



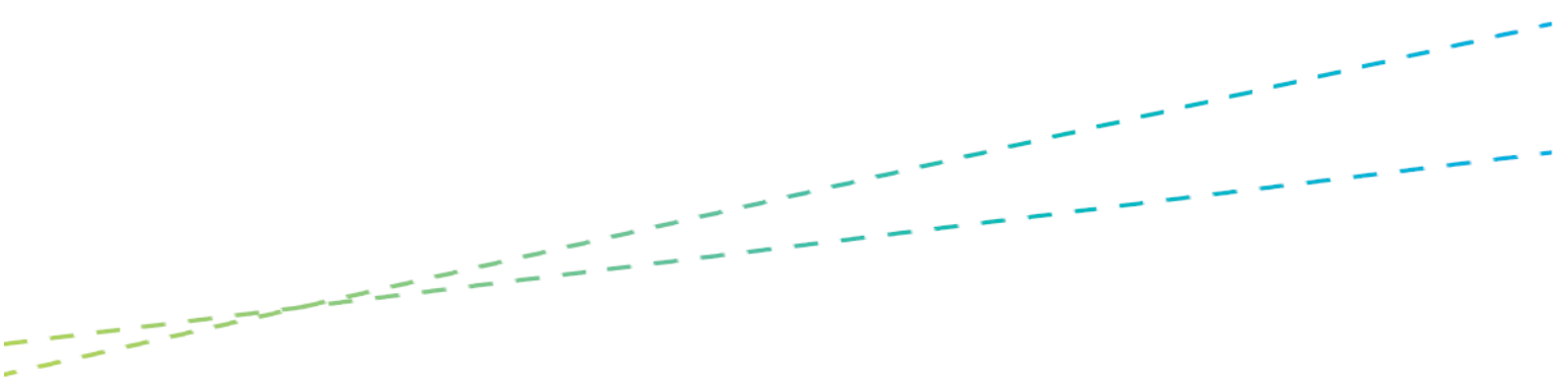
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 071

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Smyly Trust Services
Registered Capacity:	Five young people
Dates of Inspection:	23rd, 24th and 25th January 2019
Registration Status:	30th April 2017 to 30th April 2020
Inspection Team:	Lorraine Egan Sharon McLoughlin
Date Report Issued:	17th May 2019

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1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Centre Description

This 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 2002. At the time of this inspection the centre were in their sixth registration and were in year two of the cycle. The centre was registered without attached conditions from 30th April 2017 to 30th April 2020.

The center's purpose and function was to accommodate five young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as providing residential child care for young people using a therapeutic community approach which meets the emotional and developmental needs within a caring and stable structure. There were two young people on placement at the time of inspection.

The inspectors examined standards 2 'management and staffing', aspects of 5 'planning for children and young people' and 7 'safeguarding and child protection' of the National Standards For Children's Residential Centres (2001). This inspection was unannounced and took place on the 23rd, 24th and 25th January 2019.

1.2 Methodology

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

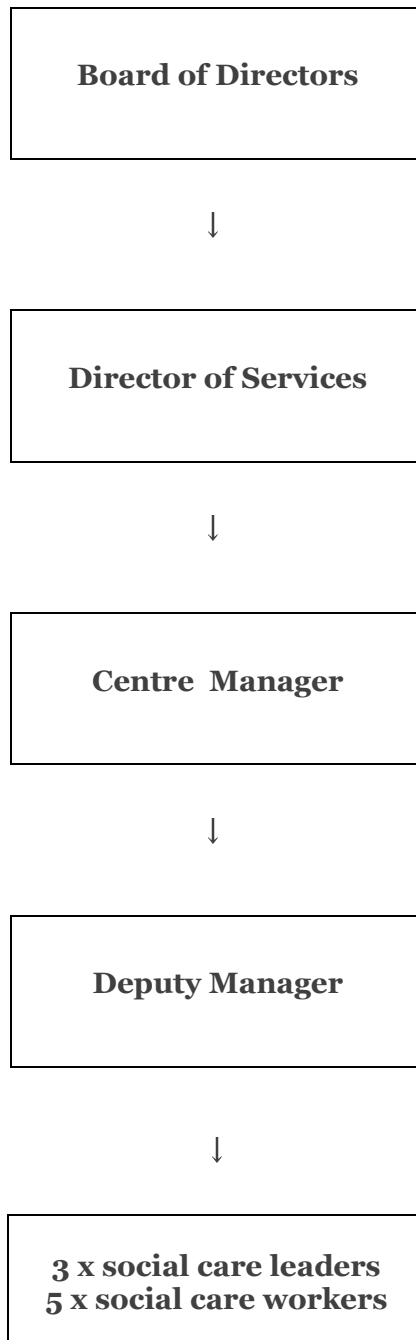
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Nine of the care staff
 - b) The social care manager
 - c) The director of services
 - d) The chairperson of the board of management
 - e) The social worker with responsibility for one young person residing in the centre
 - f) The guardian ad litem for one young person
- ◆ An examination of the centre's files and recording process.
 - care files
 - daily log books
 - staff personnel files
 - supervision records
 - handover book
 - maintenance log
 - training records
 - team meeting minutes
 - management meeting minutes
 - centre registers
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Three staff members
 - c) Two young people
 - d) Service director
 - e) One social worker and one social work team leader with responsibility for three young people residing in the centre
 - f) One guardian ad litem for one young person residing in the centre

