



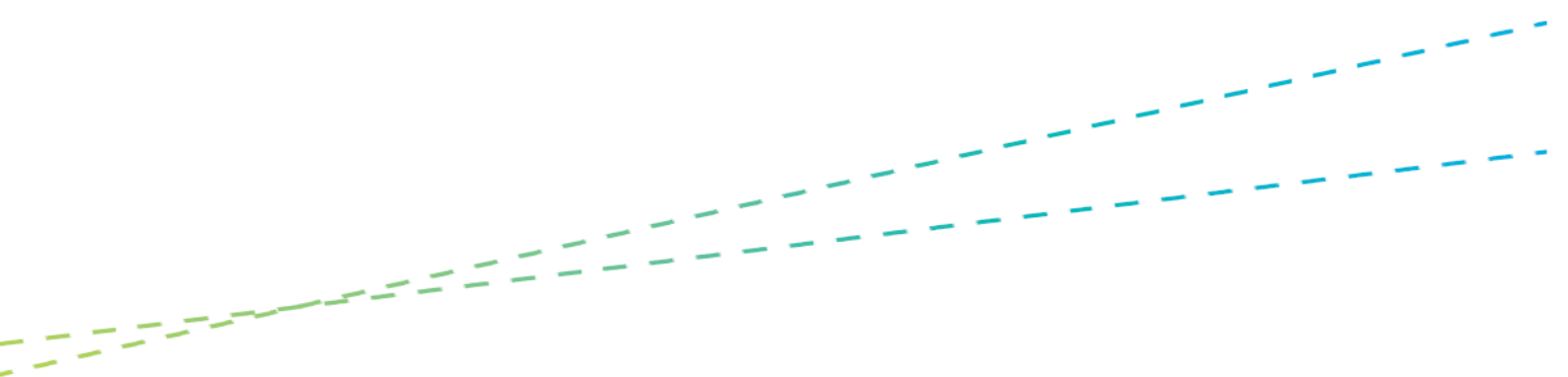
**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 074

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Good Shepherd Services
Registered Capacity:	Six young people
Dates of Inspection:	07th and 08th October 2019
Registration Status:	Registered from 03rd December 2019 to 03rd December 2022
Inspection Team:	Anne McEvoy Joanne Cogley
Date Report Issued:	4th December 2019

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1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going 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 its first registration in December 2003. At the time of this inspection the centre was in its fifth registration and in year three of the cycle. The centre was registered without attached conditions from 03rd December 2016 to 03rd December 2019.

The centre's purpose and function was to provide emergency, short to medium term accommodation for young females who were out of home or were at risk of homelessness. The centre offered six residential placements, two of which were specifically for 18 to 19 year old young people and were allocated on a planned basis. The other four placements were allocated to young people aged 16 to 17 years and could be accessed in a planned or emergency basis. The centre in an emergency situation will offer a placement for 15 year olds as placement under a place of safety order, offering a place of safety until the next working day or to a maximum of three nights if the admission occurred on a Friday evening. The centre's model of care was described as solution focused brief therapy. This method of intervention focused on the young person's present and future circumstances and goals, rather than past experiences. It targeted the young person's default solution patterns and replaced them with problem solving approaches. There were three young people under the age of 18 in residence at the time of inspection.

The inspectors examined standard 2 'management and staffing', standard 5 'planning for children and young people', standard 8 'education' and standard 9 'health' of the

National Standards For Children’s Residential Centres, 2001. This inspection was announced and took place on the 07th and 08th October 2019.

