



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 051

Year: 2019

Alternative Care Inspection and Monitoring Service
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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Home Again
Registered Capacity:	Five young people
Dates of Inspection:	6th and 7th February 2019
Registration Status:	Registered from 28th February 2017 to 28th February 2020
Inspection Team:	Linda Mc Guinness Michael McGuigan
Date Report Issued:	3rd May 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 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 January 2001 in alternate premises. At the time of this inspection the centre was in its' eighth registration and in year three of the cycle. The centre was registered without attached conditions from the 28th February 2017 to 28th February 2020.

The centre's purpose and function was to accommodate five males from age thirteen to seventeen on admission. Their model of care was based on a therapeutic and relationship approach derived from the Response Ability Pathways model. This directed that staff would engage in intentional interactions with young people that were expected to support positive outcomes for young people. The delivery of the model was being overseen by an external consultant who met with the staff team eight times throughout the year and provided training. There were three young people resident in the centre at the time of inspection.

The inspectors examined aspects of standard 2 'management and staffing', aspects of standard 5 'planning for children and young people', standard 6 'care of young people', standard 8 'education' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 06th and 07th of February 2019.

1.2 Methodology

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

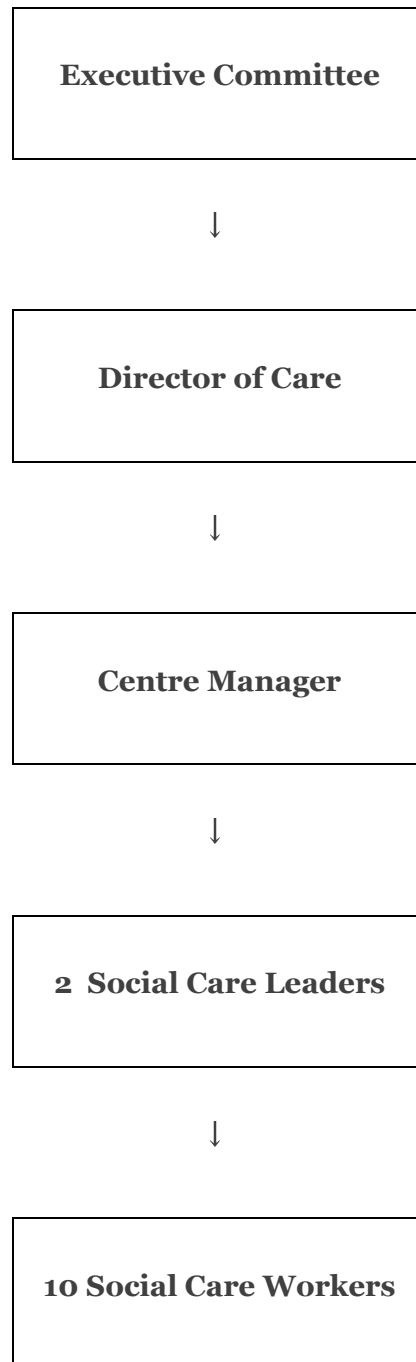
- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) 14 of the care staff including relief workers
 - b) The director of care
 - c) All three young people
- ◆ An inspection of the premises and grounds
- ◆ An examination of the centre's files and recording process including:
 - young people's care files
 - staff supervision records
 - personnel files, handover book
 - maintenance log and safety documents
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) One social care leader
 - c) The director of care
 - d) Three social care workers
 - e) One young person
 - f) The lead inspector for this centre
 - g) The social workers for all three young people

- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 6th March 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 14th of March 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 that the centre was not in compliance with Child Care (Standards in Children's Residential Centres) Regulations 1996 Part III, Article 5, Care Practices and Operational Policies. Having considered the returned action plan it is the Registration Committee's decision that full implementation of the CAPA with a specific focus on governance is required. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 051 with a condition under Part VIII, Article 61, (5) (b) (I) (II) of the Child Care Act 1991, at this time which is:

- That there shall be no further admissions of a young person until full implementation of the CAPA is realised. This implementation will be reviewed before the end of October 2019.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Register

Inspectors conducted a review of the centre register and found this to contain details on the name, gender and date of birth of the young person as well as admission and discharge dates. Details on parents and social workers were also included. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

