



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 070

Year: 2019

Alternative Care Inspection and Monitoring Service
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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Peter Mc Verry Trust under 18's service
Registered Capacity:	4 young people
Dates of Inspection:	8th and 9th January 2019
Registration Status:	Registered from 4th March 2018 to 4th March 2021
Inspection Team:	Linda Mc Guinness and Lorraine Egan
Date Report Issued:	26th February 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 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 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2003. At the time of this inspection the centre were in their eighth registration and were in year one of the cycle. The centre was registered without attached conditions from 4th March 2018 to 4th March 2021.

This centre was a long established house in the inner city with close links to the community. The centres purpose and function was to accommodate four young people of both genders from age twelve to eighteen years on admission. Their model of care was described as a client centred, strength's based approach which was in line with the ethos of the Peter Mc Very Trust with whom they were affiliated. The mission of the centre was to offer a safe, challenging and supportive environment to young people who were at risk of being homeless, marginalised or at risk of substance misuse and social disadvantage. The work was delivered through a multi-disciplinary approach with a strong focus on the development of the young person's own motivation, resilience and decision making.

There were four young people living in the centre at the time of this inspection, three of whom met with inspectors during the process. Inspectors set out to examine aspects of standard 2 'management and staffing' aspects of standard 5 'planning for children and young people', standard 6 'care of young people' and standard 7 'safeguarding and child protection' of the National Standards For Children's Residential Centres (2001). During the inspection process it was decided to expand the remit of the inspection to include standards 1 'purpose and function' and standard 8 'education'. This inspection was unannounced and took place on the 8th and 9th of January 2019.

1.2 Methodology

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

- ◆ An examination of questionnaires and related documentation completed by the Manager and head of under 18's services

- ◆ An examination of the questionnaires completed by:
 - a) 5 social care workers and 4 social care leaders
 - b) The social workers with responsibility for all young people residing in the centre.

- ◆ An examination of the centre's files and recording process including:
 - Centre registers
 - care files
 - supervision records
 - handover book
 - team meeting minutes
 - management meeting minutes
 - child protection records
 - sample of staffing files
 - training records

- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The head of under 18's services
 - c) 4 staff members
 - d) 3 young people
 - e) The lead inspector for the centre

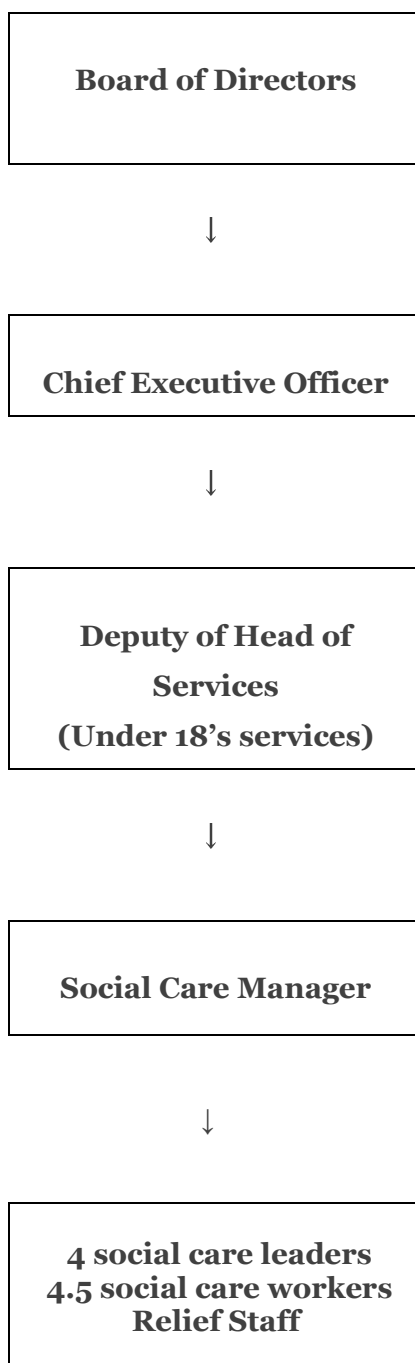
- ◆ Observations of care practice routines and the staff/young people's interactions.