1.2 Methodology

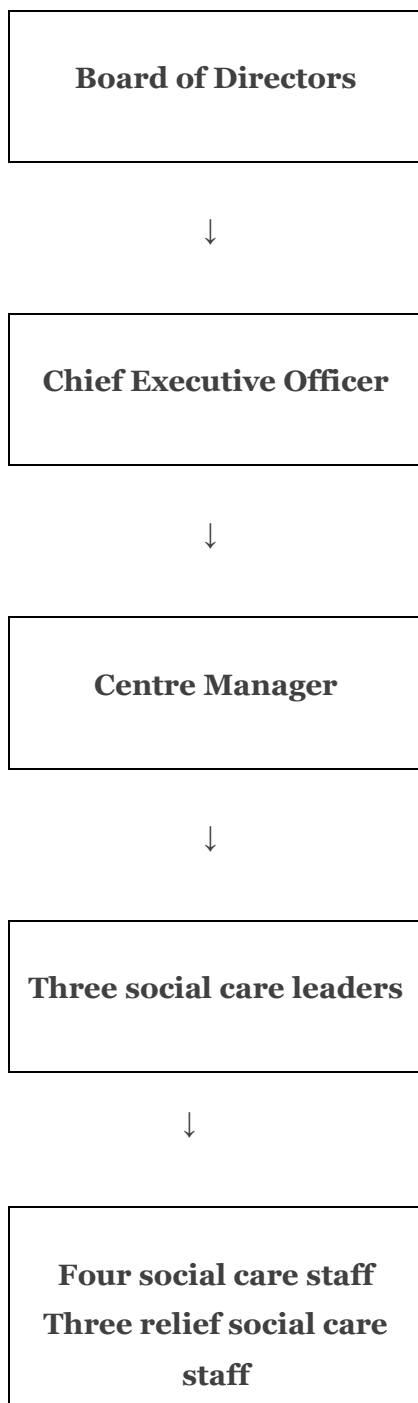
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) eleven of the care staff
 - b) two young people residing in the centre
 - c) the chief executive officer
 - d) the chairperson of the board of directors
- ◆ An examination of the centre’s files and recording process:
 - sections of the young people’s care files
 - supervision records
 - personnel files
 - team meeting minutes
 - management meeting minutes
 - handover book
 - register
 - policies and procedures document
- ◆ 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 management
 - b) Two social care workers
 - c) One social care leader
 - d) The chief executive officer
 - e) One supervising social worker
 - f) Principal social worker
 - g) Two parents of young people in the centre

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 department on the 1st November 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 15th November 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: 074 without attached conditions from the 3rd December 2019 to the 3rd December 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 manager maintained a register of all young people in the centre. There were a number of admissions and discharges from the centre since the time of the last inspection as this centre facilitated emergency and short to medium term placements. The register contained the following details; name, sex, date of birth of the child, names and address of the parents, date of placement, date of discharge and the destination to which the young person was discharged.

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 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 entries were regularly reviewed by the centre manager. The recording systems were well maintained and clearly documented the events happening in each young person's life. The centre manager advised that the centre had sufficient funding to provide the service and to provide for each young person's needs. There was a petty cash system in operation. There was evidence that this was discussed in staff team meetings as well as in operational management meetings. In interview staff stated that they had enough funding to meet the day to day needs of the young people resident. All files were stored in the office and kept in a secure filing cabinet.

3.2.2 Practices that met the required standard in some respect only

Management

The centre manager had been appointed eleven weeks prior to the inspection. Prior to this, there was an acting manager for a period of one year as the centre manager had taken a year's leave of absence and had chosen not to return on the completion of that year. The acting manager did not have the appropriate qualification to assume the centre manager position and so the current manager was appointed. The current manager had worked in the centre for nineteen years, four of these as a social care worker and fifteen years as a social care leader. The centre manager had an appropriate qualification in social care. They were very clear around their role and responsibilities, the purpose and function of the centre and demonstrated an awareness of all key working and care plans for the young people in the centre. The manager was supported in their work by three social care leaders, who were suitably qualified and had been in their current posts for an extended period of time. The inspector found that the manager provided clear leadership in relation to the day to day running of the centre. The manager monitored and guided practice through conducting regular team meetings and providing formal supervision to staff. Each member of staff interviewed stated they were well supported to achieve the best results possible for the residents and supported in their professional development and training. There was evidence that the centre manager provided oversight of all the written records and reviewed the significant event reports completed.