3.2.2 Practices that met the required standard in some respect only

Management

This centre had a full time manager who had been in post for 13 years and five months. This person held a relevant qualification and reported to the director of care for the organisation. The manager worked Tuesday to Friday each week and had overall responsibility for the day-to-day running of the centre. They were supported in their role by two social care leaders. Inspectors found evidence of improvements since the last inspection in respect of centre manager oversight on young peoples' care files, registers and significant event notifications. They also chaired staff team meetings and attended some of the child in care reviews. It was also noted that the director of care frequently visited the centre to meet with staff and young people and to review care files and there was an out-of-hours on-call service to support staff. Inspectors reviewed questionnaires completed by the social care leaders, social care workers and the relief staff and all responded that they felt the centre was effectively managed. Most spoke about an informal 'open door policy' of support from the centre manager.

The centre manager reported to the director of care who also provided their supervision. This person also carried out periodic audits of the service. However, from a review of the documents provided inspectors found that action plans were not

created following audits and there was no formal mechanism for tracking the resolution of issues that were identified. For example the director had highlighted issues in respect of fire safety during an audit and also highlighted a lack of supervision there was no evidence that these issues were actioned by the social care manager and followed up by the director. While there was frequent informal contact between the director of care and the centre manager this was not recorded and as such the decisions and planning stemming from this was hard to track. Review of records of meetings by inspectors showed a lack of a unified approach and some disagreement between the parties. This, along with issues relating to the supervision relationship compounded the difficulties and hindered development of an effective governance structure. As part of the governance structure for the organisation, centre managers met with director of care monthly for a Welfare Committee meeting. There were twelve meetings for 2018. While the minutes of these meetings provided narrative and updates on the placements of young people the records did not reflect that planning for care was occurring and discussions on care practice, operational issues or service development were not included. Therefore, this meeting alone was not sufficient to provide appropriate governance mechanisms to ensure compliance with regulations and national standards.

Inspectors found that governance in the centre needed to improve. While the centre manager and director of care were aware of the needs of young people and reviewing their care files regularly, further oversight of operational policies and care practices was required. The structure of audits in the centre needed to improve. The service required an organisational governance meeting where operational issues, service development and the planning of care for young people were discussed. The centre's last inspection report from 2017 also highlighted issues in respect of governance and all deficits must be addressed as a matter of priority.

Staffing

This centre had a complement of a centre manager, two social care leaders and ten social care workers. Inspectors found that there were enough staff to fulfil the purpose and function and that there was a balance of experience on the staff team. However, it was observed that there was not a regular structure to the day shifts included on the centre roster and there was not a third person working a day shift each day. The day shift frequently ended at 6pm and all young people were in education or training at the time of this inspection. This may not have been the most efficient use of the third staff member. Inspectors noted that the roster could have been structured more effectively to facilitate more responsive individual work with young people. Feedback from a staff member to inspectors also related to the fact that

time and staffing limitations could hinder opportunities to complete individual work with young people. This issue is further commented upon in the care planning section of this report. It would be possible with the staff complement to ensure that there was a regular day shift extending later in the evenings. This would ensure more contact by staff with young people whilst still facilitating administrative duties for keyworkers. From a review of placement planning with young people it was noted that the frequency and quality of this needed to improve and more structured day shifts would allow staff to spend time with young people focusing on key work.

From a review of staff personnel files, inspectors found that these contained up-to-date Garda vetting, contracts of employment, references, copies of qualifications, CVs and training certificates. However, inspectors noted that the system for obtaining references for staff needed to improve. In some instances there was no evidence of verification of the person that had provided the reference (organisational stamp, email, for example) and verbal checks also needed to improve. Further, the reference form did not provide information on what duties the applicant undertook in their role.

Supervision and support

This centre had a policy on supervision that stated it would be provided on a six weekly basis and that a core function of supervision was to support more effective therapeutic interventions with young people. From a review of a sample of supervisions, inspectors noted substantial deficits in provision. One staff member had not received supervision for seven and half months. While there were records for some group supervisions, some staff had only received two individual supervisions in 2018. Review of questionnaires sent to inspectors confirmed that supervision was infrequent. Inspectors noted that records reflected discussions on planning for young people through the model of care; however, decisions and actions agreed were not clearly recorded. Staff did not have up-to-date supervision contracts and records did not provide a review of previous supervisions and agreed tasks. Inspectors also noted that much of the discussions in supervision were narrative regarding young people and that key working needed a more specific focus.

