



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

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 065

Year: 2017

Lead inspector: Lorna Wogan

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Curam Nua Ltd
Registered Capacity:	Two young people
Dates of Inspection:	6th & 15th March 2017
Registration Status:	Registered without attached conditions from 30th April 2015 to 30th April 2018
Inspection Team:	Lorna Wogan
Date Report Issued:	July 2017

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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 ongoing 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 Methodology

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 ongoing operation of the centre in line with its registration. This inspection was announced and took place on the 6th and 15th March 2017. This inspection intervention examined standards 2, 4, 5, 7 and 10 and was year two of the three year registration cycle. At the time of the inspection there was one resident in placement who had reached eighteen years of age and was awaiting a placement with an identified aftercare provider.

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

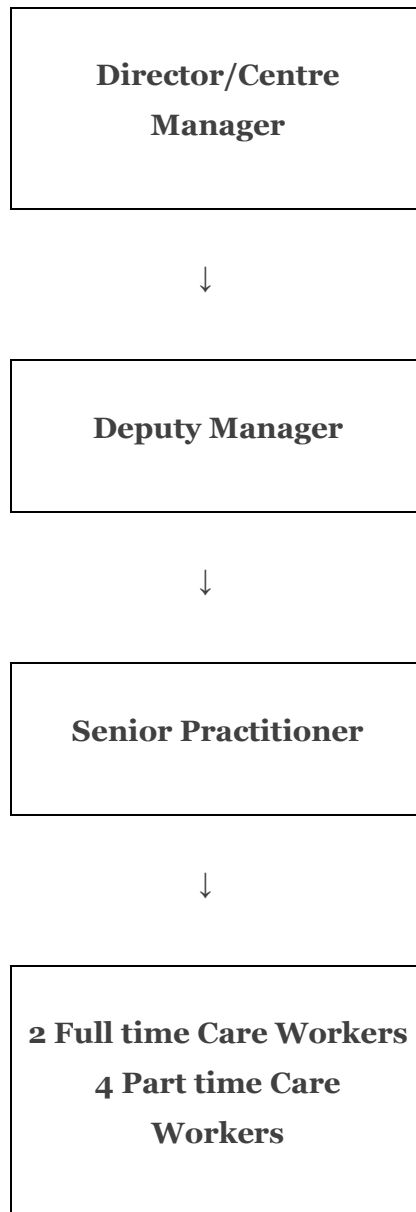
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) The centre manager
 - b) The deputy manager
 - c) The senior practitioner
 - d) Three care staff
 - e) One relief staff
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspector as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) One staff member
 - c) The young person
 - d) The parent of the young person in placement
 - e) The social worker
 - f) The Guardian ad litem

- ◆ 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 inspector 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.

1.2 Organisational Structure



2. Findings with regard to registration matters

The findings of this report and the assessment of the submitted action plan deem the centre to be operating in adherence to the regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration.

As such the registration of this centre continues, without a condition attached, from 30th April 2015 to 30th April 2018.

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

The centre manager maintained a register of all young people who lived in the centre to date. The centre's register of admissions and discharges was accurate, up to date and was held in line with the requirements of the child care regulations. Placement details were forwarded to the local Tusla area manager and the lead inspector. The register recorded three admissions and two discharges. There were no unplanned discharges from the centre.

Notification of Significant Events

The inspector was satisfied that the centre had a prompt notification procedure in place that provided comprehensive details in writing of any significant event relating to the young people. There was evidence that the centre manager reviewed significant event reports and provided commentary on the management of the event and identified any matters arising. There was evidence that significant events were reviewed at team meetings. Written reports on significant events were forwarded to the social worker, the lead inspector and other relevant parties as agreed. Significant event reports were maintained on the individual care files. The centre maintained a register of all significant events and the inspector was able to cross reference reports on the care files with the register and daily logbooks. There were ten significant event reports over the past seven months relating to the young person in placement. There were eleven significant reports relating to the previous young person in placement. There were no incidents where physical restraint was employed to support behaviour. There were three occasions where the young person currently in placement was reported missing from care and the correct protocols were followed by staff in relation to the reporting and management of these particular events. The social worker confirmed for the inspector they were satisfied they had received prompt notification of all significant events relating to the young person in placement.

