



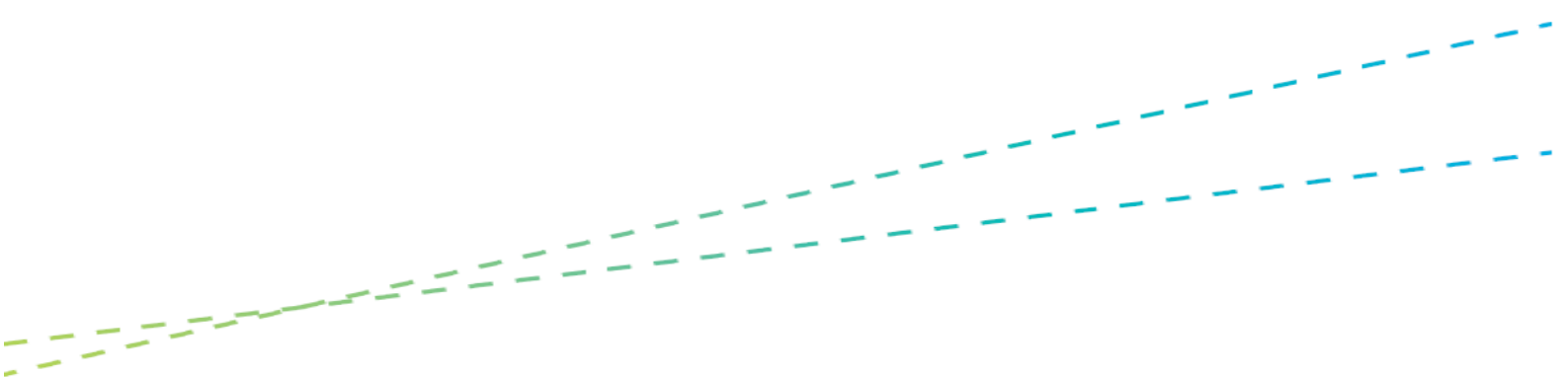
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 049

Year: 2018

Two parallel dashed lines, one light green and one light blue, extending from the left side of the page towards the right, curving slightly upwards.

Alternative Care Inspection and Monitoring Service
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15 - D15 CF9K
01 8976857

Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Dates of Inspection:	27th and 29th November 2018
Registration Status:	Registered from 5th March 2016 to 5th March 2019
Inspection Team:	Lorraine Egan Sinead Diggin
Date Report Issued:	15th February 2019

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	9
3. Analysis of Findings	10
3.2 Management and Staffing	
3.5 Planning for Children and Young People	
3.10 Premises and Safety	
4. Action Plan	24

1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in March 2013. At the time of this inspection the centre were in their second registration and were in year 3 of the cycle. The centre was registered without attached conditions from 5th March 2016 to the 5th March 2019.

The center's purpose and function was to accommodate four young people of mixed gender between the ages of sixteen and nineteen years on admission. There were four young people in the centre at the time of this inspection. Their model of care was described as supporting young people through a therapeutic engagement model to prepare them for leaving care, independent living and adulthood.

The inspectors examined standards 2 'management and staffing', 5 'planning for children and young people' and 10 'premises and safety' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 27th and 29th November 2018.

1.2 Methodology

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

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

- ◆ An examination of the questionnaires completed by:
 - a) The centre manager
 - b) The director of services
 - c) The regional manager
 - d) The quality assurance manager
 - e) Six social care workers
 - f) The aftercare worker with responsibility for one young person who had been discharged from the centre

- ◆ An inspection of the premises and grounds

- ◆ An examination of the centre's files and recording process.
 - Administration files
 - Care files
 - Management meeting records
 - Personal files
 - Significant event notifications
 - Supervision records
 - Team meeting records
 - Handover book
 - Centre registers
 - Training and development files
 - Maintenance log
 - Health and safety folder