Inspectors review of records reports reflected that supervision had not been occurring between the director of care and the centre manager in line with policy. Some records had been inadvertently destroyed and were not available but it was acknowledged that there were significant gaps between sessions. The records reviewed also reflected that there were on-going issues in this supervision

relationship. The director of care should provide inspectors with a plan relating to supervision of the centre manager by 05/03/19.

The issue of deficits in implementation of the supervision policy was a recurring theme in consecutive inspections. Previous corrective and preventative actions (CAPA) identified in response to inspection recommendations had not been implemented and this again pointed to the need for more robust governance. These issues must be addressed as a matter of urgency.

Team meetings took place regularly and while there was a focus on the care of young people there was no obvious link to the model of care in use. The quality of records of team meetings was inconsistent and the agenda was not always set in advance. Centre management must review this and ensure that there is a set agenda, records of discussions, decisions and required actions with named persons responsible and set timeframes. Each meeting should begin with a review of previous or outstanding actions. A returned questionnaire from staff suggested that there could be improvements to the structure of team meetings to ensure best use of the time to plan for young people.

Inspectors reviewed the records for handover in the centre and found the centre manager did not attend the daily handover as their shift pattern started after the allocated time. This meeting included a reflection of the previous shift, handover of core duties and appointments and a plan for the coming shift. Inspectors found it would be beneficial to assign protected time to tasks associated with placement planning and key working and that an extended day shift would facilitate this more effectively.

Training and development

From a review of staff personnel files and information provided by the centre manager, it was observed that staff had up-to-date training in first aid, fire safety, the model of care and the Children First E-learning module. However, inspectors found that there was no training needs analysis for the centre and one should be created to ensure that training is provided to meet the needs of resident young people. A previous CAPA responding to an inspection report indicated that this would be addressed in 2018. Staff had been invited to make suggestions as to what training they felt would be beneficial to them however many staff did not respond and the exercise did not translate to an effective training analysis/ plan. While some staff members had training in suicide awareness and mental health, a formal focus was required on training that linked to individual needs of young people, placement planning and the supervision process. Inspectors reviewed questionnaires returned

by 14 social care staff and many responded suggesting that additional training in areas such as attachment theory, substance misuse and disabilities/autistic spectrum disorder would be beneficial in the work with the current group of young people. Some staff also suggested that a focus on preparing for CORU registration and support for staff team during periods of crisis would be welcomed.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

Required Action

- Organisational management must ensure that there is a robust and functioning governance system in place.
- The director of care must ensure that regular audits of compliance with required regulations and standards take place and have appropriate follow up. The social care manager must be responsible for implementing corrective actions to all identified issues.
- The centre manager must ensure that team meetings have a set agenda, records of discussions, decisions taken and required actions with named persons responsible and set timeframes.
- Organisational management must ensure that all recommendations from inspection and monitoring processes are fully implemented.
- Centre management must ensure that a training needs analysis takes place, and a training schedule developed which is linked to the needs of young people and addressed through the supervision process.

3.5 Planning for Children and Young People

Standard

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

3.5.1 Practices that met the required standard in full

None identified, not all criteria assessed during this inspection

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Inspectors reviewed the care plans for each of the young people placed in the centre and found two of these to be in date and to contain appropriate information. A statutory child in care review had taken place for the third young person however the plan had not been updated at the time of this inspection. The social worker in this case acknowledged the delay to inspectors during interview and highlighted severe resource issues in their department. They stated it would be completed imminently and sent to the centre at the earliest opportunity. It was noted that young people were supported to attend child in care reviews and to have their voices heard.

Inspectors found that improvements should be made in the approach to placement planning within the centre to ensure clarity, consistency, targeted work with young people and review of outcomes. The current system saw a placement plan being developed after a child in care review meeting (which for some young people was annually). If there was no updated care plan sent to the centre then this plan remained in draft format until such a time that the care plan was received. This system saw unnecessary delays in finalising placement plans. There was no evidence that social workers had sight of or agreed to the content of the placement plans.