The centre manager provided statistical reports on a weekly basis to the CEO and the board of directors. A member of the board of directors regularly visited the centre and spoke with young people, staff and the manager. In interview the CEO advised that while they had visited the premises regularly and discussed operational matters with the manager, they had not been auditing the files as had been done previously. They advised that they were very confident in the manager and had simply not carried out audits as the centre was running well. They accepted that this was a practice they needed to reinstate. The centre manager and chief executive officer must ensure that audits are completed and formally recorded in order to satisfy themselves that appropriate care practices and operational policies in place.

There were monthly management meetings held by the chief executive officer. These were attended by the managers of each of the services provided by the company which complement each other with regards to service delivery. Each management team meeting was recorded and minutes provided demonstrated action plans, a timeframe for the completion of action plans and a named person responsible. The

following meeting reviewed these action plans for completion. A sample of management team meeting minutes was examined. Discussed were issues such as employment legislation, parental leave, payroll, employee assistance programme, training, policies/procedures, funding, general data protection regulations, admissions and discharges to the centre. These meetings offered operational oversight but no discussion on care practice.

Notification of Significant Events

The centre had a notification system in place that provided comprehensive details in writing of significant events relating to the young people placed. There was evidence that the centre manager reviewed these documents and provided guidance on situations that had arisen. While there was evidence of the documents on file, there was no evidence supporting a timeline of when these matters were notified to allocated social workers. In interview, one allocated social worker stated that they were notified promptly of all issues affecting the well-being of the young person in the centre. The centre manager must ensure that email correspondence noting when these records were sent to relevant personnel is filed to evidence prompt notification.

Staffing

The centre had adequate levels of staff to meet the needs of the young people living there. The staff roster was examined and there was evidence of a consistent staff team since the last inspection. The staff team were very experienced with the majority of staff having worked in the centre in excess of five years. The files examined demonstrated that the majority of staff were qualified in social care with social work as the other relevant qualification achieved. The centre manager advised that the position they vacated in their move to management was currently being backfilled by relief staff. A new rota was being devised with advertisements placed for additional posts to bring the centre in line with the working time act and to backfill the centre manager's post.

The centre manager was provided with oversight on operational matters by the chief executive officer. They met regularly for one to one meetings and the chief executive officer visited the centre on a weekly basis and attended the monthly team meetings. These meetings were in relation to health and safety issues, resources, staffing and organisational matters, however there was no current mechanism for care practice accountability. There was a policy in place that allowed the centre manager to avail of external professional supervision. This was availed of by the previous manager, however the current manager had yet to avail of this due to the length of time in post. They intended to avail of this in the future. The inspectors recommend that the

centre manager avail of professional external supervision to complement the operational oversight currently being provided.

Personnel files were maintained for all staff. Inspectors carried out an audit on a sample of staff files. Each file inspected had an up to date application form or curriculum vitae present. The required references were on file; however there was no evidence that verbal checks were completed. One staff member was given a contract and was named on the staff roster prior to the receipt of two of their references. The centre manager must ensure that verbal checks on references are evidenced in the personnel files and all references are received and verified prior to any staff taking up a contract or position in the company. References should be written on the providers own reference documents. Qualifications of staff were on some files but none had been verified with the awarding institution. The centre manager must ensure that all qualifications are on record and verified; evidence of this must be recorded on personnel files. Inspectors found that all staff had Garda vetting completed and these were on file.

There was evidence that staff received a formal induction. In interview staff confirmed that they had received an induction when they took up position in the company. Induction was carried out over two days and included shadow shifts, training and reading of care files.

Supervision and support

The centre had a supervision policy. The centre manager had a qualification in professional supervision from a recognised institution. A sample of supervision documents were examined. The inspector found evidence that the manager provided supervision for each staff member since taking up their position as centre manager. Evidence was gathered that supervisions were completed in line with the company policy of every two months. There were no supervision contracts filed. There was a structured template for recording staff supervision, however the template did not allow for a discussion or review of the implementation of the individual placement plans. The centre manager must ensure that supervision sessions are filed in appropriate folders, contain a contract for each supervisee, have a date for next supervision and reflect the discussion regarding the young person's placement plan and how these goals are to be achieved.