- ◆ One inspector attended the staff team meeting

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 8th February 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 21st February 2019.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to continue to register this centre, ID 070 without attached conditions from the 4th March 2018 to 4th March 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

The centre had a written statement of purpose and function outlining the mission and the manner in which care was to be provided to young people. The purpose and function was up to date and also set out how this service fitted in to the wider organisation. The statement was available to young people, families and other professionals with an interest in the work of the centre.

During review of the care files and observation of care practice it was evident that the day to day operation in the centre reflected the statement of purpose and function. There was a strong ethos and culture of care which was passed to new staff members through induction, modelling and mentoring when they commenced work in the centre. However, inspectors found that the staff members who were interviewed were unable to adequately describe the component elements of the model of care during interview. Inspectors recommend that centre management address this at a team level and take any action required to ensure that the team are fully familiar with the statement.

This centre operates under the standardised policies and procedures document within the Tusla Dublin North East Region which were drawn up a number of years ago. They have made adjustments to the policy to take in to account times when there may be young people over 18 years of age living in the centre. These policies have been due for review at national level for some time now and this is still a work in progress. The delay in adopting new national policies and procedures has meant that there are some deficits in policies and some of which were outdated. Inspectors recommend that centre management review these documents and address any obvious deficits in the interim to ensure that staff practice is guided by agreed relevant policies and procedures.

3.1.2 Practices that met the required standard in some respect only

None identified

3.1.3 Practices that did not meet the required standard

None identified

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

Inspectors found that there was a clear management structure in place. Since the last inspection of this centre there have been no changes of management within the centre. At the time of this inspection the centre was being managed by a qualified and experienced manager who had a recognised qualification in social care, and a qualification in psychotherapy. They had been in post since 2016 in an acting capacity but were appointed to the full time, permanent position 6 months prior to this inspection. They worked from Monday to Friday each week occasionally working an overnight shift. Staff members who returned questionnaires to the inspectorate described the manager as being child centred and supportive.

During interview with inspectors the centre manager identified mechanisms that were in place to ensure that the service was operating in accordance with the agreed policies and procedures to provide best quality of care provision. They indicated that they had oversight of all significant events and attended planning and strategy meetings. There was evidence that they had oversight in respect of implementation of young people's plans. The centre manager attended team meetings and handover meetings and was involved in policy review at an organisational level.

It was found by inspectors upon review of the care files and administrative files that the centre manager had responsibility for overseeing the day to day operation of the centre and met these responsibilities in full. Governance processes had been improved since last inspection in that there was clear evidence of social care manager and senior line management signing records to evidence their oversight.

The social care manager reports directly to the deputy head of services with special responsibility for under 18's services who reports directly to the board of directors. A regular written report was provided to the board. Inspectors found that there were effective communication systems in place between layers of management within the organisation. The head of service for under 18's visits the centre and meets young people and staff members from time to time.

The most recent inspection report in 2018 found that a number of deficits in service provision had not been picked up at senior management level and the action plan for that inspection indicated that auditing processes would be revised to ensure that more effective governance was in place. Inspectors found that there had been significant improvement in this regard. During this inspection there was a quality assurance system in place whereby the deputy head of services with special responsibility for u18's services conducted audits in the centre and reported back to the manager any issues requiring action. There were three audits in 2018 available for review by inspectors. These audits included review of all plans for each of the young people, centre registers, significant events review, health and safety, financial expenditure, maintenance, centre and strategy meetings, staffing, supervision and training amongst others. While these audits were a useful way to review care practice and outcomes for young people, inspectors found that they could be further improved with the inclusion of interviews with staff members and this would have assisted senior management to address some deficits in staff understanding of the model of care and their understanding of mandated reporting under Children First guidance.