The placement plans were then subject to discussion at the team meetings and during key working meetings. The plan was then updated by key workers however this was often found to be a narrative of the current issues and specific actions to meet needs were not always identified. Some sections of the placement plans had not been completed and in the case of one young person this was a significant oversight which

should have been picked up by the social care manager and senior management. Placement plans did not have behaviour management support strategies separate to those outlined in the Individual Crisis Management Plans (ICMP's) and inspectors recommend that these are included or that behaviour support plans are put in place to guide staff practice. Placement plans were intended to guide both planned and opportunity led key working by staff however, one young person with the most complex and challenging behaviours within the centre and risks outside the centre had infrequent key working pieces recorded across 2018.

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.

Only two of the young people living in the centre had an allocated social worker. A third young person had not had a social worker for some time. They had previously been allocated a student social worker whose work was being overseen by the social work team leader with responsibility for the case. The student social worker had finished up recently and social work team leader had since then took back oversight of the case. In interview with inspectors they referenced severe resource issues and that they had large numbers of young people awaiting allocation. They stated that this young person was approaching the end of their time in care, were preparing for aftercare and that they probably would not be prioritised over other complex cases. Notwithstanding this, the Child and Family Agency must ensure that all young people have an allocated social worker.

The social workers for two young people and the team leader for the third young person were interviewed by inspectors following the unannounced on site visit. All were satisfied that the placement was suitable, was meeting the needs of their young person and that they were safe and well cared for. Each professional confirmed that they received prompt notifications of all significant events and regular monthly reports. They stated that there was regular communication with the staff team and management but two social workers referenced some issues with communication in the recent past. One stated that they had asked for more effective communication from the team and between the staff. The social work team leader had requested one main person as a point of contact however this was not always possible. The social

worker did inform inspectors that communication had improved. One social worker stated that a decision relating to a young person's access had been made unilaterally by the centre and without consultation with their department. The centre manager stood over this decision stating that it was in the interests of child protection until a meeting could take place to resolve the issue. The social worker confirmed that this too was resolved with centre management. Social workers had visited young people in the centre and read their records from time to time as required.

3.5.3 Practices that did not meet the required standard

None identified

3.5.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

-Part IV, Article 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.

Required Actions

- The Child and Family Agency Dublin Mid Leinster must ensure that their young person is allocated a social worker.
- The supervising social worker for one young person must ensure that an up to date care plan is provided to the centre to facilitate effective planning.
- Organisational management must ensure that the placement planning process is reviewed to ensure that it is fit for purpose, provides guidance, clarity and facilitates a consistent approach to the care of young people.

3.6 Care of Young People

Standard

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

3.6.1 Practices that met the required standard in full

Individual care in group living

This centre had a policy stating that young people would be supported to develop appropriate living skills to help their future development. Inspectors reviewed key working that demonstrated the promotion of individuality and support for identity. The centre was a large detached building in a suburban area of Dublin and the young people each had a bedroom to themselves that they could decorate to their own tastes. There were communal areas for young people to meet with family and friends in private. Young people had two allocated key workers that undertook placement plan work with them and also took them to activities and events. The model of care was relationship based and underpinned by the therapeutic aspects of Response Ability Pathways. The staff members that were interviewed demonstrated an understanding of the needs of the young people and there was evidence that residents were provided with opportunities similar to that of their peers. Young people were part of sporting organisations and spent time with their friends both in the centre and in the local community.

Provision of food and cooking facilities

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

Race, culture, religion, gender and disability

This centre had appropriate policies on non-discriminatory practice and spirituality. Inspectors found that placement planning focused on identity with young people and

there was on-going key work on developing a sense of self. Programme work had also been carried out on culture and individuality with young people.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The centre had a policy on behaviour management that provided guidelines on the behaviour responses that were permitted and prohibited and gave direction to staff on how challenging behaviours were to be managed. There was also a policy on bullying. Inspectors found that while young people had individual crisis management plans some of these were not in date and were not being regularly reviewed. There were no behaviour support plans to directed staff on how challenging behaviours were to be managed and behaviours were not addressed through the placement planning system. There were 369 significant events in 2018 and a substantial number of these related to outburst and risk taking behaviours. However, inspectors did not find behaviour management plans, risk assessments, risk management plans or safety plans to address the issues. Despite an assurance in the CAPA from the last inspection report that risk assessments and safety plans would be put in place this was found not to have been actioned adequately. Inspectors noted that during periods where young people in the centre struggled with their behaviours meetings were held and strategies devised to support them; however, inspectors did not find that these were recorded in formalised plans. Centre management must ensure that there are plans in place to guide staff in responding to, and maintaining a consistent approach to challenging and risk taking behaviours of young people.