Administrative files

The recording systems were organised and maintained to facilitate effective management and accountability. The service had the support of an administrator who was a qualified social care practitioner and worked in the centre twice a month to input information on electronic databases to ensure files and records were well organised. There was evidence the manager had oversight of all reports generated within the centre. Information on the individual care file was accessible and stored in an organised manner. Records were well written and decisions taken by the staff team were recorded at the centre. The centre had clear procedures in relation to the storage of relevant records relating to the young people. The individual care file and personal information was stored in a secure manner. Electronic records were password protected. The centre had clear financial management systems and records. Staff stated there were sufficient financial resources to care for the young people and to provide recreational and educational programmes. Petty cash was accounted for with receipts and balanced at the end of each shift.

3.2.2 Practices that met the required standard in some respect only

Management

The proprietors operated one registered children's residential centre that catered for up to two young people aged twelve to seventeen years. The registered company had two named directors who had frontline roles within the centre itself undertaking the role of manager and deputy manager. The inspector found the directors/managers were experienced competent professionals. They had appropriate relevant qualifications and had many years experience within residential care and youth work.

There was evidence that the centre manager and deputy manager monitored and guided practice at the centre through formal supervision of staff, reading and signing daily records, reviewing significant event reports and observation of staff practices. There was evidence the centre manager provided leadership in relation to care practices within the centre and was confident and professional in the role. There was evidence that staff meetings and team days were forums where the team assessed the quality and effectiveness of their interventions with young people, particularly the outcomes. The centre manager had bi-monthly meetings with an external supervisor and formally met with the centres' development officer once a month to review team development. A record of these meetings was not maintained by the supervisor or the centre manager. The inspector requires that a record of the centre manager's supervision is maintained and available for inspection.

The centre had no external management structure to oversee the work and provide external governance and oversight of the operation of the centre. The two company directors also fulfill front line roles within the centre as centre manager and deputy manager. The centre manager must have systems in place to ensure there are structures in place for external oversight/auditing of the management of the centre which will further strengthen the governance of the service.

Staffing

The centre had adequate levels of staff to fulfil its purpose and function. The staff team had remained stable over the past two years. There was evidence the team were highly motivated and experienced in a wide range of disciplines and had the ability to communicate effectively with young people. They were confident in building trusting relationships with the young people along with setting clear expectations and boundaries for the young people in their care. There was evidence that the staff team were committed to the welfare and well being of the young person in placement and this was noted by external professionals interviewed by the inspector.

One fulltime staff member recruited since the last inspection resigned their post shortly after their recruitment to pursue another more suitable position. There was evidence on their personnel file that an exit interview was undertaken by the centre manager. Two additional staff were recruited to the team within the past month to provide relief cover as and when required.

The team comprised of the centre manager, the deputy manager, a senior practitioner, two full time care staff and four regular relief staff. There were seven male and one female staff. A staff development officer worked on a part time basis with the staff team. The inspector examined the personnel files of the two newly recruited relief staff. The personnel files had a pro forma on the front of the file to assist the centre manager with auditing and tracking information stored on the personnel files. The centre manager confirmed that information deficits on curriculum vitae were accounted for during the applicants' interview. There was evidence that the required number of references was secured prior to employment and Garda vetting was on file for both staff members. Verbal checks on references were evidenced on the files and qualifications were verified on file. While one of the part time relief staff had a relevant related qualification the inspector found that the other relief staff member did not have the required social care and/or related relevant qualification. The centre manager stated that this staff member was recruited to develop and promote the activity based programme at the centre and had extensive experience working with young people in the area of outdoor activities and a natural

aptitude for the work. However given the complex presentation of the young people referred to the centre all staff must have training in the area of childhood development and understanding and knowledge of the impact of trauma and abuse on young people. The directors must support this staff member to undertake training on a recognised social care course. It is imperative that the unqualified staff member receives additional supervision and mentoring and is always on duty with a qualified member of staff. The remaining staff working at the centre had relevant recognised qualifications in community youth work, family studies, counselling, health and social care.