Handover meetings were held daily and these were attended by the outgoing staff and incoming staff as well as the centre manager. The written records of these meetings were comprehensive and communicated effectively with the incoming staff. The

inspector attended a handover meeting and found that it contained a detailed discussion of the events from the previous day as well as activities to be noted for the coming day, medications to be administered, education plans, family contact, daily tasks and petty cash. Staff team meetings were held monthly and these were well attended with an average attendance of six staff members each time. The centre manager attended all team meetings. There was a standing agenda including discussions on house meetings, individual absence management plans, individual crisis management plans, key work reports, complaints, room inventories, policies and procedures, communications book and petty cash. A review of the team meeting minutes evidenced comprehensive discussions on young people, their placement plans, curfews, medications, and educational plans. However, inspectors noted that there was no action plan at the end of the minutes or timeframe within which matters were to be addressed. There was no evidence that the chief executive officer audited these minutes to provide oversight on consistency of care or safety. The centre manager must ensure that team meetings record an action plan, timeframe, and responsible person for each meeting held. The chief executive officer must ensure that these minutes are audited and oversight provided.

The chief executive officer stated that they were confident in the abilities of the centre manager to provide good quality care to the young people resident and to support the staff in the course of their work. Each staff member interviewed noted that they were well supported by the centre manager and recognised that the staff team were a very stable and supportive team to work with. Staff also had access to an employee assistance programme if it were needed.

Training and development

A sample of staff files examined demonstrated that the staff had completed e-learning child protection training, Children First: National Guidance for the Protection and Welfare of Children, 2017. All staff had completed medication management training. On examination of records, the majority of staff had completed the model of care training for the company and the centre manager advised training was arranged for November 2019 for those members of staff newly appointed in 2019 and a refresher in January 2020 for those previously trained. First aid training was completed by permanent staff. Inspectors noted that one relief social care staff did not have a first aid certificate on file. Inspectors noted through interviews with management and staff that fire safety training had been completed by all staff members however there were no certificates evident on file to validate this. This does not allow for adequate tracking for refresher courses. The centre manager must ensure that evidence of training attended is filed on personnel files for ease of tracking and provision of

refreshers. All staff members interviewed stated that they requested training through supervision or through their team meeting and there was never any issue with accessing additional training. Examples of this were domestic violence training which was attended and sexual health training which was arranged for October 2019. There was evidence of an effective ongoing training and development plan in the centre.

3.2.3 Practices that did not meet the required standard

None identified

3.2.4 Regulation Based Requirements

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

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

Required Action

- The centre manager and chief executive officer must ensure that audits are completed in order to satisfy themselves that appropriate care practices and operational policies in place.
- The centre manager must ensure that there is evidence of a prompt notification system.
- The centre manager must ensure that verbal checks on references are evidenced in the personnel files and all references are received and verified prior to any staff taking up a contract or position in the company.
- The centre manager must ensure that all qualifications are on record and verified; evidence of this must be recorded on personnel files.
- The centre manager must ensure that supervision sessions are recorded and filed in appropriate folders, contain a contract for each supervisee, have a date for next supervision and reflect the discussion regarding the young person's placement plan and how these goals are to be achieved.

- The centre manager must ensure that team meetings record an action plan, timeframe, and responsible person for each meeting held. The chief executive officer must ensure that these minutes are audited and oversight provided.
- The centre manager must ensure that evidence of training attended is filed on personnel files for ease of tracking and provision of refreshers.