The auditing process could also be further improved with the addition of a specific action plan for the centre manager following completion of the audit. Inspectors found that some actions were repeated from audit to audit and it would benefit the process if each audit began with and review of actions from the previous one and any issues outstanding. The action plan would assist with tracking of any recommendations and highlight if certain issues were reoccurring.

Management meetings for under 18's services within the Trust were scheduled to take place each month and records were available for 2018. These meetings were chaired by the head of services with responsibility for under 18's services. It was evident that there was a focus on service development and improvement. Inspectors reviewed the minutes of meetings for each month in 2018 and found that the records reflected attention to issues including staffing, supervision, roles and responsibilities, leadership training, budgeting, health and safety, peer support groups, safeguarding,

inspection recommendations, clinical input to young people's care, health and safety, placement planning and service level agreements. All records held an agenda, discussion of the agenda items, actions required and follow up correspondence or documents to be distributed. Each meeting evidenced discussion in respect of previous actions and agreement to carry these over if not yet completed. There was a feedback loop to the staff team for relevant issues. These records of these meetings were more comprehensive than those provided at the time of last inspection and indicated improved governance mechanisms.

Register

During this inspection, the centre register was reviewed and found to be complete and in line with regulatory requirements and the National Standards for Children's Residential Centres, 2001. The register contained details of young people, their admission dates and information on their parents and social workers as required. Inspectors recommend that the section relating to father's details is not left blank even in the event where information is not known. There was a system in place where duplicated records of admissions and discharges were kept centrally by Tusla, the Child and Family Agency. Inspectors noted that the register had been reviewed and signed by the centre manager and the head of service for the under 18's services.

Notification of Significant Events

There was system in place to record and notify the Child and Family Agency of all significant events relating to young people living in the centre. There was clear guidance to the staff team in relation to what constituted a significant event and how to manage and report these. A register of significant events was maintained for the purpose recording and tracking.

Inspectors found that all notifications took place promptly and all four social workers who were interviewed confirmed that they were satisfied with how incidents were notified and managed.

Staffing

The centre was adequately staffed by a staff team with a good balance of experienced to inexperienced staff. A fourth social care leader had been appointed since the last inspection and this brought the staffing complement up to social care manager, four social care leaders and 4.5 social care workers. This meets the requirement to have at least one staff member qualified to child care leader level on each shift. Two staff members did not hold a relevant social care qualification and both had been encouraged and supported to return to attain a qualification however this was noted

at the time of last inspection and neither had taken this up at the time of this inspection. Both of these staff members had been employed in excess of 14 years and were subject to personal development plans as part of the supervision process. They were encouraged to attend supplementary training in support of their role.

Staff vetting is completed by the dedicated human resources department and each social care manager in the agency also reviews and verified the personnel files for their centre. There is a formal staff induction for all new staff members appointed to the team.

Supervision and support

The centre has a policy on supervision which states that staff should be supervised every six to eight weeks but the centre manager aims to supervise staff within a timeframe of four to six weeks if possible. Newer staff members received more frequent supervision at the outset of their employment in the centre in line with best practice.

At the time of last inspection it was found that staff did were not receiving supervision in line with best practice timeframes or in line with organisational policy. It was recommended that management review and revise the supervision process to ensure that all supervision facilitates effective planning and accountability.

The centre provided a response in the inspection action plan to state that these would be rectified with immediate effect and that supervision would also be subject to oversight in the head of service auditing processes. Inspectors found that these actions have been addressed and that significant improvements have been made.

The social care manager supervised all staff members and although they felt that this was the most effective approach it was increasingly difficult to meet targets set in policy and some consideration was being given to the supervision tasks being shared going forward. A review of a sample of supervision files found that there was a set agenda, a good link to young people's plans (for keyworkers) , discussion regarding professional development, roles and responsibilities, analysis of training needs, reflective practice, identification of challenges and agreed actions set out. The process could be further improved by placement planning review for all staff during the supervision process and not just those who were appointed keyworkers.