At the time of the inspection the centre manager and deputy manager were undertaking two sleepover duties each week to ensure a consistent care approach for the young person, therefore the manager was accessible to staff four out of five days per week. This may be sufficient when there is one resident in placement, as has been the case since initial registration, however if the centre capacity increased to two young people in placement the centre manager must review their ability and capacity to do sleepover duties and fulfil the requirements of the centre manager's role. The centre manager must be regularly accessible to staff and young people and have the capacity to provide regular consistent leadership and oversight of practice throughout the week.

There is a structured induction process for new employees and senior staff support new employees during the initial stages of their induction. There was evidence on personnel files that the new staff had participated in an induction training programme. At the time of the inspection one of the newly recruited staff members had not yet fully completed the induction programme. Staff were provided with written documentation about the model of care operated at the centre and the expected approach to working with young people.

Supervision and support

Due to the special care arrangement for the young person over the previous four months formal structured staff supervision had not been undertaken in accordance with the centre policy. Formal structured team meetings had not been scheduled in this period either. There was evidence that staff were supported by the centre manager in their work and communication was good within the team however the centre manager informed the inspector that the nature of the placement itself militated against these processes occurring as set out in the centre policy document. The centre management must ensure that young people's needs and presenting behaviour does not inhibit the functioning of the centre's operational policies and

procedures. Additional supports or resources should have been considered to ensure operational policies and procedures were not impacted upon.

The inspector found that staff supervision and team meetings had recently recommenced and the supervision files evidenced that staff had received supervision. A supervision contract was on file for all staff members. The most recent team meeting scheduled specifically examined the teams' skills and responses to managing aggression exhibited by young people. Dates for team building days had been identified in March 2017. The centre manager stated the team days were structured forums and they used them to review the effectiveness of their interventions. There was good communication within the team and a handover meeting was undertaken at the end of each shift.

The centre manager has access to external counsellors should staff members require additional support where they may experience stress or injury in the course of their work.

The inspector found there was no process in place to undertake annual staff appraisals. The centre manager must develop a system to undertake formal staff appraisals. The inspector advises that the centres training needs analysis is linked to annual staff appraisals.

There was a contract of employment on file for each staff member working at the centre however the directors must ensure there are systems in place to ensure that all statutory provisions in relation to employment law are adhered to.

The service had not yet developed a handbook to outline the statutory provisions in relation to employment law especially in relation to disciplinary procedures and employment procedures.

Training and development

The centre manager maintained an electronic database that outlined all training undertaken by staff and dates when refresher training was required. Supervision records identified additional staff training requirements.

A staff training plan was developed for 2016 but at the time of the inspection the training plan for 2017 had not yet been drafted. However, the centre manager had identified dates in March and April 2017 for staff to undertake updated training in child protection, fire safety and food safety. At the time of writing this report the

centre manager confirmed to the inspector that the required core training was undertaken and training certificates were located on the personnel files. First aid training was in date for all staff members and the inspector found evidence of this on file.

The centre manager must develop a staff training schedule for 2017 to include training modules in care practice/approaches that would further enhance and strengthen the model of care at the centre.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency has 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 has 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 directors must have systems and structures in place to ensure there is external oversight of the management of the centre which will further strengthen the governance of the service.
- The centre manager must be regularly accessible to staff and young people and have the capacity to provide regular consistent leadership and oversight of practice throughout the week.
- The directors must support unqualified staff to undertake training in a recognised social care course. It is imperative that unqualified staff are supervised and supported in their role in the centre and are always on duty with a qualified member of staff.
- The centre manager must develop a system for undertaking annual staff appraisals.
- The directors must ensure there are systems in place to ensure that all statutory provisions in relation to employment law are adhered to.

