



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 073

Year: 2019

Alternative Care Inspection and Monitoring Service
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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Positive Care Limited
Registered Capacity:	Four young people
Dates of Inspection:	25th and 26th July 2019
Registration Status:	Registered from the 28th September 2019 to the 28th September 2022
Inspection Team:	Anne McEvoy Paschal McMahon
Date Report Issued:	20th September 2019

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	9
3. Analysis of Findings	10
3.2 Management and Staffing	
3.5 Planning for Children and Young People	
3.6 Care of Young People	
3.7 Safeguarding and Child Protection	
3.10 Premises and Safety	
4. Action Plan	23

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 and 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 on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. This centre was granted their first registration on the 27th September 2010. At the time of this inspection the centre were in their third registration and were in year three of the cycle. The centre was registered without attached conditions.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. At the time of inspection there were three young people in placement. A derogation was in place to allow one young person under the age of 13 to be placed there. Their model of care was described as a theoretical approach based on four pillars- entry, stabilisation, planning and exit. It aims to provide the young people with stability, security, self-awareness, independence, self-sufficiency, appropriate coping skills and education.

The inspectors examined standard 2 'management and staffing', standard 5 'planning for children and young people', standard 6 'care of young people', standard 7 'safeguarding and child protection' and standard 10 'premises and safety' of the National Standards For Children's Residential Centres, 2001. This inspection was announced and took place on the 25th and 26th July 2019.

1.2 Methodology

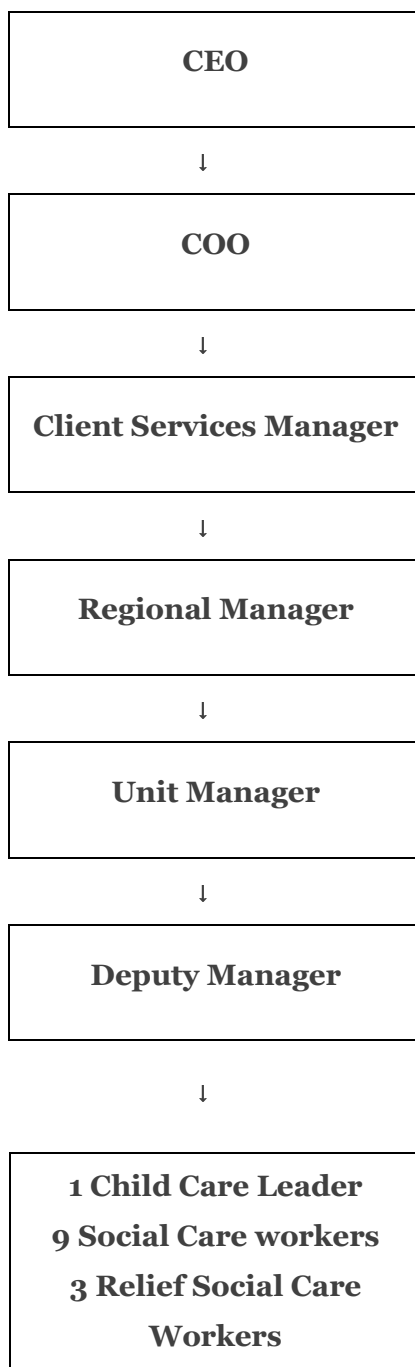
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) Ten of the care staff
 - b) Three young people residing in the centre
 - c) The social workers with responsibility for young people residing in the centre.
 - d) Centre manager
 - e) Regional manager
 - f) Client service manager
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf
- ◆ An examination of the centre's files and recording process including:
 - Management meetings
 - Young persons' meetings
 - Audits conducted by regional manager
 - Handover logs
 - Centre registers
 - Specific sections of the children's care files / keyworking records
 - Maintenance log/ health and safety folder/ fire and general register
 - Staff supervision files
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The deputy manager
 - c) The regional manager
 - d) Two social care staff
 - e) Two young people in placement
 - f) Three supervising social workers for the young people
- ◆ Observations of care practice routines and the staff/young person's interactions

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

At the time of this inspection the centre was registered from the 28th September 2016 to the 28th September 2019.