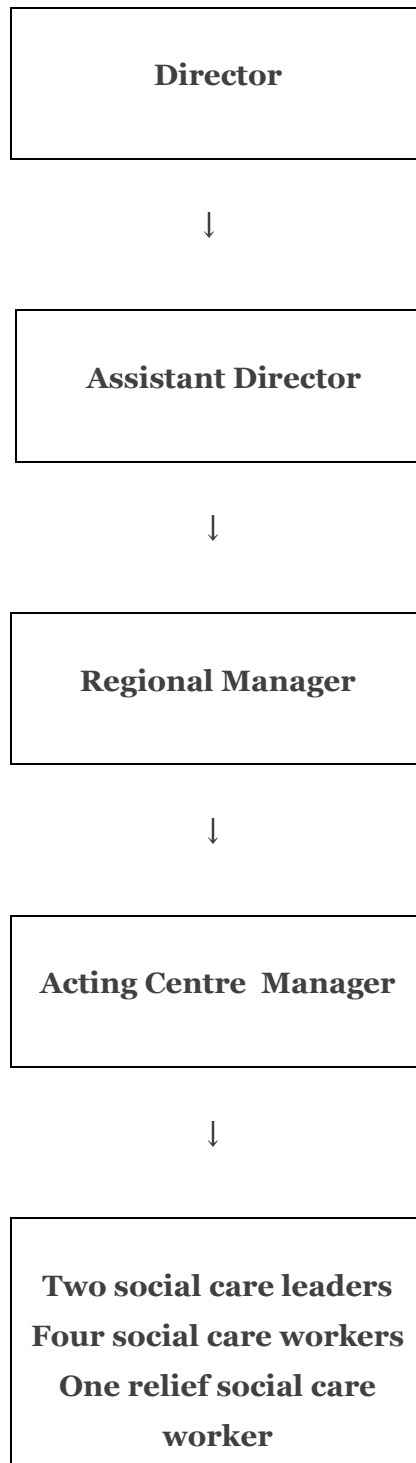
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre management

- b) The regional manager
 - c) Three social care workers
 - d) The social worker with responsibility for one young person residing in the centre.
 - e) The aftercare worker with responsibility for one young person residing in the centre.
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director and the relevant social work departments on the 18th January 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 1st February 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: 049 without attached conditions from the 5th March 2019 to the 5th March 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

Management

The acting centre manager had been in their current post for nearly a year and held a relevant qualification for the position along with six years' experience working in residential care. They had worked in the centre as a social care leader prior to transitioning to the post. Since the last inspection there had been a change to the external management structure of the organisation with the introduction of a second assistant director of services' post. This position supports functions which include auditing, risk management, recruitment and staff retention amongst other responsibilities for operational support.

The manager works a nine-to-five roster each day and also shares an on-call system with other centres within the service. They report to the regional manager and complete a weekly governance report which is submitted to them. A review of a sample of the minutes of these reports were conducted and inspectors observed that they included detail on client updates, placement planning for each young person, an outline of the planned work completed within the timeframe, supervision, staffing and significant events that were notified. Inspectors saw evidence of the voice of the young person being present throughout the minutes.

A sample of the monthly management meeting minutes were also reviewed and it was observed that they were not always occurring within this timescale. Inspectors observed that there were two month gaps between some meetings taking place. Inspectors recommend that meetings are scheduled as per the centre's policy. These records evidenced discussions on each young person's placement plan, key-working and updates on staffing issues. There was also evidence of the young people's voice being present on these records.

Inspectors saw a sample of written reports from the audits conducted by the management team and noted that they were very comprehensive and detailed. They addressed areas such as the placement planning process, care plans, the recognised behaviour management programme, the use of restraint, team meeting templates and significant event sign-off by staff. These audits had accompanying recommendations for action by management and staff and were very clear in their identification of deficits and actions required to address them.

While inspectors observed that the manager had oversight of centre records and files, including the team meeting minutes, supervision, daily logs and key-working sessions, there was not as much evidence that external management read the administrative records, even though they told inspectors that they visited the centre regularly. This deficit had also been identified in an internal audit report conducted in March and July of this year. Inspectors recommend that this insufficient evidence of oversight by external management is addressed as soon as possible so that the required action is not transferred from one audit to the next indefinitely.

Notification of Significant Events

The centre had a policy outlining the reporting process in place for the notification of significant events. There was also guidance on what constituted a significant event along with information on who they should be notified to. Significant events were forwarded to the Child and Family Agency including the social worker, lead inspector and aftercare worker where appropriate. The allocated social worker for one young person stated that they receive all significant events promptly and that they responded to them where necessary. The lead inspector said that the number of significant events had significantly decreased prior to inspection.

The significant event review group (SERG) meetings were regularly taking place and inspectors found evidence from the minutes of identified SEN themes with detailed analysis of each theme, risk ratings were applied and specific actions applied to reduce risk. Key learning for the centre were also stated along with the follow-up work to be completed such as the application of strategies based on the centre's model of care. Timeframes were also outlined for the completion of any actions decided upon.