Restraint

There was a policy in place governing the use of physical restraint and a register which recorded any physical interventions required. Each young person had an individual crisis management plan that contained relevant information and direction for staff on how to manage outburst behaviours. However, in two instances these were not up-to-date. The centre used a recognised model of physical intervention and de-escalation. There was evidence that staff members had been trained and were receiving regular refreshers in this model. However, inspectors found that three staff working in the centre did not have up-to-date training in the model. Further, five staff members were trained only to level one or two and could not perform some aspects of the physical interventions. This meant that the majority of staff in the centre did not have full training and as such there was limited scope for restraint to be implemented should this be required. Inspectors did not find a risk assessment to

address this and it was not noted on the individual crisis management plans for young people.

Absence without authority

The centre has a policy on managing unauthorised absences. This policy is consistent with *Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Service Executive, Children and Family Services, 2012*. Inspectors found that the young people had absence management plans; however, these were not being updated monthly as required and this should occur. Inspectors found that there were frequent absences from the centre for young people but that key working needed to improve to support young people remaining in their placements. Further, it was observed that prevention strategy meetings were not occurring with social work and An Garda Síochána as required. It is recommended that the strategies for addressing young people's absences are reviewed.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

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

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

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

Required Actions

- Centre management must ensure that risk assessments take place in response to issues of concern both inside of and external to the centre to determine the appropriate response.
- Centre management must ensure that placement planning responds adequately to any identified risks and that safety plans and behaviour support plans are put in place if required.
- Centre management and supervising social work departments must ensure that individual absence management plans are updated and that threshold meetings take place in accordance with the Joint National Protocol for Children Missing in Care.

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 a policy on education and training stating that centre values education and aims to ensure that identified needs in this respect are addressed. The policy stated that young people who had left formal education would be supported to attend training courses and that the centre would provide financial support and funding if necessary.

Inspectors found that education was valued in the centre and that routines supported school attendance and study. Two young people were attending educational placements regularly; however, one young person had recently left an educational placement and was being supported by staff to secure an alternative one. It was observed that staff had regular contact with young people's courses and the placement plans for young people contained specific sections on educational achievement. Inspectors found that educational assessments had been carried out with young people and this informed the staff approaches to supporting education. There was also evidence that education was linked to aftercare planning and young people were supported with finances for grinds.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

Accommodation

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

3.10.2 Practices that met the required standard in some respect only

Maintenance and repairs

There was a centre maintenance log that contained details on the nature of the repairs required, the date that the issue was reported and the person who carried out the work. However, inspectors observed that in some instances there was no record of work being completed and no evidence that the maintenance log was being periodically reviewed by the health and safety officer or the centre manager. Inspectors found that there was a budget for maintenance work and noted that the premises was generally in good repair.

Safety

This centre had a safety statement that contained appropriate information and provided direction to staff members on their obligations to health and safety in the workplace. However, this statement had not been signed by the centre manager or the director of care and there was no evidence that it had been reviewed by staff members to ensure they understood their obligations to health and safety in the workplace. This document was not dated and there was no indication as to when it was last reviewed. The inspectorate was subsequently informed that the copy

reviewed was the managers copy and that another 'staff copy' existed which was signed by all the team. Inspectors also found that the centre did not have accompanying risk assessments to address the hazards that exist in the centre and to provide direction on how these are to be managed and addressed.

Fire Safety

From a walk-through of the building inspectors did not find any obvious fire safety issues. Fire fighting apparatus was easily accessible and escape routes were unobstructed and with appropriate signage. There was evidence that staff had received appropriate fire safety training.

The centre had a fire safety and general register that held fire records for the centre. This contained evidence that checks were being completed on the centre's means of escape, emergency lighting and fire alarm. However, inspectors found that the inspection of daily means of escape was not completed on 33 occasions in 2018. Further, weekly tests on the fire alarm system and monthly inspections of fire fighting equipment were not occurring as required. There was a contract with a fire safety company that carried out testing and servicing of the fire safety equipment in the centre.