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 14th August 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 27th August 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: 073 without attached conditions from the 28th September 2019 to 28th September 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Register

The centre manager maintained a register that outlined the required information relating to the admission and discharge of young people from the centre. Inspectors found it was in line with the regulations and was up to date and complete. Three young people were resident at the centre at the time of inspection. There was a system in place where duplicate records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre had a prompt notification procedure in place that provided comprehensive details in writing of significant events relating to the young people. There was evidence that the centre manager, and regional manager reviewed these records and provided guidance and direction to staff in terms of the care approach and management of the event. The social workers noted that they were alerted promptly to significant events, however one medication error was not noted in the significant event log and had not been notified in writing to the supervising social worker. The inspectors recommend that the centre manager ensure that all incidents are recorded appropriately and forwarded accordingly.

Staffing

The centre had adequate levels of staff to meet the needs of the young people living in the centre. The inspector found through reading keyworking notes and through observations of staff interacting with the young people, that they had the ability to effectively communicate with the young people resident in the centre.

The team comprised of the manager, deputy manager, one child care leader, eight social care staff and three relief social care staff. There was a broad range of relevant qualifications within the team, with half of the staff social care trained.

A sample of staff duty rosters were examined and there was good evidence that adequate numbers of staff were on duty at all times. The centre used a stable cohort of relief staff and the core staff team was stable. Inspectors carried out an audit of staff personnel files and found the required references and Garda vetting were on file for all staff, prior to taking up their positions.

There was evidence that all staff received an induction. There was evidence that induction was facilitated through two strands- a company induction and a unit specific induction. The company induction was facilitated by the trainers attached to the company and was comprehensive, however the unit induction needs to be more structured in its facilitation. From reviewing personnel files, it was difficult to get a clear understanding of what was included in the unit specific induction as different checklists were in operation with varying compliance on these being signed and dated. The inspectors recommend that the regional managers formulate a standardised unit specific induction which will eliminate ambiguities.

Supervision and support

The centre manager was supervised by the regional manager and evidence of monthly recorded supervision sessions were seen. The centre manager provided supervision to all staff and relief staff in the centre and evidence was provided that supervision was taking place on a monthly basis. There was a standing agenda for supervision and in a sample of supervision documents reviewed, there was evidence of the placement plan being discussed and goals devised for the coming month for each young person.

Staff team meetings took place fortnightly and attendance was expected. There had been 10 staff team meetings since the 15th Jan 2019. Staff team meetings began fortnightly in April and had been taking place monthly up until then. Attendance was good with seven to eight staff present for each meeting. Minutes were signed off by staff members. There was evidence that the psychologist attached to the company attended a team meeting in June 2019 to provide guidance and training on the practices within the centre and the care framework. Each meeting had a standing agenda which included a follow up from decisions agreed at the previous meeting, a review of young people's placement plans, risk management plans and therapeutic plans. Action plans were included on some minutes with time frames attached. The inspectors recommend that the centre manager ensure that all meetings have an action plan agreed at the end of the meeting.

Handover meetings took place daily. This constituted a verbal and a written handover. Inspector observed the handover on day two of inspection. A full

discussion took place on the activities of the young people for the previous day and a plan was implemented for activities for the coming day. All issues relating to petty cash, phones, cars, shopping list and menu were discussed and tasks assigned for the day. Inspector reviewed a sample of handover logs and there was evidence supporting that they were reviewed by centre manager and regional manager.

Inspectors found that staff had access to appropriate supports to manage the impact of working with young people in care. Staff reported having a supportive relationship with the centre manager and having access to an employee support programme through the company should it be required. Supervision was also noted by staff as a supportive mechanism in a safe, structured environment.

Training and development

Of the sample of personnel files reviewed, all staff have completed fire training, all staff are trained in a recognised model for de-escalation of behaviours and physical intervention. All staff are trained in child protection training. One staff member has yet to complete their first aid training and assurances were provided that there was always a staff member qualified in first aid on shift.