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

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 11th March 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 2nd May 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 071 without attached conditions from the 30th April 2017 to 30th April 2020 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The management structure in place within the centre was well established and the manager had 24 years relevant experience and had been in their current position for eleven years. They held a recognised qualification in social care and reported to the director of services who in turn reported to the centre's board of management. The manager was supported in their role by a deputy manager. Both the manager and deputy operated an on-call system should staff need this support.

At interview, the manager identified their responsibility to ensure that suitable care practices and operational policies were being implemented within the centre. Inspectors saw evidence on centre records of a high standard of governance, regular oversight and recording systems in place by both internal and external management. Inspectors observed that the manager attended management meetings every six weeks, significant event reviews, daily handover meetings and team meetings which they chaired. There was also a monitoring group in place that the manager and director of services took part in on a monthly basis designed to review policies and procedures.

Inspectors found that the manager had a thorough understanding of the individual needs of the young people and had developed positive relationships with them. The therapeutic model of care practiced within the centre was very evident across records including daily logs, key working minutes and hand over meetings. There was clear evidence that the manager read the young people's individual records on a consistent basis. The director of services visited the centre regularly and was very familiar with the young people and the staff team. They also had a role in the review process for the complaints system which had been updated after the last inspection where a new tracking and recording procedure was implemented in practice to address the deficits identified in the report.

There was an internal auditing process in operation within the centre which the director of services stated was conducted by them on a quarterly basis. However, inspectors observed one report for the previous year which was dated December 2018. The audit tool used as part of the system was designed to link with the National Standards for Children's Residential Centres 2001. Inspectors also observed file - checks in place for each young person's record and while this audit system highlighted whether the necessary information was contained within the young person's file or not, the scope of the audit was not clear. There was an absence of detail in the way the findings were tracked, how deficits were addressed and there was no specific timescales for completion of work with no named person associated with an identified task. It was also not clear who completed these checks as they were not signed. While there was evidence of the current audits improving practice, the recording of the audits could be improved upon. Inspectors recommend that the auditing process is reviewed so as to capture the deficits outlined above.

Inspectors examined a sample of the minutes from the manager's meetings and found that they were occurring regularly and focused on staffing and recruitment, planning for training and oversight of placements. There was also an overview given on each young person on placement along with policy review, auditing of files and the development of a child safeguarding statement. While the minutes contained evidence of good governance, oversight of the service and strategic planning for the organisation, the minutes were quite varied and would benefit from the use of a standardised template to record the information.

An internal significant event review group (SERG) met to review SENs from an organisation-wide perspective and managers from each service along with the director attended the meetings. Inspectors saw evidence on the minutes of discussions at these meetings in relation to specific incidents that occurred and whether they were managed in line with the service's model of care. Direction was given on factual accuracy to staff in relation to the need for them to focus on recording only the behaviour of the young person at the time of the incident rather than use any language that was open to interpretation. Inspectors found it difficult to determine the frequency of these meetings as not all of the minutes were stored within the centre.

A report was also issued at the end of each year whose main aim was to highlight key learning from the reviews so as to promote reflection and responses within the staff team. Inspectors observed the main findings in the 2018 report and areas covered included; the use of language when recoding SENs, the timeframes for responses by

staff and management oversight of incidents. The manager said at interview that there was a feedback loop from this group to the staff at team meetings.