While inspectors observed through team meeting minutes that a process did exist for providing feedback between this group and staff members, it was not completed on a consistent basis and therefore some SENs were discussed in isolation to the analysis that occurred at the review group. Inspectors recommend that a consistent feedback

loop is provided between the SERG and the staff team so that key learning can be brought back and applied in care practices within the centre.

Inspectors observed that there was recent oversight by external management in the register.

Staffing

The centre had adequate levels of staff to fulfil its purpose and functions and had a complement of seven social care workers which included an acting social care manager, four social care workers, and two social care team leaders. All were newly employed since the last inspection in January 2017. The regional manager stated that although this was a high turnover, the majority of the previous staff team had been in their post since the centre opened and from the exit interviews conducted, indicated that they wanted a change.

The current team were relatively new to their posts but had a mix of experience in a residential care setting so that there was a balance of experienced to inexperienced staff to carry out their duties. As there were two social care leaders appointed, the requirement to aim to have at least one qualified staff member at social care leader level on each shift was met with the exception of one day over the weekend. Since the last inspection, changes had been made to the way in which staff interacted with the young people. The regional manager stated that although the centre accommodated young people in semi-independent living, the staff team now interacted and engaged more with young people than they previously did. This renewed connection has built up more positive and effective relationships with young people and has seen a greater reduction in significant events.

During the inspection, interviews were conducted with three staff members and they showed a good understanding of the model of care and of the specific needs of the young people in residence.

From a review of a sample of the personnel files, inspectors found that they all contained a copy of their qualifications and there was evidence of verbal verification in each instance. Employer references were also contained on the records and each verbally checked by the service. Each file also contained up-to-date C.V's and there was evidence of formal induction training completed by staff. Garda vetting was on file for all staff members with the exception of one person. Centre management have told inspectors that they have re-applied for this policy check as they could not locate the original. A copy of the policy check must be forwarded to inspectors as soon as it is received by the service.

Training and development

A review of a sample of the centre's training records was completed and inspectors found that all staff had received core training in therapeutic crisis intervention (TCI), first aid, fire safety and the Children First E-Learning Programme provided by Tusla, the Child and Family Agency, all of which were in date. For two staff members, up-to-date child safeguarding training on the centre's specific policy and procedures had not been updated. Ancillary training had also been completed by staff in areas such as; the model of care, report writing, self-harm, supervision, placement planning, leadership and management and auditing of residential care. An online training schedule was in place that facilitated the pre-booking of training. The centre manager co-ordinated this system which recorded the specific needs of staff and signalled when refreshers were due. The centre manager stated that the service supports staff members to do post qualifying training where needed with one of the staff team currently partaking in this programme. Inspectors recommend that refreshers in child safeguarding training, which includes information on the centre's child protection policy is provided to staff.

Administrative files

The young people's files and administrative records were reviewed by inspectors and found to be organised and maintained to facilitate effective management and accountability. However, a small amount of paperwork was not filed in order of the page numbers and had signatures absent from some records. Files were kept securely and evidence of managerial oversight of the records both internally and by regional management was observed by inspectors.

3.2.2 Practices that met the required standard in some respect only

Register

The centre had a register of admissions and discharges with eleven entries between 27/06/13 and 23/11/18. The register contained details of young people, their parents, social workers, and aftercare workers. For one young person, it contained no record of their parent's name and address and for another young person there was no details noted of where they were discharged to. Centre management must ensure that this deficit is addressed and the information is documented as soon as possible. The inspectors noted evidence of centre and external management oversight of the register. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Supervision and support

Supervision was provided to the staff team by the centre manager and in some instances did not take place within the required time frames as stated within the service's policy which is every four to six weeks. From an examination of a sample of the supervision files, inspectors observed that signed supervision contracts were in place along with detailed documented discussions on placement planning, significant event notification review and case management. There was also a section on 'goals for growth' in respect of the role of the social care leader which tracked the tasks to be completed within a specified period of time. There was an absence of an agenda on one of the supervision files examined.

Case management of key working was conducted by one of the social care leaders and was incorporated into the monthly placement plans. The template used, outlined comprehensive detail of discussions on the planning of care for young people. There was also a weekly schedule for each keyworker detailing tasks to be achieved in respect of the young people. The goals from the placement plans were clearly tracked with developments in their progression reviewed regularly. The social care leader also supervised relief staff and had recently completed supervision training.

The centre manager received supervision from the regional manager and in general it took place within the policy's set timelines. The minutes evidenced a record of discussions on the care of the young people with details of agreed actions and decisions made. Practice issues were also documented in relation to staff members alongside an overview of the most recent audit conducted by the service.