Additional training such as manual handling, medication management, corporate induction and training on new themes for inspections was on-going. During interviews, the centre manager, regional manager and incoming deputy manager all identified that training was both structured and demand led. If particular training was identified as being required, support is sought from the trainers in their company and from the therapeutic care team to address these needs. This view was supported by staff in interview and in the review of supervision files.

Administrative files

Inspectors examined a range of administrative files and records. Each young person had their own care file. These were well organised and easily accessible. There was evidence on file that data input is regularly reviewed by centre manager and regional manager, with comments, guidance and advice provided as necessary. The recording systems were well maintained and clearly documented the events happening in each young person's life. There was evidence that keyworking sessions were recorded regularly. Staff stated that they had sufficient funds to provide for each young person's needs and additional recreational activities. Each young person had a savings scheme and money was lodged each week for them. Records of this were held separately to the centre's finances. There were clear financial management systems in place.

3.2.2 Practices that met the required standard in some respect only

Management

The centre manager had an appropriate qualification in social care and had the required level of experience to undertake this role. The manager was very clear around their role and responsibilities. Inspectors found that the centre manager provided oversight on all written documentation and reviewed significant events timely and provided guidance on same. Inspectors found that there was clear leadership in relation to the day to day operations of the centre and the individual needs of the young people in placement. The centre manager satisfied themselves that appropriate care practices were in place through the provision of formal monthly supervision to staff, attending handover meetings and by conducting regular team meetings.

There was a clear management structure in place and inspectors found that the management provided effective leadership to the team. At the time of inspection the deputy manager was in the process of being appointed as manager to a different centre and a new deputy manager was being appointed. The new deputy manager was identified and was experienced in their role and appropriately qualified. An induction schedule was set out and time provided to complete this induction.

External management were clear around the purpose and function of the centre and staff confirmed that the centre was provided with adequate resources, both financial and therapeutic to support the needs of the young people placed.

There was external oversight of the centre by the regional manager through monthly audits. These audits provided oversight under four broad headings: planning for young people; planning for staff team; risk management; warm safe homely environment and included an action plan with timeframes and the person responsible. The client services manager and therapeutic team had access to pertinent documentation through the company IT system. Whilst audits were completed monthly, during a review of the audits, inaccuracies were noted. The audit noted that all three young people had up to date care plans, this is inaccurate and one care plan is significantly out of date. Audits also made no reference to medication errors that had occurred or to open child protection and welfare report forms awaiting closure by the social work team. Each of the audits specifically addressed having an up to date care plan, child protection matters and any areas that require attention under the management of medication. The regional manager needs to

ensure that audits are conducted thoroughly, accurately reflect the documentation on file and guidance provided as necessary.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

Required Action

- The regional manager needs to ensure that audits are conducted thoroughly, accurately reflect the documentation on file and guidance provided as necessary.

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.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Two young people resident in the centre had a comprehensive, up-to-date care plan in place, which outlined the aims and objectives of the placement, the support

required, access arrangements and an assessment of their needs. For these young people the placement plan reflected the aims and objectives of the care plan and were reviewed in line with the requirements of the regulations.

However; throughout the course of the inspection, it was identified that the care plan for one young person was significantly out of date. This young person was approaching 18 years of age and required forward planning to be formalised and implemented so that the placement can be used to best meet their needs. It was accepted by the inspectors that professionals meetings were sought by the centre and facilitated by the supervising social work team, however, the last care plan is dated April 2018 and was not received by the centre until September 2018. This young person had significant missing in care episodes and a substantial amount of significant event notifications were being recorded and reported to the supervising social worker. The supervising social worker advised that a child in care review was scheduled to take place but no specific date had been identified. It is imperative that the child in care review take place as soon as is possible and the care plan completed and forwarded to the centre as soon as is practicable thereafter.

3.5.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 -Part IV, Article 23, Paragraphs 1 and 2, Care Plans -Part V, Article 25 and 26, Care Plan Reviews*

Required Action

- The supervising social worker must ensure that a date is set for the child in care review and notified to all parties. The care plan must be completed as soon as is practicable and forwarded to the centre in a timely manner.

