence of staff reflection and the voice of young people. The care records were kept in a manner that facilitated ease of access and the tracking of information. Key work sessions also reflected that young people's views were sought around the care being provided to them.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning

Inspectors reviewed the care files of both young people and found that only one had an up to date care plan (dated 22/03/19) pertaining to this placement. This included a detailed assessment of the young person's educational, social, emotional, and behavioural needs which was incorporated into the centre's placement plan. A statutory child in care review had taken place for the second young person however an updated plan had not yet been received by the centre at the time of this inspection. There was evidence that the manager had written to the social work department requesting this. The social worker informed inspectors it would be made available imminently.

Interviews with management and a number of staff member evidenced clarity in respect of placement planning in line with the model of care. The plans were detailed; outcome focused, were reviewed regularly and discussed in detail in staff supervision. There was evidence that input and direction from clinical specialists was included. Young people were consulted in relation to their care and placement plans and had been supported to attend their child in care review meetings.

Statutory Care Plan Reviews

Social work departments convened statutory child in care review meetings which assessed the effectiveness of the care plan and considered progress of young people's stated goals. There was evidence that each young person was helped to prepare for the review meetings. Only one social work department had provided minutes of the child in care review meeting and provided an updated plan as required and this must be addressed as a matter of priority by the relevant area.

Social Work Role including supervision and visiting of young people

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. Al Visits had not been conducted l 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.

Social work departments and the NPPT provided sufficient background information relating to young people prior to placement in the centre. There was evidence of much communication between the centre and the social work department for one young person. The supervising social worker was very involved in the planning and decision making for the young person. They had visited the young person in the home and met them outside regularly meeting all statutory obligations. They had read the young person's file when in the centre. During interview, this social worker informed inspectors that they were satisfied that the young person was safe and well cared for and they commended the management and team for the commitment and care being provided to their young person.

The other young person had been allocated a new social worker in May 2019 however they had not yet visited them in the centre although they had emailed to indicate their intention to do so. There have been deficits in respect of social work provision to this young person over their time in the placement. Visits had not been conducted within the statutory timeframes and the management and staff reported that the social work team were not responsive to communication. There was a significant delay in signing off approval for specialist support for the young person to the extent that it was withdrawn. This matter had been escalated to Empowering People in Care (EPIC) and also to the lead inspector for the centre at the time. A new Principal Social Worker took up post and following escalation this matter was resolved. It has been acknowledged that this young person has complex needs and required a single

occupancy service for a time. It is imperative that the supervising social work department meets all its obligations and facilitates effective planning for this young person to ensure positive outcomes.

This newly appointed social worker was interviewed following the onsite inspection and informed inspectors that they were satisfied that the placement was suitable and meeting the needs of the young person. They had scheduled a date to meet the young person at the beginning of July. They were aware of previous deficits in social work communication and provision of resources for specialist support. They assured inspectors that these issues had been addressed.

3.5.3 Practices that did not meet the required standard

None identified

3.5.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995***
-Part IV, Article 23, Paragraphs 1 and 2, Care Plans
-Part V, Article 25 and 26, Care Plan Reviews
-Part IV, Article 24, Visitation by Authorised Persons

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 23, paragraphs 3 and 4, Consultation Re: Care Plan

The Child and Family Agency has met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995***
-Part IV, Article 22, Case Files.
The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) 1996***
-Part III, Article 17, Records
-Part III, Article 9, Access Arrangements
-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- The child and family agency (Tusla – Dublin South/ KWW) must ensure that it meets all its responsibilities under the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Articles 23 and 25 in respect of care plans and care plan reviews
- The Child and Family Agency (Tusla – Dublin South/ KWW) must ensure that it meets all its responsibilities under the Child Care (Placement of Children in Residential Care) Regulations, 1995 Article 24 (1) to visit the child in the centre and see the child privately.

3.7 Safeguarding and Child Protection

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

3.7.1 Practices that met the required standard in full
None identified

3.7.2 Practices that met the required standard in some respect only

There was a child safeguarding statement in place and displayed however there were some minor omissions and adjustments required to fully comply with Children First; National Guidance for the Protection and Welfare of Children 2017. The centre manager indicated that they would complete this and send to the child safeguarding statement compliance unit for approval.

There was a written policy on safeguarding young people in the centre as required. The stated policies included recruitment and selection, risk assessment and management, induction, supervision, safe practice & working alone, complaints and bullying. There were policies too in respect of a professional code of conduct and protected disclosures.