- The centre manager must develop a staff training schedule for 2017 to include training modules in care practice/approaches that would further enhance and strengthen the model of care at the centre.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

There was evidence that the young person was afforded opportunities to express their views on all aspects of their care and were proactively supported and encouraged to do so by staff. The young person attended their reviews and was central to all discussions relating to their care. The young person confirmed they had the opportunity to share their views and opinions at review meetings and in everyday interactions with staff. They stated they always felt respected by the staff and felt their views and opinions were important to staff. The young person indicated that a good relationship of trust and respect had been established with staff. In interview the young person stated they felt the staff team always had their best interests to the fore. The staff demonstrated good communication skills in terms of ascertaining the young person's view and if this view could not be accommodated it was explained clearly to the young person and noted on the record. In interview the young person's Guardian ad litem stated the team tailored the residential care programme to meet the individual needs of the young person. They observed the team relating in a natural manner with the young person and stated they considered the team also had the capacity and skills to challenge the young person appropriately. The daily logs indicated that the young person was encouraged to participate in a range of activities of their choice such as hill walking, horse riding, water based activities as well as bowling, snooker and bingo in the local community. In interview the young person was extremely satisfied with the support, care and help received from staff and was able to identify ways in which they had benefitted from the care provided. The young person had an appointed Guardian ad litem who advocated on their behalf and in their best interests.

Complaints

There were no complaints recorded on the register and the young person stated that they had no complaints about their care. The centre maintained a complaints log and had a written complaints procedure that the young person had easy access to. There was evidence of open honest communication between the young person and care staff. The young person acknowledged his confidence in staff to deal with complaints in a fair and transparent manner.

Access to information

The young person in placement was provided with information on the rights of young people in care. They demonstrated an understanding of the reason why they were in care and were familiar with their leaving care plan. The daily logbooks and centre records evidenced that the young person had access to information written about them by centre staff. The logs also recorded the young person's views.

The young person had access to a contact number for their social worker and could contact them or the Guardian ad litem independently of staff. The young person had been provided with information and contact details of organisations that promote the rights of young people in care. The young person maintained a file in their bedroom that contained a copy of their leaving and after care plan and other relevant documents they required in preparation for leaving care.

The centre manager had made contact the national children in care advocacy service and they provided information to the young person about their service.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with 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 manager received all referrals and subsequently discussed referrals with the team. There was evidence of robust gate-keeping within the service and an assessment process for referrals to ensure they are appropriate and the team had the capacity to meet the needs of the young person. It is centre policy to undertake a four week transition plan prior to admission and there was evidence the centre manager was vigilant in keeping to this timeframe. There was evidence the centre manager and the identified key-workers engaged with significant family members and other professionals during the transition phase of the admission process.

There was written information that described all aspects of the centre and was made available to the young people on admission. There was evidence that key-workers supported the young person to read and understand this information. The inspector found that the young person in placement had a good understanding of why they were in placement and the young person was fully aware of their after care plan.

The centre staff was provided with adequate information about the young person prior to their admission. The centre had developed a robust tool for undertaking an impact risk assessment should they have two young people in placement. The staff team displayed a good awareness of their responsibility to protect young people from abuse by their peers.

The social worker and Guardian ad litem were satisfied the team had the required skills and experience to provide quality care for the young person and they were suitably placed.

Statutory care planning and review

The inspector found evidence of person centred planning processes and of good inter-agency and inter-disciplinary work. The young person was subject to regular statutory reviews. The initial statutory review took place within the first month of placement and every three months thereafter until the young person reached the age of majority. The statutory review minutes were on file for the initial care plan review but not for the subsequent review which took place in November 2016 however the centre manager maintained a record of the decisions taken at each care plan review meeting. There was evidence that regular professionals planning meetings were held in the intervening period between statutory reviews. There was evidence the centre manager requested meetings with key professionals as and when required. The young person stated they attended their review meetings and were supported by the centre staff to express their views and opinions. In interview the young person's parent confirmed they were invited to participate in the review meetings and the social worker provided them with feedback from these meetings.