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

Inspectors found in interviews with staff and management that they demonstrated an in depth knowledge of the young people and their needs. There was evidence on file, and young people confirmed, that they had allocated key workers and key work records showed specific pieces of work that were being carried out with each young person. Inspectors reviewed a sample of these key work records. They were of a good standard and were both opportunity led and planned in advance. Inspectors found evidence on file that the young people were being encouraged to participate in age appropriate and developmentally appropriate camps and activities. Inspectors found that appropriate photographs of the young people were hung in the centre and achievements of the young people were celebrated and encouraged. Inspectors met with two young people and all three young people completed questionnaires on their experience of living there. Whilst there were some minor complaints in relation to rules and regulations, the young people generally reported a good experience of living there. They described having good relationships with staff and identifying people they could talk to if they wished.

Provision of food and cooking facilities

Inspectors reviewed the weekly menus. There was evidence of healthy nutritious meals being provided for the young people. Young people were encouraged to eat together and for the most part did, when everyone is present in the centre. The cooking area was observed to be clean and well maintained. In reviewing the minutes of the young people's meetings, it was evidenced that shopping and menu planning were discussed weekly at these meetings and young people were offered choices as per their wishes. Young people were encouraged to cook and bake and were facilitated to do so.

Race, culture, religion, gender and disability

The centre has a policy on diversity and anti-discrimination. In interview staff stated that they have actively advocated to ensure that young people are not discriminated against in the local community. Access to religion is facilitated and one young person spoke about their confirmation taking place next year and looking forward to that event. One young person is being facilitated to attend their former school which promoted inclusivity and staff actively promoted this young person to attend all ability football and camps. There was evidence in key working records and minutes of

young people's meetings of discussions around the rights of young people in care, anti-discrimination and bullying.

Managing behaviour

All staff were trained in a behaviour management model. In reviewing significant event records and key work records, evidence was gathered to support the implementation of the care framework and de-escalation techniques. The centre had individual risk management plans for each young person and these were reviewed by centre manager in supervision and by regional manager regularly. Significant event records were also reviewed by the therapeutic team and advice and guidance offered on how to manage this behaviour going forward. The centre had a written policy on bullying, sanctions and approach to managing behaviours. All staff interviewed noted that their interventions were based on good relationships being built with the young people. Each young person had an individual therapeutic plan looking at potential triggers and de-escalation techniques. Positive behaviour was rewarded and evidence was found on each young person's file supporting that approach. Sanctions implemented were natural consequences for the behaviour and were not punitive in nature.

Restraint

The centre had an appropriate restraints policy in place. All of the staff members were suitably trained in a recognised model of physical intervention and de-escalation. No restraints had been recorded on file in the three years prior to inspection. In interview staff commented on the successful implementation of de-escalation techniques and relationship building to prevent incidents escalating to an unsafe level and these strategies have been effective with the young people currently placed.

Absence without authority

The centre had a policy on absence without authority and each young person had an up to date individual absence management plan on file which was regularly reviewed. In interview staff accurately described the process involved when a young person goes missing and those who need to be notified in accordance with the Children Missing From Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services, 2012. In interview it was evident that attempts were made to understand why young people were going missing and alternative efforts were made to use positive rewards as opposed to sanctions to encourage young people to adhere to their plans. Reviews of young people's key work records and professional contacts all demonstrated efforts made to review absences and reasons for same. In interview with the supervising social worker, they noted

that they were very happy with how the centre was managing this young person's on-going absences and the commitment demonstrated to the young person by the centre. There was evidence in the communications records of the centre manager's efforts to arrange professional meetings to address missing in care episodes. Inspectors were satisfied that all absences from the centre were managed appropriately.

3.6.2 Practices that met the required standard in some respect only

None identified

3.6.3 Practices that did not meet the required standard

None identified

3.6.4 Regulation Based Requirements

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

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

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

Required Action

None

3.7 Safeguarding and Child Protection

3.7.1 Practices that met the required standard in full

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.