The 2018 inspection report recommended that centre management must ensure that team and management meetings take place in line with centre policies and

procedures and that attendance is maximised. This recommendation was met at the time of this inspection. Records showed that 21 meetings had taken place between July and December 2017. Meetings were well attended; child focused and facilitated effective care planning.

Administrative files

Inspectors found that recording systems were well organised and maintained to a good standard to facilitate effective planning. There was evidence of oversight by senior line management. The organisation has a long term, secure storage facility for archiving relevant records.

3.2.2 Practices that met the required standard in some respect only

Training

Inspectors found that this is an area which still requires some improvement and a definite focus by senior management.

The recommendation from the most recent inspection report that management must ensure that the training needs analysis and training programmes are reviewed coordinated and recorded to facilitate effective review and planning was addressed in part. There was a good link between supervision and training needs, however some training was taking significant periods of time to complete. First Aid training required for one staff member took 7 months to schedule. A number of staff had yet to completed the 'daily life events' training programme which was a core aspect of the model of care.

Management must ensure that training received is fully understood and integrated into care practice. This was not the case for the 'daily life events' training and some aspects of child protection training.

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

- Centre management must ensure that all training received is fully understood and integrated into care practice. Staff must be familiar with the model of care, and the theory and practice aspects of training received.

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 under standard 5.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Three of the four young people had an up to date care plan on file in the centre at the time of this inspection. A third young person had been admitted to the centre approximately five months prior to the inspection but did not have a current care plan on file. A statutory child in care review meeting had taken place two months into the placement in October 2018 and a document with decisions from that meeting had been sent to the centre to assist placement planning. However there was no statutory care plan referring to this placement and setting out the analysis of needs and identified goals to meet these needs. There was evidence that centre management had written to the social work department requesting the plan in line with regulations. The lack of a care plan was concerning in light of the fact that this young person was not engaging in a fully meaningful way with the service on offer. Of 140 possible nights they should have spent in the centre they had only stayed there on 38 occasions and had been reported missing in care on over 60 occasions. The social worker was interviewed by inspectors and felt that the centre has the capacity to meet the young person's needs and that there had been small positive steps in

recent days. There was no evidence of social work sign off or agreement with the placement plan devised by the centre and this should be a core part of the process for all young people's plans.

It was acknowledged by the supervising social worker that the current levels of absences (some of which were for a number of days) would put the placement at risk of breakdown. Weekly strategy meetings had been agreed between the centre and the social work department to consider ways in which to support this young person to engage and protect their placement in the centre.

The other three young people living in the centre had up to date care plans and /or aftercare plans on file which had been used to devise robust placement plans. Collective risk assessments had taken place to ensure an appropriate mix of young people. The staff team had 'stuck with' one of the young people through times of crisis instability and challenging behaviour and the social work department acknowledged the work of the team in implementing the care planning goals through keyworking and relationships. This young person was preparing for aftercare and both they and their social worker stressed the positive impact that this placement had had in their life.

There was evidence of much planned keyworking on young people's files in line with care plan assessed needs and goals and these were formulated in a structured way at team meetings. These sessions took place alongside opportunity led keyworking. Keyworking recorded on young people's files included personal hygiene, sexual health, budgeting, aftercare preparation, substance misuse, anger management, life skills development, healthy relationships, parenting and personal safety amongst others. One young person had keyworking recorded in respect of budgeting for their smoking habit but no evidence of working towards smoking cessation which should be included as part of an overall placement plan. Keyworking in respect of bullying could be improved and this is referenced under standard 6 'behaviour management'.

All young people had up to date individual absence management plans, crisis management plans and risk assessments where appropriate. Internal and external oversight of these plans was evident.