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

Statutory care planning and review

As each of the young people placed were resident under section 5 of the Child Care Act 1991, there was no legislation providing for the holding of statutory care plans or care plan reviews. However, to safely plan and provide for their future needs, the centre and social work team had individual section 5 care plans on file for each resident. These were reviewed weekly and attended by a staff member, the allocated social worker and the young person. The young person's parent/guardian was also invited to attend. One young person admitted on the 17th September 2019 had care plans dated and updated on the 17th September, the 25th September and the 02nd October 2019. There was evidence on file that this young person had viewed their files on the 02nd October 2019. One young person admitted in June 2019 had weekly care plans detailing week to week planning for their placement. There was evidence of discharge planning and aftercare planning on the care plans. As part of the section 5 care plans, a needs assessment had been undertaken outlining the young person's needs in the areas of education, medical, accommodation, finance, independent living skills, therapeutic needs and detailing the young person's own views and opinions. The third young person resident had been admitted on the 27th September 2019 and had a care plan dated 3rd October 2019 on file. There was evidence of individual placement plans devised for each young person from the care plans recorded.

Contact with families

There was evidence that the staff had regular contact with family members providing updates and assurances regarding the young people resident in the centre. The young people had overnights with family members and /or relatives for two nights every week and the staff used key work sessions to prepare them for this interaction and to discuss difficult relationships. The aim of this work was to enable young people to manage these relationships when they were living independently. There was evidence that parents were encouraged to actively participate in planning with their child and to attend care planning meetings weekly. A family contact sheet was maintained in the young person's file detailing who contact was made with, the date it occurred and the reason for contact.

Supervision and visiting of young people

There was evidence on each young person's file that the allocated social workers from the team for young people at risk of homelessness visited the centre regularly. A record was held in the young person's file of all contacts they had with an authorised person.

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.

There was evidence that the social workers from the team for teenagers at risk of homelessness attended the pre-admissions meetings for the young people and read the daily logs. The social worker interviewed stated that they were made aware of all significant events in a prompt and timely manner. Each care planning meeting was attended by the allocated social worker and there was evidence of section 5 care plans signed off by the allocated social worker, team leader or principal social worker.

Emotional and specialist support

Throughout the inspection, the centre manager and staff in interview demonstrated a good knowledge and understanding of the emotional and specialist needs of the young people in placement. Young people placed had access to a variety of mental health services and there was evidence on file of the centre advocating for access to a

specialist disability service for one young person. In interview staff noted that the centre had built up significant relationships with local services such as Pieta House and the local child and adolescent mental health team. Inspectors found that there was access to external support for staff where they identified that additional training would be beneficial for the young person they were working with. One staff member was specialised in providing support to young people in domestic violent situations and another was scheduled to complete sexual health training to support the young person they were key working.

Preparation for leaving care

The centre catered for young people aged 16-19 on admission. There was evidence on each young person's file that a needs assessment was completed including onward referrals for appropriate accommodation such as supported lodgings, returning to their birth family or other plan.

There was evidence of key working on file including the life skills package. This was a four part document, part one was a placement checklist, part two was a placement plan, part three detailed key working sessions and part four included a life skills assessment. Part four outlined independent living skills and each young person was encouraged to cook for themselves, wash for themselves and they were supported in making applications for additional educational courses and accommodation post 18 years to support the transition of leaving the centre. Inspectors saw evidence of young people actively involved in their placement plans and saw evidence that they participated in their planning meetings.

Discharges

The centre had a discharge policy. This was a centre that catered for emergency, short term and medium term placements. As such there were numerous discharges from the centre since the time of the last inspection. A review of the register evidenced that most of these young people moved home and those who did not were discharged to a mix of supported accommodation or to the centre's adult service. Each young person's care file demonstrated that all key work and planning meetings were with a view towards a planned and stable discharge. There were no unplanned discharges since the time of the last inspection.

Aftercare

Each young person was allocated a social worker from the local TUSLA social work team to support teenagers at risk of homelessness. There was evidence on file of visits made by these social workers and their attendance at planning meetings to

support the young people after leaving the centre. There was a drop-in group facilitated by the centre for all young people who had been or were currently availing of their services. Young people were encouraged to attend and seek support if needed.