Inspectors reviewed the site specific child safeguarding statement. This was found to be fully compliant with standard requirements. There were a number of safeguarding practices implemented within the centre that included vetting of staff, a lone workers policy and complaints policy. All staff were qualified and appropriately vetted, in receipt of monthly supervision and support. In interview staff stated that they felt comfortable and confident to challenge the work practices of peers and knew the

process around whistleblowing. The complaints forms were visible within the centre and the complaints log demonstrated that all young people were facilitated to make complaints and have their voice heard. The children in care advocacy group EPIC attended the centre and all young people were made aware of their rights in care. The regional manager visited the centre regularly to speak to the young people about their experience in the centre. This was confirmed in interview with the young people.

3.7.2 Practices that met the required standard in some respect only

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.

All staff have received training on child protection procedures as part of their company induction. All staff are required to complete the company child protection training and the e-learning TUSLA training and accompanying examination. The centre had a comprehensive policy on safeguarding and child protection detailing how to recognise all forms of abuse, good practice guidelines, professional boundaries and code of behaviour, one to one supervision of young people, safeguarding procedures, external monitoring, internal monitoring and monitoring safe practice. It was evidenced in the team meeting minutes that child protection and safeguarding was discussed as part of the standing agenda. The child safeguarding statement was reviewed monthly at each team meeting. There was evidence that incidents requiring a child protection and welfare report form (CPWRF) were reported as appropriate. In interview, not all staff were aware of their role as a mandated person and were not familiar with how to make a referral using the TUSLA portal or their role in that referral. The regional manager and centre manager must ensure that additional child protection training is undertaken and that all staff are aware of their reporting role and referral procedures.

None identified

3.7.3 Practices that did not meet the required standard

None identified

Required Action

- The regional manager and centre manager must ensure that additional child protection training is undertaken and that all staff are aware of their reporting role and referral procedures.

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

Accommodation

The centre was a four bedroom, two storey house located in a cul-de-sac with views of the sea. There was a front and back garden and young people had ample space within the centre for recreation and living. The centre presented quite homely and was well maintained, clean and bright. There was a large kitchen and dining area which was well ventilated and appropriately furnished with cooking facilities, washing and drying facilities and all necessary appliances. There were rooms available if young people had friends, family or professionals visiting- they had access to a private space within which to meet them. Each young person had a room to themselves which they decorated. Young people interviewed evidenced that they could choose how to decorate their rooms and offered input into the refurbishment currently being undertaken in the centre. Evidence of insurance cover was provided to inspectors.

Maintenance and repairs

The centre maintained a log of all repairs and maintenance requirements in the centre. Staff in interview confirmed that maintenance was carried out promptly and without issue. Inspectors found that this cannot be verified as the maintenance log does not record the date the work was completed and by whom. The inspectors recommend that the regional manager and centre manager review the maintenance logs to ensure that the log records the date the work was listed, the nature of the work to be undertaken, the date it was carried out and signed.

Fire Safety

Inspectors were provided with a letter of compliance and fire safety report regarding the fire alarm system for the centre. Inspectors found that the fire detection and fire safety equipment at the centre met the required standard and all staff had received fire training. Inspectors noted that one fire extinguisher was not serviced and this was to be followed up immediately.

The centre maintained a fire register and there was evidence that staff were conducting regular checks of fire-fighting equipment and daily inspection of escape routes. The fire alarm system was tested weekly. Evidence was provided of fire drills taking place monthly. In interview the regional manager and centre manager noted that this was to facilitate staff and young people who were not present at the previous fire drill. A record was kept of those who participated in the drills, the duration of the drill and any comments noted. A PEEP, personal emergency evacuation plan was on each young person's case file.