The 2018 inspection report stated that management must ensure that placement plans and other planning documents clearly reflect how goals are to be achieved and that there is evidence of progression of required actions. This aspect of planning has been addressed at the time of this inspection and young people's plans had clear goals

with person's responsible for actions. There were identified timeframes and periodic review built into the process.

3.5.3 Practices that did not meet the required standard

None identified. Not all criteria assessed under standard 5.

3.5.4 Regulation Based Requirements

The Child and Family Agency (one social work department) has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

-Part IV, Article 23, Paragraphs 1 and 2, Care Plans

Required Action

- The supervising social work department for one young person must ensure that there is a statutory care plan on file. There must be on-going review to ensure that this placement is suitable and can meet the needs of the child.

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

There was evidence that the staff team were keenly aware of the individual needs of young people and although not fully able to explain the 'daily life events' approach it was evident in daily practice and to a certain extent in centre records. Care of young people was approached based on their individual needs, and much of the work was strengths based and conducted through relationship in line with the stated model of care. Young people were encouraged to make choices about their living space and individual appearance. Issues of personal hygiene were dealt with sensitively. All young people were encouraged (when it was safe to do so) to remain involved in their

local communities and to pursue interests and hobbies. Birthdays and special occasions were celebrated and young people's time in the centre was acknowledged positively when they moved on. There had been a number of discharges from the centre in the previous year in line with young people's care plans and it was evident that they had been provided with the skills and competencies for independent living.

Provision of food and cooking facilities

There was adequate amounts of varied and nutritious food available and young people were encouraged to shop for and prepare meals with the support of staff if necessary. There was a focus on healthy eating and exercise and young people and staff shared mealtimes which was witnessed by inspectors to be a positive social event.

Race, culture, religion, gender and disability

There was evidence that the team were aware of cultural diversity and that they valued young peoples heritage and identity. There was a policy in respect of anti-discrimination which all staff were aware of. It was evident that there was a culture of tolerance and acceptance within the organisation. The importance of family was a core concept of the model of care and family relationships were a key focus in young people's plans. Young people were assisted to rebuild and repair damaged relationships. Young people had access to the same opportunities as their peers.

Restraint

While all the staff team were appropriately trained, restraint or physical intervention was not a feature for any of the young people in the centre.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

There was a written policy in relation to managing challenging behaviour of young people. All young people who spoke with inspectors were aware of their rights and responsibilities. Staff members were trained in a recognised model of behaviour management. Review of young people's files showed that there were good efforts to help young people manage negative behaviour. Attendance at the team meeting showed that staff members were able to consider the underlying causes of challenging behaviour and to reflect on appropriate responses. Sanctions were not the primary way of managing behaviour as there was a strong emphasis on promoting positive behaviour. There was evidence of good pieces of work using a restorative practice approach between two young people with the involvement of the local child

protection Garda. This had a very positive outcome and which was commented upon positively by social workers who spoke with inspectors. All sanctions were recorded and subject to appropriate oversight and young people who spoke with inspectors described consequences as 'fair'.

There was a policy on bullying within the centre. Nonetheless, inspectors found that there was an inconsistent approach to recognising and responding to some bullying behaviour within the centre. It appeared that some of the staff team were more confident in addressing this behaviour than others and this issue was not adequately addressed in the placement plan for one young person. This should have been more evident in the supervision process with individual staff members. The centre manager informed inspectors that they had recently sought training in relation to this issue.

Following from a recommendation in the 2018 inspection report there was now a more effective review of significant events taking place through a formal process. There was a feedback loop in place from this forum to the team meetings where discussion and learning took place.

Young people were referred to appropriate emotional and specialist support if necessary and the advice of clinicians or other professionals was evident on young people's files.