It was observed that a fire drill had not been conducted in the centre since 21/10/17 and that there was no evidence of oversight by either the centre manager or director of care on the fire safety documents. The director of care had conducted a health and safety audit in the centre in January 2019 which identified a number of fire hazards in the centre. However, the findings were not reflected in the fire safety and general register and there was no action plan on how these issues were to be dealt with. Inspectors require that a plan to address issues in relation to fire safety is submitted to the Alternative Care - Inspection and Monitoring Service by 04/03/19.

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.

Required Actions

- The centre manager must ensure that the maintenance log is completed appropriately when issues are identified and resolved.
- The director of care must ensure that the centre health and safety statement is updated as required, including signatures, and that there is evidence of staff review of this document.
- The centre manager must ensure that risk assessments are created to address the hazards that exist in the centre.
- The centre manager must provide inspectors with a plan to address the fire safety issues identified by 04/03/19.

4. Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>Organisational management must ensure that there is a robust and functioning governance system in place.</p> <p>The director of care must ensure that regular audits of compliance with required regulations and standards takes place and has appropriate follow</p>	<p>Monthly meetings between the director and the manager will be arranged to discuss management issues.</p> <p>To be actioned by 09/04/19.</p> <p>The supervision of the staff team will be shared between the manager and two social care leaders. An internal management meeting involving the manager and two social care leaders will happen every 6 weeks and will include all aspects of care planning and organisational governance. All informal meetings between the manager and two social care leaders will be recorded.</p> <p>To be actioned from 01/05/19.</p> <p>The director of care has commenced audits and is backdating them to Jan-2019. All issues identified in the audit dated Jan-2019 are being dealt with.</p>	<p>Monthly meetings will be arranged and the minutes recorded.</p> <p>Staff supervision will happen every 6 weeks and will be shared between the manager and two social care leaders.</p> <p>Internal management meetings will happen every 6 weeks. All meetings will be recorded. Implementation of this will be assessed during centre audits.</p> <p>These audits will be carried out on a bi-monthly basis, copies of which will be kept by the manager. Copies will also be presented to the Board of Management</p>

	<p>up. The social care manager must be responsible for implementing corrective actions to all identified issues.</p> <p>The centre manager must ensure that team meetings have a set agenda, records of discussions, decisions taken and required actions with named persons responsible and set timeframes.</p> <p>Organisational management must ensure that all recommendations from inspection and monitoring processes are fully implemented.</p> <p>Centre management must ensure that a training needs analysis takes place, and</p>	<p>The director's audits will be discussed at the staff meetings. To be actioned from 13/03/19.</p> <p>All Staff Meetings will have a set agenda, which will be attached to the minutes. The minutes of the meetings will be written accurately and concisely, detailing the discussion, decisions made, named persons and timeframes. To be actioned on 20/03/19</p> <p>Changes will be made to forms and processes to ensure all recommendations are adhered to. The team will be required to read the Inspection report and action plan and adhere fully to the decisions made. To be actioned by 12/04/19</p> <p>The team were reminded of the need to comply with a training needs analysis.</p>	<p>at the executive meetings.</p> <p>Review of the audits will be part of the staff meeting agenda.</p> <p>These changes will be communicated without delay to the entire staff team and be built into the induction process. Minutes will be reviewed during routine audits</p> <p>The Inspection Report and Action Plan will be reviewed at the team meetings once all staff have read the documents. This will be completed over a number of meetings to ensure that everyone understands the issues that required attention, the proposed Action Plan and comply with the decisions made.</p> <p>Training needs will be discussed at the team meeting quarterly, beginning on</p>
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	<p>a training schedule developed which is linked to the needs of young people and addressed through the supervision process.</p>	<p>Current training needs analysis relating to therapeutic care has resulted in Daily Life Events training being arranged for 27/03/19. The training schedule will be updated to include appropriate training as it occurs. To be actioned on 06/03/19.</p>	<p>20-Mar-2019, and further discussed in individual supervision.</p>
<p>3.5</p>	<p>The Child and Family Agency Dublin Mid Leinster must ensure that their young person is allocated a social worker</p> <p>The supervising social worker for one young person must ensure that an up to date care plan is provided to the centre to facilitate effective planning.</p>	<p>The Director will write to the Principal Social Worker regarding the lack of Social Worker allocation.</p> <p>The Manager will write to the social work team leader and social worker requesting the care plan. The minutes of the CIC Review are on file (dated 14-Jun-2018). There is a process in place for requesting the care plan following statutory review meetings. To be actioned on 15/03/19.</p> <p>No response received from the social work department to this action plan to</p>	<p>Delays in allocation of social workers to young people will be escalated within the Tusla social work line management structure and to area manager if required</p> <p>Undue delays in receipt of statutory care plans will be escalated within the Tusla social work line management structure.</p>