Children's case and care records

Each young person had a secure individual care file. Inspectors found that care records in the centre were well organised and written to a good standard. They contained birth certificates and consent forms signed by the young people and their parents acknowledging the rules of the centre and providing consent for activities. A recent photo was maintained on each of the files. There was evidence that the centre records were being monitored regularly by the centre manager. Care records relating to young people were kept in perpetuity. At the time of the inspection, all files current and historical were maintained in the centre, stored in fire proof cabinets in the office. Inspectors recommend that an appropriate system for archiving historic files be implemented.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The centre had a clear admissions policy and agreed procedures describing the process of admission. The centre accepted referrals for both emergency and planned admissions. All admissions were agreed through the accommodation panel for the centre, which the centre manager attended. Referrals for admission were from a variety of youth and community agencies as well as self-referral and referral from TUSLA, Child and Family Agency. From a review of the profile of young people admitted to the centre, inspectors observed that the majority were admitted under section 5 of the Child Care Act, 1991. This section of the Act provides for the board to make available suitable accommodation where a child in its area is homeless and no reasonable accommodation is available to them. At the time of the inspection each of the resident young people had been admitted under section 5.

The centre had accommodation provision for four young people under 18 years of age and two young people over 18 years. Admissions of young people over 18 years were always planned and a pre-admission risk assessment was always completed. At the time of this inspection, there were no young people over 18 years resident in the centre. The centre manager advised that they did not have a corresponding pre-admission risk assessment, which noted the impact on other residents for young

people under 18 years who were admitted. The centre manager must ensure that an impact risk assessment is carried out for all ages admitted even in the event of emergency admissions to identify risks and plan safely for managing them. Young people voluntarily consented to residing in the centre and each young person's file had a consent booklet signed by staff, the young person and their parent/guardian providing evidence of consultation with the young person and their parent/guardian advising of the rules of the centre, expectations and consent forms for activities and health care. Upon admission, each young person was assigned a social worker from a TUSLA, Child and Family Agency team dedicated to the prevention and management of homeless teenagers in the area. If child protection concerns existed, the young person was also linked in with the local child protection and welfare social work team pending the resolution of any child protection or child abuse concerns. At the time of this inspection, there were no child protection or children in care social workers allocated to the young people resident.

When possible, young people admitted to the centre are encouraged to visit the centre prior to moving in. There was evidence on one young person's file that their parent had visited the centre prior to them being admitted. There was a welcome pack visible in each room when the inspectors toured the premises. This included a wash bag filled with personal hygiene products, a copy of the national standards and a welcome booklet. The supervising social worker interviewed was satisfied that the placement was meeting the needs of the young person and they stated that the staff had a very comprehensive understanding of the needs of the young people resident.

3.5.3 Practices that did not meet the required standard

None identified

3.5.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995***
-Part IV, Article 23, Paragraphs 1 and 2, Care Plans
-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan
-Part V, Article 25 and 26, Care Plan Reviews
-Part IV, Article 24, Visitation by Authorised Persons
-Part IV, Article 22, Case Files.

The centre 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

- The centre manager must ensure that a risk assessment be carried out for all ages admitted even in the event of emergency admissions to identify risks and plan safely for managing them.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

Staff within the centre placed a high value on the educational needs of the young people and each young person was engaged in an educational programme at the time of inspection. The inspectors found that the staff advocated strongly for the young people in maintaining their school placements. During interviews each staff member noted that if a young person was not involved in an educational programme, they were advised that they must attend the provider's off site education centre, where life skills courses were offered. At the time of inspection each young person was being facilitated to attend their own school placement. Staff advised that they were in contact with schools and participated in school meetings. Space was made available for the young people to study in their rooms and resources were made available to the young people if requested. Key working sessions on education and life skills were provided to the young people by their allocated key workers, focused on maintaining educational placements. Young people were given transport costs and were facilitated to get to bus stops so they could attend their schools. There was evidence that one young person was deeply committed to their education and this was encouraged by staff. Staff ensured that additional appointments were scheduled for times outside of the young person's school day as they were clear they did not want to miss time in school.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