The aftercare plan was on file however there was no updated care plan on file following the second care plan review. The social worker informed the inspector that they would forward the updated care plan to the centre. The centre manager and staff team had a written document that outlined the young person's individual development plan. This plan set out the centre's short term and long term goals including agreed interventions. The outcome of interventions was also identified on the written plan. Clear records were maintained describing the key-work undertaken with the young person. Key-work supported the tasks identified on the individual development plan. There was evidence on file that the individual development plan was subject to regular reviews within the team.

An individual crisis management plan was developed by the team and was updated and regularly reviewed. The interventions at each stage of escalation were identified and the specific physical interventions permitted were recorded on the plan.

Contact with families

There was evidence that the staff were creative, innovative and skilled in how they involved families in the residential placements. Family outings and holiday breaks were organised and facilitated by the team for the young people in placement and their families. The parent interviewed by the inspector stated that these holiday breaks supported and enhanced family relationships and provided them with the opportunity to spend quality time together. The parent interviewed outlined the progress their child made in placement and stated that the staff provided support for

the whole family unit. The parent confirmed they were kept fully informed of all matters relating to their child. They had no complaints in relation to the standard of care at the centre and had confidence in the staff employed to care for their child. There was a written contract in place for family contact. The centre maintained a record of all family contact and the outcome of each visit.

Supervision and visiting of young people

The social worker visited in line with the statutory requirements. The social worker had the opportunity to meet with the young person in private at the centre and they also met with the young person outside of the centre in the course of other scheduled events. There was evidence the staff supported the young person to engage with their social worker. The centre manager and staff were clear of the role and statutory obligations of the social worker. The centre maintained a record of every visit by the supervising social worker on their care file together with details of any action taken as a result of the visit.

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.

The social worker prepared the care plan and made arrangements to hold the care plan reviews. The updated care plan following the second statutory review was not on file at the centre as stated earlier in the report. The parent interviewed confirmed they were invited to the reviews and received feedback on the decisions taken at the reviews. The social worker maintained a case file including a record of every visit to the young person. The social worker was satisfied that the young person was well cared for in the centre and that the staff members had the capacity to meet the needs of the young person. The social worker was satisfied they received prompt notification both verbally and in writing of all significant incidents involving the young person. There was evidence that the social worker reviewed the daily logs from time to time.

Emotional and specialist support

The young person was supported by the Child and Family Agency national specialist clinical team and was visited by members of this team on a number of occasions throughout the placement. The centre manager had advocated that a specialised assessment was undertaken prior to the current young person in placement leaving care. In interview with the inspector the Guardian ad litem commended the team for the robust manner in which they advocated to have the young person's needs assessed prior to their discharge from care. This assessment report was on file at the centre and the young person had been provided with feedback on the outcome of the report.

The centre manager and staff demonstrated an awareness of the emotional needs of the young person and had established a positive working relationship that supported the young person emotionally. In interview the young person told the inspector that this placement was the best care home they lived in since coming into the care system and the staff had helped them in many ways.

Preparation for leaving care

The young person had an allocated leaving and aftercare worker. A needs assessment form was completed by the aftercare worker and the staff team completed a residential needs assessment to identify the leaving and aftercare requirements. The allocated after care worker met the young person on two occasions at the centre. A written aftercare plan was developed by the aftercare worker following consultation with the young person, the social worker and the centre staff. There was evidence the key-worker and centre staff undertook significant work with the young person to prepare them for leaving care. The staff assisted the young person in their application for welfare payments and passport application. The individual placement plan outlined the areas of work to be completed in preparation for leaving care. The preparation not only included the teaching and learning of skills such as budgeting, cooking and shopping it also gave them skills for life, such as self-protection skills, education about safe relationships and sexual health. There was evidence that the young person and their family members were involved in contributing to the leaving care plan. The parent interviewed stated they were kept up to date in relation to the aftercare plan and accommodation options. The young person informed the inspector that they were informed of the supports available to them on leaving care.