Team meetings took place fortnightly and the minutes evidenced discussions on; education, family access, policies and procedures, model of care, significant event notifications, training and therapeutic work. Despite this, inconsistencies existed in the recording of detail with regards to discussion, analysis and decisions reached in relation to care planning. While there was improvement noted in recent minutes where more detail was documented, gaps still remained in the completion of sections of the template used where some areas were left blank. In general staff members were not allocated specific tasks alongside the goals set and timelines for the completion of actions were absent. Inspectors recommend that each section of the template is completed so that any gaps in the information is addressed.

One inspector attended the handover meeting and reviewed the minutes of previous meetings. The process was found to be child centred and found that there was a structure in place that facilitated good exchange of information. Staff read the daily

logs from the previous day and received an update on each young person along with individual work reports. Any required actions for the current shift for each young person were communicated clearly by staff finishing shift.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

The centre have met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*
-Part III, Article 5, Care Practices and Operational Policies
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- The manager must ensure that the centre register includes details of the young people's parents' name and contact information. The register must also state the destination to which young people are discharged.
- Centre management must ensure that all supervision takes place in line with policy. All records maintained must be reflective of discussions, decisions and actions required in respect of care planning for young people.

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 has a policy in place that describes the process of referral and admissions. Referrals are accepted from the National Placement team and forwarded from the regional manager to the centre manager who liaises together on the suitability of the placement. Collaboration also takes place with the placing social worker in relation to any clarification, updates and appropriateness of the proposed admission. If a referral is suitable, a preadmission and impact risk assessment is then initiated. From a review of the pre-admission risk assessment records, inspectors observed that there was adequate information available prior to placement of young people in order to develop risk management plans so that staff could manage behaviours of concern. The negative impact of any behaviours were also considered when placing young people together so that safeguarding from abuse by peers could be mitigated against.

The centre manager and social worker interviewed were satisfied the placements were suitable to meet the needs of the young people. The placing social worker of one of the young people stated that this specific type of placement was very appropriate in meeting their needs and as a consequence of the programme plans being implemented by staff, the young person had gone through a very settled period with progress evident in identified areas. One of the aftercare workers stated that they had observed improvements in the young person placed there and they found staff to be very dedicated to meeting their specific needs.

Contact with families

From a review of the records and from interviews and questionnaires completed with staff, social work and aftercare workers, that visits from family members, significant others and friends were encouraged and facilitated. There was also proactive work undertaken to re-establish contact with family members where it had broken down or

to rebuild relationships where possible. Young people's views and opinions were respected where they did not wish to progress access to family members. Parents were kept informed about young people's progress where appropriate to do so.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Inspectors observed on centre records that in general there was sufficient background information about the young people provided to the centre in support of their transition. However, as will be discussed in further detail below, there was a deficit in information contained within the care plan for one young person. Inspectors recommend that this is addressed as soon as possible by the social work department with responsibility for this young person.

One of the social workers interviewed said that they received significant events promptly and were satisfied with the way they were managed by the centre. They said they were also furnished with a monthly progress report and were very satisfied with the capacity of the centre to care for the young person and to keep them safe. They were satisfied with the communication from the care team and described them as advocating very strongly on their behalf. Inspectors also interviewed an aftercare worker for one of the young people who said that they experienced very positive communication with the centre and there had been good progress for the young person while they were placed there.

Emotional and specialist support

From interviews, observations and review of case files including key working and case management records, inspectors found that the staff team had a good awareness of the needs of the young people. Young people were making positive progress in their placement despite the complexity of their specific needs. Each young person was assigned a key worker upon admission with case management oversight convened on a monthly basis. The case management, key working, individual work reports and daily logs demonstrated a clear understanding of goals to be achieved. They also showed the efforts the care team were making to engage with the young people to build relationships and advocate on their behalf so that they could be facilitated for

their transition to independent living. The care files also showed efforts by the centre to support young people to access specialist services that they required and to encourage them to accept referrals to targeted projects within their community.

Preparation for leaving care

Inspectors found evidence that the manager and staff team had a very strong focus on preparation of young people for leaving care. The centre used an individualised targeted programme to prepare young people for transitioning from the placement at the centre to independent living. Placement plans identified life skills tasks to be achieved such as; consistent employment, connecting into local support services, education and training, sexual health, hygiene, food shopping, cooking, cleaning, attending gym and medical appointments, transport, managing a budget and engaging with friends and family. There was also a focus on risk reduction and personal safety.