From the questionnaires completed by staff, the board of management and the director of services and from interviews conducted by inspectors, the majority of staff indicated that they were very well supported by the centre manager and that they showed considerable dedication to both the young people and the staff.

One of the social workers interviewed, stated that their communication with the centre is primarily through the manager and they would welcome more opportunity to link with other members of the staff team in relation to the work they do with the young people. They said they have addressed this with centre management and some improvements have already taken place including a written weekly report submitted to them by the young person's keyworker. The social worker for the second young person stated that in general they have good communication with centre management.

Register

The centre register was reviewed by inspectors and was found to be in compliance with regulatory requirements and the National Standards for Children's Residential Centres 2001. It contained details of the young people, their admission dates and discharge dates where applicable. It also contained information on their parents and their social workers. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Administrative files

Inspectors found that the centre's recording systems were organised and maintained to facilitate effective management and accountability. Files were kept securely and there was good evidence of external and internal oversight of records. Files were reviewed during management audits of the centre.

3.2.2 Practices that met the required standard in some respect only

Notification of Significant Events

All significant events were notified to all the relevant people by the centre. The staff were well informed about what constituted a significant event notification (SEN) and

were aware of the process in relation to it. SENs were stored on a computer file, however inspectors observed a hard copy of an individual log maintained on each young person's record. When inspectors interviewed social workers for the young people, there were varied views in relation to the quality, content and prompt submissions of the SENs. One of the allocated social workers stated that they were not satisfied that they were receiving SENs in a prompt manner and furthermore said that one had not been completed in respect of a specific incident that required one. They also stated that the standard for the recording of the SEN could be improved by the team. Inspectors had seen evidence of this issue being addressed by management as part of a review of SENs in 2018, as referenced above. The acting social worker for the second child said that they received all SENs promptly and they provided feedback when this was specifically sought by the centre. Inspectors were informed by the lead inspector to the centre that all SENs were notified to them without delay. External and centre management must ensure that any outstanding issues in relation to the recording and notification of SENs are addressed. Inspectors recommend that any clarification relating to expectations for SEN submissions takes place between one social worker and centre management.

Staffing

The centre had a staff complement consisting of one social care manager, a deputy manager, three social care leaders and five social care workers. The roster was supported by a relief panel which was shared with the wider organisation. All of the staff held a qualification in social care. Inspectors found that the staff team were long established and had significant experience working in residential care. There was also a good gender balance in place on the team. A number of the team had also attended supplementary courses to enhance their roles in relation to the model of care operated within the centre. There was at least one qualified staff member at child care leader level on each shift.

Centre management and the director of services when interviewed, indicated to inspectors that, while in principle there were sufficient staff numbers in place, this may be a challenge to the team in the future as two new young people were currently being admitted to the centre. This would bring the total number of young people living in the centre to four. They both commented that they had been persistently advocating for further staffing resources but this funding had not been forthcoming. They stated that this deficit had an impact on service provision. Inspectors interviewed three of the staff team and found evidence that they had a very strong commitment to the young people on placement. They also showed a comprehensive understanding of the model of care and used the language of the model when

describing the care practices used with the young people within the centre. They stated that they were very supported by the manager and there was an open door policy when it came to accessing management when needed.

Two of the young people interviewed said that they got on well with most of the staff and said there was always someone within the centre they could go to if they needed to seek advice or tell something important to. One young person said they did not have enough time with their key worker and as a consequence there were gaps in the time they spent with them on a one to one basis. When asked, the manager said that this issue could be addressed in relation to the staff roster and they would seek a solution to this for them.

Inspectors reviewed a sample of personnel files and noted that they contained up-to-date Garda vetting for all of the staff team. On one file it was difficult to discern if references had been followed-up or not. Deficits also existed in the verification of qualifications on all of the files. There were no qualifications on record for one staff member and for one other the certificate on record was unidentifiable. There was no application form or C.V. on file for one worker. A review of the induction process was taking place within the service and there was evidence that staff had completed training in this regard.

Supervision and support

The centre had a written policy on supervision which set the frequency between four and six weeks and inspectors found that it was taking place in line with stated policy. The social care manager was responsible for the provision of supervision for the staff team while the deputy manager supervised relief staff. From a sample of the records observed, inspectors found that while there was discussion taking place in relation to each young person and their overall goals, the template lacked specific detail on the discussion so that there was an absence of agreed actions or decisions recorded on the minutes. It also wasn't clear if items were being consistently reviewed from month to month as part of the supervision process.