3.10.2 Practices that met the required standard in some respect only

Safety

Inspectors undertook a health and safety assessment using a checklist to confirm that the centre is a safe and secure place for young people to live in. Inspectors found that the centre had an up to date health and safety statement, signed by all staff and has two designated health and safety officers. Inspectors reviewed registers detailing monthly checks on first aid kits in the office and in the cars. General health and safety risk assessments were carried out, including searches of the grounds and regular checks on knives, keys and ligature cutters. Personnel files audited showed that the majority of staff were trained in first aid techniques and centre manager identified that there was always a staff qualified in first aid on each shift. There was a vehicle usage policy in place for the use of cars along with a driver's handbook. A vehicle release form was signed by each staff member confirming they had a full driver's licence and the requirement to inform management of any penalty points received. Inspectors found that the car inspected was legally insured and tested for road worthiness and had a high visibility jacket along with first aid kit and fire extinguishers.

Inspectors found that medication was stored safely in a secure cabinet within the confines of a locked office. There was a medication log and the administering of medication was recorded and all staff had signed the medication policy. Three medication errors were reported since March 2019. Evidence was shown to

demonstrate that after error, prompt and appropriate actions were undertaken to safeguard the young people involved and to ensure that the young person was medically reviewed. Evidence gathered shows that after every incident a review of the incident took place and the medication policy was revisited. However, these reviews were not sufficient to prevent another error occurring in June 2019. The monthly audits conducted by the regional manager did not note the recurrence of medication errors as a risk. The centre manager and regional manager must ensure that a comprehensive review of these errors is undertaken and systems put in place to ensure that the administering of medication is overseen to prevent these errors from recurring.

3.10.3 Practices that did not meet the required standard

None identified

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

- The centre manager and regional manager must ensure that a comprehensive review of medication errors is undertaken and systems put in place to ensure that the administering of medication is overseen to prevent these errors from recurring.

4. Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The regional manager needs to ensure that audits are conducted thoroughly, accurately reflect the documentation on file and guidance provided as necessary.	Regional Manager audits take place once per month and new auditing structures have been reviewed in the past six months.	Regional manager audits will be returned to a system document where by factual dates need to be entered via the system in place and physically checked and signed off during each audit. Part of the audit process will be to factually enter the dates of required documentation and any follow up that has been completed in relation to external input needed QA officer has commenced his role in Positive care, he will be completing audits in each of the services and ensuring that all services are operating under HIQA guidelines. A new audit tool is currently being designed for CMS to complete in units on regular basis which will give another level of oversight in the units this is due to be finalised by end of September 2019.
3.5	The supervising social worker must ensure that a date is set for	This young person next Statutory Child in Care Review is due to be held on the 8 th of	As this young person will be turning 18 in January this will be their last Statutory

	the child in care review and notified to all parties. The care plan must be completed as soon as is practicable and forwarded to the centre in a timely manner.	October 2019 at 3pm in the North Lee Social Work Department. All relevant parties have been notified by email and have been sent an invitation letter with the relevant forms by post. The chairperson's administration staff will complete the plan and will forward it to the centre as soon as it's completed.	Child in Care Review.
3.7	The regional manager and centre manager must ensure that additional child protection training is undertaken and that all staff are aware of their reporting role and referral procedures.	Child Protection is fixed item agenda on the team meeting fortnightly. Team meeting to review child protection policy's and reporting procedures completed on 26 th August 2019.	Review of Child Protection policy and procedures completed with staff team on 26 th August and reporting procedures discussed. This being followed up in Regional audits and daily guidance and oversight by Unit Manager with the support of Regional Manager. Staff members to be trained on using the portal on how to log a CPWRF this training was completed by unit manager on 26 th August 2019. This is being further followed up in team training day on 18 th September and this will be facilitated by Regional Manager. Staff members to update Child Protection training as required.
3.10	The centre manager and regional manager must ensure that a comprehensive review of	New auditing structure in place to ensure that there is further oversight from management within the unit.	New auditing structure implemented for Ums and this to be audited and followed up in Regional manager audits.

	<p>medication errors is undertaken and systems put in place to ensure that the administering of medication is overseen to prevent these errors from recurring.</p>	<p>This to be reinforced within the Regional audits monthly and review of trends to ensure that the same medication errors are not reoccurring</p>	<p>Further training to be completed and reviewed with staff team Daily checks to be completed with management as part of handover daily</p>
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