	<p>Organisational management must ensure that the placement planning process is reviewed to ensure that it is fit for purpose, provides guidance, clarity and facilitates a consistent approach to the care of young people.</p>	<p>date.</p> <p>The placement planning process is currently being reviewed and changes have been made to both the documents and the processes in order to ensure that all deficits are addressed.</p> <p>The placement plan will be reviewed and updated monthly during keyworking meetings. This plan will be discussed at the next staff meeting, so that all the team are aware of the care planning and work that needs to be completed. The roster has been altered to ensure there is a dayshift on until 9pm every day. This roster will start on 25/03/19. This will ensure the staff team have time to spend, and complete direct work with young people.</p> <p>To be actioned by 01/04/19</p>	<p>Placement plans will be on the agenda for every staff meeting. Progress of set goals and outcomes for young people will be a priority consideration.</p> <p>The roster has been changed to ensure there is a dayshift on duty until 9pm every day.</p>
3.6	<p>Centre management must ensure that risk assessments take place in response to issues of concern both inside of and external to the centre to determine the appropriate responses.</p>	<p>A new form is being introduced on which staff on duty will assess the risk in situations and record the immediate actions taken. The staff will bring the form to the manager and the team will</p>	<p>Risk assessments and behaviour management plan reviews will be put on the agenda for every team meeting.</p>

	<p>Centre management must ensure that placement planning responds adequately to any identified risks and that safety plans and behaviour support plans are put in place if required.</p> <p>Centre management and supervising social work departments must ensure that individual absence management plans are updated and that threshold meetings take place in accordance with the Joint National Protocol for Children Missing in Care.</p>	<p>discuss the behaviour and devise a behaviour management action plan to deal with the behaviour. The action plan will be discussed at every subsequent staff meeting until a resolution is reached. To be actioned by 20/03/19</p> <p>The placement plans will be reviewed and updated monthly at the keyworking meeting and will include the risk assessments, behaviour management action plans and the review of these plans. To be actioned by 20/03/19</p> <p>The absence management plans will be reviewed and updated at the team meeting on a monthly basis. A copy will be posted to supervising social workers. Social workers will be advised by the manager when a threshold meeting needs to be convened and communication with An Garda</p>	<p>Placement plans, risk assessments and behaviour management plans will be reviewed during routine centre audits to ensure they are fit for purpose.</p> <p>The AMP review will be incorporated into the new Staff Meeting agenda form.</p>
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		Síochána will take place. To be actioned by 06/03/19.	
3.10	<p>The centre manager must ensure that the maintenance log is filled in appropriately when issues are identified and resolved.</p> <p>The director of care must ensure that the centre health and safety statement is updated as required, including signatures and that there is evidence of staff review of this document.</p> <p>The centre manager must ensure that risk assessments are created to address the hazards that exist in the centre.</p> <p>The centre manager must provide</p>	<p>The process around maintenance is currently being reviewed to devise the most effective way of ensuring maintenance issues are dealt with. To be actioned by 29/03/19</p> <p>The policy & procedures will be reviewed and updated for 2019. This will include the Health & Safety statement being updated. All staff are required to sign the document once they have read and understood it. To be actioned by 01/05/19</p> <p>The majority of the hazards identified in the audit have been resolved. Risk assessments have been completed on the 2 remaining hazards, which are due to be resolved by the end of Mar-2019</p> <p>This was provided to inspectors. A new</p>	<p>Once an effective process of information sharing is devised, all staff will be expected to adhere to this process.</p> <p>The Manager reviews the policy & procedure document yearly and the director will oversee this process. Staff members are required to sign that they have read and understood the document.</p> <p>The introduction of a more effective way of managing maintenance issues should eliminate any problems in this area.</p> <p>The new fire safety form will be used</p>

	inspectors with a plan to address the fire safety issues identified by 04/03/19.	form is being devised which will include the areas where deficits were identified. To be actioned by 29/03/19	daily and should eliminate any problems going forward.
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