The centre manager was supervised by the service director which took place on a monthly basis. On a review of the minutes from these sessions, inspectors noted that while the content focused on areas such as auditing, young people, complaints, leadership and governance, placement planning, key working and significant event notifications, all of which evidenced good oversight and planning, there was no summary recorded of the main points for each item discussed.

Team meetings were held weekly and inspectors found that it was an effective forum for communication and planning of care by the team. This was observed in the agenda for each meeting where the keyworkers gave a review of each young person with a link to the goals of the placement plan. However, from the minutes reviewed, it was noted that the discussion was mostly recorded in bullet format with an absence of detail on the dialogue, actions to be taken, and no record of a person responsible for completion of the task. Also, the minutes didn't reflect any management direction on the areas discussed. There was evidence that there was external oversight on the minutes.

One inspector attended the handover meeting and found the process to be very child focused and it provided good discussion of the events of the previous day and detailed plans for each young person for their daily programme. The nurturing approach of the team was evident in the plans made to support two young people who were transitioning to the centre at the time of the inspection. From observation of the handover minutes, while each template had a section dedicated to the plan for the young person, for some handover sheets there was no person delegated for the action stated and no timeframe indicated. There was internal oversight of the handover minutes.

Training and development

The centre had a dedicated staff team member responsible for the co-ordination of all training. Inspectors were provided with information on training completed by the team up to the end of 2018. From a review of this schedule, and from observation of a sample of individual staff files, it was noted that core training in a recognised behaviour management system was up-to-date. All staff were scheduled to receive child safeguarding training a week post inspection, however one of the team had not completed the Tusla Children First E-learning programme. This is referenced under 'safeguarding and child protection' below. One staff had not received first aid training and there were no certificates on file for fire safety training for four staff members. The director of services said that all staff were scheduled to complete fire safety training on the 5th March 2019. Centre management must ensure that all core training is up-to-date with certificates on file for each staff member.

Inspectors found that a majority of the team had completed supplementary training in areas such as; attachment theory, cognitive behaviour therapy, young people who were sexually abuse, and alcohol and drug training. The training officer stated at interview that staff identifies any additional areas they require training in and these requests are then sourced by them. The majority of the training was delivered by

external providers. The questionnaires completed by the staff team for this inspection process identified additional training in the areas of mental health and counselling techniques but commented that they were well provided with training by the service. The organisation also supported staff members to undergo qualifying training consistent with the need and model of care of the service.

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

- External and centre management must ensure that any outstanding issues in relation to the recording and notification of SENs are addressed as soon as possible.
- The centre manager must ensure that all personnel files contain an application form or C.V. in respect of each staff member and that copies of all staff qualifications are stored on their record. All qualifications must be consistently verified with the awarding body.
- The centre manager must ensure that their supervision records clearly reflect discussions had and decisions reached regarding the planning of care for young people. Actions should be recorded with a review process in place from month to month.
- Centre management must review the recording system for the team meetings and handover meetings so that discussions and decisions on care planning in the centre are reflected in the minutes.
- Centre management must ensure that all core training is up-to-date with certificates on file for each staff member.

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.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

There were two young people living in the centre at the time of inspection and a further two young people were at the beginning stages of the admissions process. The centre had a capacity for five young people. There was a policy in place governing referrals and admissions to the centre and referrals were accepted through the Central Referrals Committee (CRC), Tusla, Dublin Mid-Leinster region. Both social workers interviewed by inspectors were satisfied that the placement was suitable and was meeting the needs of the young people at that time. They both stated that the staff team go beyond their role and responsibilities to understand the young people and provide them with a strong consistent nurturing environment. They said that the therapeutic model practiced within the centre works well for the young people placed there.

Inspectors observed a preadmission risk assessment on file for one young person and found that there was an absence of information in the assessment along with a deficit in the detail outlined for any risks identified. Both social workers interviewed said that they had not been involved in a preadmission risk assessment with the centre. They stated that from the information they received on admissions being considered for placement, this part of the process was not robust enough. One social worker said that the template used by the centre did not comprehensively address the individual risks of each young person being placed within the centre and the impact of these on the young people already on placement. External and centre management must review their pre-admission risk assessment process so as to include all known risks of a new placement that may have potential to impact young people already resident in

the centre and vice versa. Relevant professionals should be consulted as part of a collaborative process.