Discharges

The inspector was satisfied that the previous two discharges from the centre were planned and there was evidence the young people were well supported by the staff team during the transition process. The two young people were in placement for seven and fifteen months respectively. There was evidence that the staff were committed to ensure the young people moved from the centre in a positive manner and staff maintained periodic contact with the young people to support them after their transition from the centre. The centre had an evaluation form for the young people to complete on leaving the centre and this form was used to inform practice at the centre.

Aftercare

Aftercare accommodation with appropriate supports had been identified for the young person at the time of the inspection. The young person was satisfied with this aftercare arrangement. On reaching eighteen years of age a living agreement was developed by the centre staff and the social worker in consultation with the young person. The core principles of the agreement was based on honesty, respect and participation. The agreement was signed by all relevant parties including the young person. The centre manager identified a concern that there was no therapeutic services identified for the young person on their transfer to supported aftercare accommodation and they brought this to the attention of the relevant professionals.

Children's case and care records

The staff maintained an individual care file for the young person. The care file was kept in a way that facilitated effective care planning and maintained appropriate levels of privacy and confidentiality about the young person's circumstances. There was evidence the young person had access to information on their file. The file contained a copy of the young person's care order and birth certificate. The social worker confirmed they maintained a case file that contained information about the young person's history and progress. Care files and records relating to young people discharged from the service were returned to the placing social work team. The social workers signed a declaration confirming the files and records were returned and this was noted on the centre register.

3.5.2 Practices that met the required standard in some respect only

None identified.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

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

Regulations 1995

-Part IV, Article 23, Paragraphs 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 has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

The centre had effective policies and procedures in place that promoted safeguarding practices. These policies covered children's rights, bullying, sanctions, staff recruitment, working alone, significant events and missing children from care. There was evidence that core elements of safeguarding practices was listening, advocating and responding to young people's issues. Staff were aware of the young person's history and were cognisant of safe care issues based on this information. A culture of sharing information was promoted in a manner that respected the young person's right to privacy but allowed them to be cared for in a manner that was safe and suitable to their needs. The staff worked closely with the young person's family to promote safe care. All professionals interviewed confirmed that the staff team had a good awareness of safeguarding practices and the social worker was satisfied that the

centre reported potential concerns to them in a prompt manner. Absence management plans and risk management plans were completed and were subject to regular review.

Copies of relevant plans were forwarded to the supervising social workers. Staff members were familiar with the content of these plans. Impact risk assessment reports were completed by the team and placed on file. The young person was visited at the centre by their social worker, Guardian ad litem, aftercare worker and other specialists. There was evidence of good inter-agency involvement with the young person. In interview external professionals were satisfied that high-quality care was provided to the young person.

Child Protection

Standard

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

The centre had a written child protection policy that was consistent with the national guidelines for the protection of children as set out in Children First. Guidelines were in place for responding to allegations or complaints about staff in the centre. Staff interviewed were clear on the procedure to follow in the event a young person disclosed some form of abuse and could identify the centres designate liaison person for reporting abuse. All staff had recently updated their child protection training and certificates were maintained on the personnel files. There was no child protection concerns reported in respect of the young person in placement.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 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

The centre provided a warm inviting environment. The centre was unique in its location and design and was conducive to providing a non threatening environment in which young people described as ‘homely’. The furnishings and facilities were adequate and sufficient for the registered number of young people to be accommodated at the centre. The young person had their own bedroom and had access to a space where their personal belongings could be kept safely and securely. The geographical location of the centre offered a wide variety of activities.