The service also completed a preparation for leaving care assessment with young people. Ancillary services were also identified should the young person need specific supports such as addiction and counselling that can be continued after discharge. Housing was a primary concern for the centre and young people were assisted to apply for local authority housing along with applications for alternative aftercare units. Financial aid was also been advocated for on behalf of residents.

Discharges

From a review of the discharges that occurred since 2017, six had been unplanned. The regional manager stated that this high turnover was predominantly a consequence of the age that the young people moved into placement. Also, it was a result of assaults on staff and negative behaviours that the team were finding difficult to manage. They stated that while they struggled with the management of these behaviours they have addressed these issues now and hope to see a reduction in unplanned discharges going forward.

Aftercare

Two of the four young people had up-to-date aftercare plans in place. One young person had only just moved to the centre a number of days prior to the inspection and one young person's referral had been accepted but further advocacy was needed in terms of securing a financial package for them. When interviewed, their placing social worker stated that there was now an aftercare worker in place for the young person and a child in care review was planned for January 2019. The financial assistance application had not progressed at this time. If an independent living

placement is not secured then an extension to the young people's placements are sought. This was the case for two of the young people in the centre.

Children's case and care records

From a review by inspectors of the centre files, it was found that there was a record of the young people's history securely maintained. The records were well organised and facilitated ease of access and effective planning. Where files did not contain required information, there was documentation on record to show that management were communicating with the appropriate body to secure them. Records were well written and kept in a way that supported confidentiality about the young person's history.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Of the four young people on placement at the centre, two were under eighteen years of age and inspectors found that one had an up-to-date care plan on file. The other young person had been placed at the centre a few days prior to the inspection and the care plan present on their records predated the current placement. From a review of one of the care plans, it was observed that there was an absence of a detailed assessment of the young person's needs including education, emotional and behaviour development, identity, health, family and social relationships and the young person's views and wishes. The majority of the sections contained either insufficient information or the segments were left blank. There was no consultation evident with the young person in relation to their input and signatures were absent. It was noted on the care plan that a referral had been accepted for aftercare however funding had yet to be procured. Furthermore, there were no arrangements in place to review the plan. Inspectors saw correspondence on file between the centre and the social work department requesting a new care plan almost seven weeks after the young person began their placement. There was also communication on record requesting social work to visit the young person at the centre.

When interviewed, the regional and centre manager stated that they had difficulty with this young person's social work department but they were in communication with them to try to improve this so that outcomes would be enhanced for the young person involved. The placing social worker stated that one of the reasons they had not been in touch with the young person more regularly was that they had a very busy workload and also found that the young person was very negative towards the social work department and this was contributing to the negative engagement with them.

However, they also said that they were collaborating with centre management currently to advocate on the young person's behalf and that this was now showing improvements. There was a statutory care plan review date in place for January 2019 and they stated that the young person's family would be invited to this. Social work departments must ensure that they provide comprehensive written care plans developed by the supervising social worker and in consultation with others. The care plan must be in place before or as soon as is practicable after the young person comes to live in the centre. The young person must be consulted in the process and confirm that they are aware of the way it is being implemented.

There were placement plans in place for all young people with the exception of one young person who had just begun their placement at the centre. These plans were reviewed monthly and updated. The content was very comprehensive and reflected the purpose of each young person's placement. They included; areas to be addressed, placement goals, interventions, staff responsible and timeframes reflecting health, emotional and behavioural developments, family relationships, education and self-care. There was an individualised calendar incorporating routines for the week. Case management meetings were very detailed and were linked to the placement plan review and evaluation and also to key-working which was undertaken.

Supervision and visiting of young people

As stated above, two of the four young people resident in the centre had allocated social workers, one of whom had been placed immediately prior to the inspection. Inspectors reviewed the records of social work visits to the centre to meet with the young people and found that for one young person there was irregular contact from social work. Requests by the centre to the social work department to visit the young person were observed on the care files.

When interviewed the placing social worker for the young person stated that they had not been the allocated social worker at the time of admission and reiterated that they had been very busy with their workload. They also said that they planned to be out to visit the young person in the centre along with an aftercare worker before the Christmas break. They hoped that they would get an opportunity at this time to read records relating to the young person. Inspectors also noted evidence of visits to the young people by other professionals such as aftercare workers, juvenile liaison officers and guardian ad litem. Supervising social workers must ensure that they visit the young people in the centre and from time to time read their records while on site in order to meet their statutory requirements.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency have met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 23, Paragraphs 1and2, Care Plans

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

The centre have 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

- Social work departments must ensure that they provide comprehensive written care plans developed by the supervising social worker and in consultation with others. The care plan must be in place before or as soon as is practicable after the young person comes to live in the centre. The young person must be consulted in the process and confirm that they are aware of the way it is being implemented.
- Supervising social workers must ensure that they visit the young people in the centre and from time to time will read their records.