Young people were supported to understand the reasons for their placement and the young people who spoke to inspectors indicated that they were happy living there. It was evident to inspectors through reviews of records that each young person was making progress.

Statutory care planning and review

There was an up-to-date care plan in place for one of the young people on placement which outlined information in relation to the young person's social history, family relationships, education and specialist support needed. The care plan was signed by the social work team leader but there was no signature for the placing social worker, parent or young person. The care plan on file for the second young person was completed shortly after the time of admission to the centre which contained detail of their needs in terms of health, education, emotional and behavioural development, family and social relationships and interests and talents. There were specific goals outlined and all involved with drawing up the plan were stated which included the social worker, the young person, the key worker, centre manager and approved by the team leader. The inspectors noted that while child in care reviews were taking place within regulatory timeframes, there were no minutes on file. The centre manager stated that they had requested these minutes from the social work department but had not received them. When interviewed by inspectors, the social worker said that they would send these minutes to the centre manager immediately. The Child and Family Agency social work department must forward the minutes of the statutory child in care review meetings for one young person's case file as a matter of priority.

The care plans were supported by a placement plan for each young person. Inspectors found them to be very detailed and linked to the goals set out in the care plan which supported key working and daily plans for the young people. They were developed on a six month basis. The plans addressed areas of need including, health, education, family and community and emotional, psychological developments and preparation for leaving care. The template also outlined steps to achieve the goals along with a specific timeframe for completion, review of what was met and not met and named persons responsible. For one placement plan, the voice of the child section was not completed. There was evidence that the key working, safety plans, risk assessments and therapeutic care plans were closely linked to the care plans and placement plans and were all updated regularly.

While inspectors found that key working was generally completed in areas that linked directly to the placement plan, the theme of each session was not clear. The key working records were filed loosely together and not secure. Social workers for the young people stated that they received these reports on a weekly basis and said they were of a good standard. Inspectors recommend that the key working records clearly reflect the theme of the session with the young person. They should be filed together in a secure way.

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.

From a review of the records for the two young people currently placed at the centre, there was evidence to show that sufficient background information was provided in respect of each young person prior to referral. One young person had been placed in the centre for nearly five months and had not been allocated a social worker. They did have a social work team leader who was managing some of the work for the young person in the interim period. When interviewed the social work team leader stated that this deficit happened as a result of very onerous caseloads for the team but that they were now close to allocating a social worker for the young person and they were in contact with centre management in this regard.

The placing social worker for another young person stated that they find communication inconsistent with the young person's key worker in the centre and they have brought this to the attention of centre management and requested a dual key worker system to be implemented. They said that the manager's response to this issue had not been satisfactory and the matter is still outstanding. Inspectors recommend that this issue is addressed for the young person so that an acceptable solution is reached for them as soon as possible.

Both social workers said that they get to visit the young people in the centre. One of the young people told inspectors that they would like to see their social worker more often. When asked, the social worker stated that they have met with them four times in the last six months and had tried to meet more regularly but sometimes the young

person does not show up for appointments. Inspectors saw no evidence on file of social workers reading the young person's records.

From interviews during the inspection and from questionnaires completed during the process, the staff team had mixed views in relation to the standard of the communication pathway between the centre and placing social workers. While some stated that in general there was good communication, others said that the interchange proved difficult at times. One social worker noted that there were a few outstanding issues in relation to safety plans and placing the young person at further risk if these were not followed by the staff team. There was also a difference of opinion regarding the requesting of assessments for the young person by the centre. However, the social worker said that they were working through these issues with centre management and despite this, were satisfied that the young person was safe within the centre and very well cared for.

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).

Required Action

- External and centre management must review their pre-admission risk assessment process so as to include all known risks of a new placement that may have potential to impact young people already resident in the centre and vice versa. Relevant professionals should be consulted as part of a collaborative process.
- The Child and Family Agency social work department must forward the minutes of the statutory child in care review meetings for one young person's case file.
- The Child and Family Agency social work department as a matter of priority must appoint an allocated social worker to the young person on placement in the centre. Each social worker must ensure that they visit the centre to read the young people's records from time to time as required.