Through interview with a number of staff members during the onsite inspection it was found that they were able to describe the systems in place and how young people were safeguarded in the centre on a daily basis and through placement planning. They were aware of the child safeguarding statement and who was the designated

liaison person. All staff members were aware of the Tusla on-line portal for the submission of child protection concerns. There were robust plans in place and discussions at meetings to help young people manage shared living in a safe way.

The centre had facilities for young people to privately meet with or contact family and social workers and young people were aware of organisations and people who could advocate on their behalf.

Child Protection

Standard

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

The centre had a policy on child protection however, the one that was provided to inspectors was outdated and referred to Children First: National Guidance for the Protection and Welfare of Children 1995. Neither did it reference the Children First Act 2015. This policy did include definitions of abuse and listed each of the relevant policies in operation in the centre relevant to child protection.

While staff members were aware of the Tusla on-line portal for the submission of child protection concerns the detail in the policy was incongruent with current guidance in that it referred to the "child protection welfare referral form" and also 'Current procedure for the confidential transfer of the Child Protection Welfare Form (as agreed with Young Peoples LHO Dublin South City)' There was no reference to mandated persons under legislation and the child protection policies must be updated without delay.

Mandated child protection reports were held on the significant event register within the centre and followed up with social work departments to conclusion. It would be useful if they were held on a separate register or distinguished for tracking purposes. There have been two child protection notifications made to Tusla relating to one young person in the centre. These had been notified promptly and followed up appropriately. There was communication with the relevant supervising social work department. Each one was closed off and concluded.

3.7.3 Practices that did not meet the required standard

None identified

Required Action

- Centre management must ensure that the child protection and safeguarding policies are updated as a matter of priority.
- Centre management must ensure that all policies reference the most recent legislation, guidance and national standards and that staff are familiar with the policy in theory and practice.

4. Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	Organisational management must ensure that there is sufficient staffing and a core team dedicated to this centre in place	Deputy Manager is now in place at the centre and there is no longer a requirement for his position to be back filled in the sister unit which allows for the full dedicated team. Recruitment remains on-going and two agencies have been approached to provide staffing in the interim allowing this centre to become complaint with the WTD.	Going forward all staffing allocated to this centre will work solely at that location which has been ratified at the management board meeting. It has been agreed with the identified agency that they can provide emergency staffing when and if required. Contact details have been furnished to the staff team and a procedure for approval of same with on-call has been agreed.
	Centre management must ensure that the supervision policy is updated and congruent with supervision contracts.	The supervision policy has been amended at the policy review working group and now states that supervision will be provided at a 4- 6 week interval for established members of the team.	The policy review working group has been established and is meeting once monthly. All policies will be reviewed at this meeting as an on-going piece of work and any amendments to be made must be ratified

		Supervision will also be provided for newly appointed staff at a four-weekly interval for the first 6 months of employment. A new supervision contract has been issued to all employees to reflect this and is congruent with the amended policy. The new supervision contract will be reviewed annually.	through this group.
3.5	The child and family agency (Tusla – DS/KWW) must ensure that it meets all its responsibilities under the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Articles 23 and 25 in respect of care plans and care plan reviews. The Child and Family Agency (Tusla - KWW) must ensure that it meets all its responsibilities under the Child Care (Placement of Children in Residential Care) Regulations, 1995 Article24 (1)	No response received from the Tusla DS/KWW area Where TUSLA Social Work Department have not scheduled reviews on time or provided care plans every effort will be made to obtain or schedule these. No response received from the Tusla DS/KWW area Where the allocated Social Worker has not been visiting the young person this will be escalated to their manager and the	If no response is received this will be escalated to senior management within the social work department If no response is received this will be escalated to senior management within the social work department

	to visit the child in the centre and see the child privately.	Inspection Service.	
3.7	Centre management must ensure that the child protection and safeguarding policies are updated as a matter of priority.	The Child Protection and Safeguarding policies are currently under review and are being updated through the Policy Review Working Group to reflect the most up to date legislation and standards. The online portal and mandated persons are being included in these policies.	The policy review working group has been established and is meeting once monthly. All policies will be reviewed at this meeting as on on-going piece of work and any amendments to be made must be ratified through this group.
	Centre management must ensure that all policies reference the most recent legislation, guidance and national standards and that staff are familiar with the policy in theory and practice.	All members of the management team who sit on the Policy review Working Group must stay abreast of new legislation, and national standards and disseminate this to the staff team in real time and ensure its implementation.	The Policy Review Working Group to have a standing item on its agenda regarding new legislation and guidelines and standards.