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

The accommodation consisted of four apartments, kitchen, office and recreational area with designated sleeping sections for staff. The building had been well maintained and has recently been painted. A new kitchen has also been installed. Although the accommodation was kept to a high standard in terms of being clean and well kept, it appeared dark because of its narrow corridors. The shared lounge area was quite small with no space available for recreational games other than a TV. There were separate shared laundry facilities in the down stairs area to be used by the young people.

There was a very homely atmosphere in the unit with the kitchen being at its centre. The building was sufficiently heated, however the insulation had not been updated since the service began operating. Repairs to the building were responded to without delay. Inspectors recommend that the lounge area is reassessed so that the space could be further utilised for supplementary recreation for the young people's use.

Safety

As part of the inspection, inspectors conducted a walk-through of the premises. The centre has a safety statement in place and reporting systems which informed health and safety and fire safety matters in the centre. From a review of records, consistent documentation of specific issues was found along with prompt resolution noted. There was regular oversight by centre and external management. An audit system was had been implemented which enabled management to maintain oversight of the upkeep of the property and address any problems that are identified. Storage of medicine is secure within the staff office.

Fire Safety

The centre's policy on fire safety was inclusive of day to day fire prevention management, evacuation procedures and the use of fire fighting equipment. Regular

checks on and servicing of fire fighting and detection equipment were conducted onsite. Each apartment contains extinguishers and fire blankets. The staff and young people complete regular fire drills which are recorded by the team.

3.10.4 Regulation Based Requirements

The centre have 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.

3.10.2 Practices that met the required standard in some respect only

None identified.

3.10.3 Practices that did not meet the required standard

None identified.

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>The manager must ensure that the centre register includes details of the young people's parents' name and contact information. The register must also state the destination to which young people are discharged.</p> <p>Centre management must ensure that all supervision takes place in line with policy. All records maintained must be reflective of discussions, decisions and actions required in respect of care planning for young people. Each section of the template should be completed so that any gaps in information is addressed.</p>	<p>As of the 30.11.18 the centre register was updated with the relevant contact information.</p> <p>A supervision schedule has been completed and implemented for all full time and relief staff as of December 2018. All staff has an appointed supervisor. The Social Care Manager will ensure records are completed in full and reflect the content of supervision. As of 1.12.18 placement planning is a standing item on all staff supervision agendas. In conjunction the monthly case management meetings will provide clear guidance and actions for each</p>	<p>The Social Care Manager will ensure that the centre register is fully updated promptly following any admissions to and discharges from the centre. The centre register will be subject to regular review and oversight by the regional manager in addition to annual auditing by the quality assurance department and senior management team.</p> <p>The Social Care manager has developed and confirmed a supervision schedule with all supervisees in compliance with policy which will be adhered to. Supervision frequency, content and quality will be subject to regular review and oversight by the regional manager in addition to themed auditing by the quality assurance department and senior management team.</p>

		individual client. The supervision template has been reviewed, revised and adopted from an organisation-wide perspective.	
3.5	<p>Social work departments must ensure that they provide comprehensive written care plans developed by the supervising social worker and in consultation with others. The care plan must be in place before or as soon as is practicable after the young person comes to live in the centre. The young person must be consulted in the process and confirm that they are aware of the way it is being implemented.</p> <p>Supervising social workers must ensure that they visit the young people in the centre and from time to time will read their records.</p>	<p>A child in care review has taken place as of the 6th February 2019. Members of the young person's family were invited and attended this review. The young person also attended and had input to the plan put in place. The minutes of this review will be forwarded to the centre as soon as possible by the social work team leader.</p> <p>Since the inspection, the placing social worker has visited the young person twice in the centre. They have regular contact with them by phone. They have not read their files as of yet. They can't commit to more regular meetings with the young person but will meet them whenever the need arises.</p>	<p>A date for a review with the placing social worker, the aftercare worker and the young person has been scheduled for the 6th April 2019.</p> <p>Because the child in care review is now in place, the social worker will have increased contact with the young person as the need arises. The aftercare worker will also be working with the young person on a more regular basis.</p>