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 had a written policy and procedures on safeguarding and child protection in place. Some of the procedures contained within the policy document included: guidelines for safe practice, recruitment and staffing, management of allegations of abuse and complaints. The document also included the centre's Child Safeguarding Statement (CSS). While this policy had been reviewed and updated as required from the last inspection, inspectors observed the document and found that some of the procedures outlined were not clear. This related specifically to the reporting of a concern about a young person where all of the steps to be taken were not incorporated into the procedure. The 'allegations' section was combined with the 'complaints' procedure so that it was difficult to determine what the correct process was for each policy. Furthermore, the process of documenting/recording the concerns or allegations was not explicit and the policy did not include all of the required procedures as outlined in Children First; National Guidance for the Protection and Welfare of Children 2017.

When interviewed staff could identify some protective safety mechanisms that had been put in place since the last inspection, such as; the addition of alarms on the bedroom doors and windows, young people not being allowed entry to each other's bedrooms and the implementation of risk management plans if young people go missing from care. However, there was a deficit in staff's knowledge base of how the centre's child safeguarding procedures could be implemented in practice to protect young people from harm in a more robust way. This deficit was evident from the questionnaires completed by staff also. Furthermore, some of the staff team were unclear as to whether they were mandated persons under the Children First Act 2015 and were not aware of their individual statutory requirements when making a report

under the Act. They stated that all child protection and welfare reports were submitted by the centre manager only, rather than forwarded individually.

There was evidence on the records of plans being implemented by the staff team in respect of immediate risks for young people when they go missing, however, inspectors found evidence of a deficit in the way concerns or allegations of abuse are recorded by the centre. While there were child protection and welfare report forms completed in respect of safeguarding concerns, there was no documentation of the concerns prior to submission of the report and there was an absence of a dedicated section on the young person's file to store this information. This issue had also been identified in the last report but the gap in practice remains outstanding and must be addressed as a priority. Inspectors also observed the way in which certain information was recorded on file about one young person that indicated that they may not be listened to by the staff team if they made an allegation of abuse or disclosed that they were being harmed. This issue was highlighted with management at the time of this inspection and it was also discussed with the placing social worker for the young person.

Inspectors reviewed the complaints register as part of the safeguarding processes within the centre and found that some changes were made as per the recommendations in the previous inspection report. The policy for dealing with complaints had been reviewed and the recording system was clear and easy to track. There was a child friendly version of the policy in place for young people which was simple and informative. However, for one complaint made by a young person, inspectors noted that there was a failure to follow all of the steps outlined in the procedure. Furthermore, it was not clear if the complaint had been resolved satisfactorily for the young person involved. There were also inconsistencies in the managers' and the social workers' account of the incident and of how the issues were dealt with. The social worker stated that this incident had not been satisfactorily concluded for the young person. They said they had communicated this to the centre manager but no progression had been made in respect of it. They also said that they should have been informed at an earlier stage in the complaints process and that a SEN should have been completed but a notification was not made. Centre management must ensure that the complaints procedure is followed as per their policy and that the social work department are communicated to in a timely way in respect of any incident that relates to a young person they supervise. Records must be maintained that reflect the steps taken to bring the complaint to full resolution. External and centre management must be fully compliant with their own organisation's policy on what constitutes a significant event notification in respect of

complaints. Inspectors recommend that this specific complaint is revisited by centre management, the young person and the allocated social worker so that a satisfactory resolution can be found.

Since the last inspection, the centre had reduced the number of young people they took on admission from five to four as the average level of staff cover on shift was two staff. The centre was also currently taking referrals for girls only.

Inspectors recommend that any child safeguarding training sourced by the organisation is specific to the centre's policies and procedures so that they can be implemented in practice by the staff team.

3.7.3 Practices that did not meet the required standard

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.

At interview, one of the social workers told inspectors that they believed that the staff team had a deficit in knowledge regarding the correct procedure to be followed when dealing with disclosures of abuse from young people. The social worker said they saw evidence of this when a disclosure was made by a young person and the staff team did not respond appropriately. External and centre management must ensure that child safeguarding training provided to staff includes the centre's procedure on how to deal with a disclosure from a child. This should be in line with Children First; National Guidance for the Protection and Welfare of Children 2017.

Inspectors examined the centre's Child Safeguarding Statement (CSS) during the inspection process and referred them to the Child Safeguarding Statement Compliance Unit (CSSCU) for assessment. The centre's statement was deemed partially-compliant by the unit. It was subsequently reviewed by management to include the areas outlined by the CSSCU and the centre has been informed that their CSS now meets all requirements.