Absence without authority

There was a policy and procedure for staff to follow in respect of young people who were absent and risk from the centre or who were missing from care. Notifications in relation to absences were prompt and contained all relevant details. Each young person had an up to date absence management plan which took account of their age, developmental stage, and individual risk. It was not always evident that young people's social workers had sight of and approved these absence management plans and this should be built into the formal planning process. Threshold meetings were taking place in line with the Joint National Protocol for Children Missing from Care however the minutes of these meetings were not always on file and the monitoring office did not receive the minutes as outlined in the protocol.

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 Action

- Centre management must ensure that there is a consistent approach to bullying behaviour in the centre and that staff are supported through training and supervision to fully implement the policy to protect young people from negative behaviour by their peers.
- Centre management and supervising social workers should agree the content of absence management plans.
- Centre management and supervising social workers must ensure that minutes of threshold meetings under the Joint National Protocol for children missing from care are taken by Tusla staff in line with the policy and sent to all relevant persons including the monitoring officers.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

None identified

3.7.2 Practices that met the required standard in some respect only

Safeguarding

The centre was in the process of reviewing and updating their child safeguarding policy so as to be aligned with Children First; National Guidance for the Protection and Welfare of Children 2017. Some of the procedures in place included: reporting child protection concerns and dealing with allegations of abuse against staff members. As the document was still in draft format, the centre must forward the policy to inspectors when signed off on by the service.

Although all staff had completed child protection training, inspectors found evidence through staff interview, that there was a deficit in understanding of what constituted a child protection policy and what procedures were being implemented in practice

within the centre to safeguard young people. Furthermore, some of the staff team were unclear as to whether they were mandated persons under the Children First Act 2015. Inspectors recommend that child safeguarding training is provided that is specific to the policies and procedures developed by the service so that they can be implemented in practice by the staff team.

There was some evidence from centre records of interventions in place to protect young people within and outside the centre. These risk management practices included; alarms present on all doors and windows and risk assessments done prior to admission. Young people when interviewed stated that they were aware of the complaints procedure in place and they each had a named person/s that they could talk to outside the centre should they need to. Young people also stated that they could access their social workers privately if they wished.

Inspectors reviewed the complaints register at the time of inspection and saw appropriate steps and interventions taken to resolve complaints.

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.

Child Protection

The organisation and individual centre's Child Safeguarding Statement (CSS) was reviewed during the inspection process and was found to be in compliance with their statutory obligations under the Children First Act 2015.

From a review of the files sampled, inspectors found that all staff had completed the Children First E-Learning Programme with Tusla, the Child and Family Agency. The organisation had provided supplementary training in child protection however staff members interviewed were not able to fully explain the ways in which children are safeguarded against abuse. They did not reference recruitment policies, vetting, child protection policies, protected disclosures or a staff codes of conduct for example.

3.7.3 Practices that did not meet the required standard

None identified

Required Actions

- Centre management must ensure that child safeguarding training provided to staff is based on the service's own child protection policy so that the procedures in place can be implemented in practice within the centre.
- Centre management must ensure that all staff members are aware of their specific responsibilities under child protection legislation and guidance. They must be fully aware of all policies in place within the organisation to safeguard and protect children.

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 in respect of education and it was evident that education was valued and encouraged for each young person living in the centre. The staff team were involved in attending meetings regarding education and training and supported young people to remain in education where they were struggling with any aspect of it. All education contacts were recorded appropriately on young people's files. Every effort was made to secure extra tuition for those young people who had identified deficits or who were not for any reason attending formal education.

Each young person in the centre at the time of this inspection had a dedicated work, education or training placement however one young person had not attended their school since admission to the centre in August 2018. There was evidence that the team were making every effort to re-engage them in education but this young person was frequently absent from the centre for long periods. The team had engaged the education welfare officer and was in the process of sourcing individual home tutoring. Staff had also linked in with the educational officer in Tusla DNE to get support regarding a plan to meet this young person's educational needs.