The inspector was provided with a copy of the centre’s insurance documentation. The centre was insured in accordance with the requirements of the registration and inspection service and the child and family agency.

Maintenance and repairs

The centre was well maintained and kept in good decorative condition. The centre had a regular maintenance operative who dealt with repairs to the centre in a prompt manner. There were no incidents of serious property damage at the centre. A record was maintained of all repairs.

The inspector found there was no external line manager to routinely monitor the premises to ensure the maintenance of standards and safety as required under the national standards. The centre manager must ensure there is a system to place to undertake a quarterly audit of the structural and decorative condition of the centre.

Safety

The inspector found the premises were a safe and secure place for young people to live. The centre had an up to date health and safety statement and there was evidence the staff had read this document. The young person's medication was stored in a secure cabinet and the administration of medication was properly recorded in line with centre policy. The centre had systems in place for reporting accidents and injuries. There was a designated health and safety officer within the team. The team were adequately trained in first-aid techniques. The vehicle used to transport young people was road worthy, legally insured and driven by persons who were properly licensed.

Fire Safety

The inspector examined the fire register. Six monthly service checks on the fire alarm, emergency lighting, fire detection system and fire fighting equipment was evidenced on the fire register. Staff and the young person had participated in fire drills that were properly recorded. Fire safety training was up to date for all staff members. The centre had the appropriate fire certification issued by the local county council.

3.10.2 Practices that met the required standard in some respect only

None identified.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre has 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 Action

- The centre manager must ensure there is a system to place whereby an external manager routinely monitors the premises to ensure the maintenance of standards and safety.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The directors must have systems and structures in place to ensure there is external oversight of the management of the centre which will further strengthen the governance of the service.</p> <p>The centre manager must be accessible to staff and young people on a regular basis and have the capacity to provide regular consistent leadership and oversight of practice throughout the week.</p> <p>The directors must support unqualified staff to undertake training in a recognised social care course. It is imperative that unqualified staff are supervised and supported in their role in the centre and are always on duty with a qualified</p>	<p>The service has comprised a company board to offer support and strengthen governance of the organisation and management.</p> <p>The service has devised an alternative shift pattern where management is accessible seven days per week via an on-call system.</p> <p>The service has devised a formal appraisal process where staff training and development will be focused on. All staff will be encouraged to complete any necessary training and supported to do so.</p>	<p>The role and function of the board will be reviewed on a yearly basis.</p> <p>This system will be reviewed to assess its effectiveness in Sept 2017.</p> <p>The appraisal system will ensure all unqualified staff are supported to complete a recognised social care course.</p>

	<p>member of staff.</p> <p>The centre manager must develop a system for undertaking annual staff appraisals.</p> <p>The directors must ensure there are systems in place to ensure that all statutory provisions in relation to employment law are adhered to.</p> <p>The centre manager must develop a staff training schedule for 2017 to include training modules in care practice/approaches that would further enhance and strengthen the model of care at the centre.</p>	<p>As above.</p> <p>The directors and development officer will develop a staff handbook. This action will be completed by 31/10/17.</p> <p>This has been completed and all core training has been delivered and the new appraisal process will identify training needs. The centre manager will forward the training schedule to the inspector by end of June 2017.</p>	<p>Appraisals will be formally completed and reviewed in the supervision process.</p> <p>Once developed the handbook will be made available to all staff members and be reviewed by the company board on an annual basis to ensure it is up to date in relation to matters pertaining to employment law.</p> <p>An annual training schedule will be developed at the beginning of each year to include all training needs identified at staff appraisals.</p>
<p>3.10</p>	<p>The centre manager must ensure there is a system in place whereby an external manager routinely monitors the premises to ensure the maintenance of standards and safety.</p>	<p>The centre has devised a quarterly system and checklist where the property is reviewed and assessed to ensure the maintenance of standards and safety. This to be completed by the maintenance officer.</p>	<p>The process outlined will ensure the issue is addressed. Management will review and sign off on the inspection on completion.</p>