From a review of the files sampled, inspectors found that one of the staff team had not completed the Tusla Children First E-learning programme. Supplementary child protection training had been sourced by the organisation and delivery was being planned a short time after the inspection concluded. External and centre

management must ensure that any child safeguarding training provided to staff is based on the centre's own child protection policy. All staff must complete the Children First E-Learning Programme with the Child and Family Agency.

Required Action

- External and centre management must make all elements of their child safeguarding procedures explicit within the policy so that staff are aware of what specific steps to follow in practice to keep young people safe from harm. All concerns and allegations about a young person must be documented on a dedicated record for child protection within the young person's file so as to be cognisant of patterns of harm that may emerge.
- Centre management must ensure that all mandated staff are made aware of their responsibilities under the Children First Act 2015 including how to make a mandated report.
- Centre management must ensure that the complaints procedure is followed as per their policy and that the social work department are communicated to in a timely way in respect of any incident that relates to a young person they supervise. Records must be maintained that reflect the steps taken to bring the complaint to full resolution.
- External and centre management must be fully compliant with their own organisation's policy on what constitutes a significant event notification in respect of complaints.
- External and centre management must ensure that child safeguarding training provided to staff includes the centre's procedure on how to deal with a disclosure from a child. This should be in line with Children First; National Guidance for the Protection and Welfare of Children 2017.
- External and centre management must ensure that any child safeguarding training provided to staff is based on the centre's own child protection policy so that they are aware of how to implement the practice of safeguarding and protecting children fully inside and outside the centre. All staff must complete the Children First E-Learning Programme with the Child and Family Agency.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>External and centre management must ensure that any outstanding issues in relation to the recording and notification of SENs are addressed as soon as possible.</p> <p>Centre manager must ensure that all personnel files contain an application form or C.V. in respect of each staff member and that copies of all staff qualifications are stored on their record. All qualifications must be consistently verified with the awarding body.</p> <p>The centre manager must ensure that their supervision records clearly reflect discussions had and decisions reached</p>	<p>All SENs are forwarded to the manager on a daily basis and are checked for any issues that are outstanding. All notification of SENs are addressed as soon as possible by the manager and in their absence by the deputy manager. This was acted upon on receipt of the draft action plan.</p> <p>The director will ensure that all files are updated by May 15th 2019. Evidence of same to be forwarded to Alternative Care Inspection & Monitoring Service when completed.</p> <p>The supervision template is in the process of being amended and this will be completed by 29th May 2019.</p>	<p>There is an updated Register now in place including the dates of relevant people notified. Every SEN that is written is entered into a log and when it is signed by the manager and approved, it is sent. The log is filled in with the dates of who it is sent to and when.</p> <p>The centre manager will review personnel files to ensure they are up-to-date. Audits that are in place and completed by the director will also highlight any deficits that may have happened.</p> <p>The supervision form will also include a review process from month to month. This will ensure that these issues will not arise</p>

	<p>regarding the planning of care for young people. Actions should be recorded with a review process in place from month to month.</p> <p>Centre management must review the recording system for the team meetings and handover meetings so that discussions and decisions on care planning in the centre are reflected in the minutes.</p> <p>Centre management must ensure that all core training is up-to-date with certificates on file for each staff member.</p>	<p>Supervision records will now clearly reflect issues requiring actions, discussions and decisions will not form part of the supervision record.</p> <p>The centre is currently amending the template for the team meetings and handover meetings. This will now reflect the discussions and decisions in care planning that took place at these meetings. To be completed by May 15th 2019.</p> <p>All outstanding certificates for core training has been received and put on staff files. This has been completed since the end of March 2019. The centre manager to forward the evidence of this to the inspection service.</p>	<p>again.</p> <p>The amended templates and oversight of same will ensure that this is consisted.</p> <p>There are now mechanisms in place to ensure that this is not overlooked again. The training database will now include a section verifying that all certs have been received.</p>
<p>3.5</p>	<p>External and centre management must review their pre-admission risk assessment process so as to include all known risks of a new placement that may have potential to impact young people already resident in the centre and vice versa. Relevant professionals should be consulted as part of a</p>	<p>The pre-admission risk assessment template is currently being changed. This will conform with the required action for the collaborative process. Now all social workers are immediately notified of the young people being referred before the process begins. They can forward concerns then. They will be linked with throughout</p>	<p>The new process will be maintained from here on in.</p>