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

4. Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	Centre management must ensure that all training is fully understood and integrated into care practice. Staff must be familiar with the model of care, and the theory and practice aspects of training received.	SCM has completed a briefing with all staff on the DLE model. Additionally, the staff team will attend a workshop on the DLE model with two PMVT U18 managers, who completed Train the Trainer to deliver DLE in December 2018. This will be completed with the team by end of March 2019. A new individual work (IWR) report template was introduced to facilitate consolidation of the process.	Training and refreshers will be provided by PMVT trainers The IWR template will be used monthly by the team to consolidate practice. Supervision process will be used to ensure work is consolidated on an individual basis. This will remain a priority for management and will be reviewed during auditing and other governance processes.
3.5	The supervising social work department for one young person must ensure that there is a statutory care plan on file. Supervising social work department and centre management must ensure on-going review to ensure that the	Follow up email sent requesting the named document on the 14.02.19. Social worker has acknowledged this email and will follow up. Weekly professional strategy meetings were scheduled and have continued to ensure tight planning is in place in relation to the young person and to ensure	Centre management will continue to request documents when needed for young person's file. This will be further escalated if there is undue delay On-going strategy meetings will take place with relevant professionals to review young person's placement.

	placement of one young person is suitable and can meet the needs of the child.	the placement remains most appropriate. Five meetings took place with a further three and a family welfare conference planned.	
3.6	<p>Centre management must ensure that there is a consistent approach to bullying behaviour in the centre and that staff are supported through training and supervision to fully implement the policy to protect young people from negative behaviour by their peers.</p> <p>Centre management and supervising social workers should agree the content of absence management plans.</p>	<p>Centre management and core staff will attend bullying prevention and intervention training in March 2019. This will allow further development of appropriate strategies in relation to meeting the needs of the current young people and group and support consistency of approach.</p> <p>Staff will then be supported through the supervision process in ensuring they are confident in their practice in relation to this issue.</p> <p>SCM and social care workers will continue to send absent management plans to presiding social workers. Social workers will continue to agree the content by email. This agreement of the absent management plan - by all parties, will be attached to the absent management plan in place.</p>	<p>On-going training will take place as required. Management will review progress in this area and address fully through planning and supervision processes.</p> <p>This will be monitored and reviewed by appointed keyworkers. SCM will be oversee and ensure that this form of communication is taking place. Overall governance of this recommendation will be reviewed during the auditing process.</p>

	Centre management and supervising social workers must ensure that minutes of threshold meetings under the Joint National Protocol for children missing from care are taken by Tusla staff in line with the policy and sent to all relevant persons including the monitoring officers.	Centre management has sent an email to all presiding social workers requesting all minutes of Threshold meetings under the National Protocol for children missing from care are forwarded to all relevant persons including the monitoring officers. Social workers to all young people have acknowledged this.	Centre management will ensure going forward that these minutes are sent to all professionals including the monitoring officers by the supervising social workers of all young people.
3.7	Centre management must ensure that child safeguarding training provided to staff is based on the services own child protection policy so that the procedures in place can be implemented in practice within the centre. Centre management must ensure that all staff members are aware of their specific	Centre management has again briefed the team in relation to child safeguarding policy. A further workshop regarding the child safeguarding policy and its use in under - 18's services will be rolled out in March 2019 with all staff. Staff will then be supported through the supervision process to ensure they are competent and confident in their practice in relation to this issue. SCM has spent time within the team meeting to discuss this area at length. SCM has undertaken scheduled DLP training.	On-going training will take place as required and there will be a focus on this issue through supervision. This will remain a priority for management and will be reviewed during auditing and other governance processes.

	responsibilities under child protection legislation and guidance. They must be fully aware of all policies in place within the organisation to safeguard and protect children.	A further workshop regarding the child safeguarding policy and its use in Under 18s will be rolled out in March 2019 with all staff. SCM is reviewing a policy each week with the team pertaining to policies that are in place to safeguard children.	
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