	<p>collaborative process.</p> <p>The Child and Family Agency social work department must forward the minutes of the statutory child in care review meetings for one young person's case file.</p> <p>The Child and Family Agency social work department as a matter of priority must appoint an allocated social worker to the young person on placement in the centre. Each social worker must ensure that they visit the centre to read the young people's records from time to time as required.</p>	<p>the admission process and will receive the pre-admission risk assessment on completion.</p> <p>A new form is currently being completed for existing young people. All will be completed by May 5th 2019.</p> <p>The minutes and care plan were forwarded to the centre on 7th February 2019.</p> <p>A placing social worker for the young person has been in place since February 2019.</p> <p>Both placing social workers will read the young people's records when visiting them at the centre.</p>	
3.7	<p>External and centre management must make all elements of their child safeguarding procedures explicit within the policy so that staff are aware of what specific steps to follow in practice</p>	<p>The organisation's child safeguarding policy will be reviewed by 29th May 2019. This will be completed by the policy forum group.</p> <p>There is now a recording system in place</p>	<p>The centre's child safeguarding policy will be reviewed annually.</p> <p>The records kept of the concerns will</p>

	<p>to keep young people safe from harm. All concerns and allegations about a young person must be documented on a dedicated record for child protection within the young person's file so as to be cognisant of patterns of harm that may emerge.</p> <p>Centre management must ensure that all mandated staff are made aware of their responsibilities under the Children First Act 2015 including how to make a mandated report.</p> <p>Centre management must ensure that the complaints procedure is followed as per their policy and that the social work department are communicated to in a timely way in respect of any incident that relates to a young person they supervise. Records must be maintained that reflect the steps taken to bring the complaint to full resolution.</p> <p>External and centre management must</p>	<p>in each young person's folder so that any child protection concerns can be recorded by staff. This was completed in April 2019.</p> <p>All staff are now aware of their responsibilities under the Children First Act 2015 including how to make a mandated report.</p> <p>The centre manager has further updated the complaints records to reflect the steps taken to bring the complaint to a full resolution. The manager is doing a review of the organisation complaint record system through the policy forum group and this will be completed by the 30th May 2019.</p> <p>This will happen as part of the overall</p>	<p>document any patters of harm that may emerge for the child. Oversight will pick up on any patterns forming in this respect. All elements of the centre's safeguarding system now runs through the formal settings such as handover meetings, staff meeting etc. This section is now included on the new template also.</p> <p>All staff have completed their Children First training. This was provided to the centre in February and April 2019.</p> <p>The centre manager is ensuring the required actions are followed in full. The social work department will be communicated with in a timely manner in respect of all complaints.</p> <p>The centre is also reviewing its policy on</p>
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	<p>be fully compliant with their own organisation's policy on what constitutes a significant event notification in respect of complaints.</p> <p>External and centre management must ensure that child safeguarding training provided to staff includes the centre's procedure on how to deal with a disclosure from a child. This should be in line with Children First; National Guidance for the Protection and Welfare of Children 2017.</p> <p>External and centre management must ensure that any child safeguarding training provided to staff is based on the centre's own child protection policy so that they are aware of how to implement the practice of safeguarding and protecting children fully inside and outside the centre. All staff must complete the Children First E-Learning Programme with the Child and Family Agency.</p>	<p>above review. This will be completed by 30th May 2019.</p> <p>All staff have been provided with child safeguarding training. This training included the centre's procedure on how to deal with disclosures from a child. Fully completed since April 2019.</p> <p>From the date of the report, all safeguarding training is based on the centre's child protection policy. This was included in the service's recent Children First child protection training.</p>	<p>complaints and what constitutes a SEN so as to ensure that the service is fully compliant with the organisation's policy in this regard.</p> <p>All staff are fully cognisant of dealing with a disclosure through Children First: National Guidance for the protection and Welfare of Children 2017. This learning is regularly discussed through supervision, staff meetings and training.</p> <p>All staff are now aware of how to implement the practice of safeguarding and protecting children inside and outside the centre. This learning is on-going through meetings and supervision and in informal and formal situations. There are now regular checks through the stated forums so that all staff are up to speed with the service's own policy guidelines. All staff have completed the Children First E-Learning Programme with Tusla.</p>
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