Young people's care records provided evidence that each young person had a medical assessment as part of the admissions process. All three young people were admitted on an emergency basis and there was evidence to show that a medical assessment was carried out as soon as possible after admission. In all cases this was within two weeks of admission. Care records contained information relating to medical and health information of the residents however, as this was an emergency/short term centre and some young people left within a very short time of admission, a full and complete history was difficult to obtain. There was evidence on file of efforts made to get as much information as possible in relation to the young people. Each young person placed had access to a general practitioner. Efforts were made to maintain the young person with their own GP where possible. The centre had a medication management policy which was signed off by all staff. Each staff member interviewed referenced being trained in this policy and had a clear understanding of the procedure around the administering of medication. Care records had a separate section on the file recording medication administered. Every young person resident in the centre was over the age of 16 years and as such was an adult for the purposes of consent to medical and surgical treatment (Non-Fatal Offences against the Person Act 1997, Section 23(1)). In addition to this, the parent/guardian of each resident had signed a voluntary consent for the young person to access medical treatment as and when it was necessary. Staff completed key working sessions with young people around their health and well-being when it was timely and appropriate. Two of the residents had only been admitted in the weeks prior to inspection and were relatively new to the centre. The other resident had been placed for four months prior to inspection and they had key work completed relating to sexual health, diet and exercise. Vouchers

were given from the centre for the young person to attend the local gym. There was a no smoking policy in the centre and there was an area designated for young people who wished to smoke and had permission from their parent/guardian. Young people were encouraged to stop if they were smoking on admission and were advised of the smoking cessation programme available to them.

3.9.2 Practices that met the required standard in some respect only

None identified.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 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 20, Medical Examinations.*

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

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>The centre manager and chief executive officer must ensure that audits are completed in order to satisfy themselves that appropriate care practices and operational policies in place.</p>	<p>The CEO and Manager of the centre will begin formal audits beginning Monday December 2nd 2019. These audits will occur no less than every three months. They will include the CEO continuing to attend team meetings. The CEO will also prepare a report every three months based on their oversight of residents' case files, supervision records, team meeting minutes and complaints.</p>	<p>The CEO will continue this oversight every three months and reports prepared and kept accordingly.</p>
	<p>The centre manager must ensure that there is evidence of a prompt notification system in place for significant event notifications.</p>	<p>All staff will begin the process of printing out the sent email that corresponds to the SEN and attaching it to said SEN when filed. This will prove what date and time the SEN was emailed. This practice will begin on 11.11.2019</p>	<p>The manager will oversee that this practice continues.</p>
	<p>The centre manager must ensure that verbal checks on references are</p>	<p>This practice will begin from 15.11.2019 for all future personnel hired.</p>	<p>This practice will begin and continue from 15.11.2019. The manager and the CEO will</p>

	<p>evidenced in the personnel files and all references are received and verified prior to any staff taking up a contract or position in the company.</p> <p>The centre manager must ensure that all qualifications are on record and verified; evidence of this must be recorded on personnel files.</p> <p>The centre manager must ensure that supervision sessions are recorded, contain a contract for each supervisee, have a date for next supervision and reflect the discussion regarding the young person's placement plan and how these goals are to be achieved.</p> <p>The centre manager must ensure that team meetings record an action plan, timeframe, and responsible person for each meeting held. The chief executive officer must ensure that these minutes are audited and oversight provided.</p>	<p>The centre manager will make contact with all relevant educational institutions on 18.11.2019 by email to obtain verification of all qualifications.</p> <p>The manager will make the necessary changes to the supervision template form to include discussions on young people's placement plans and how goals are going to be achieved. Supervision contracts will be provided to all staff and date of next supervision will be decided and recorded at end of each session. This practice will begin on 25.11.2019.</p> <p>The manager will ensure that the team meeting minutes are recorded to include an action plan, timeframe and person responsible. This practice will begin on 11.11.2019.</p>	<p>have oversight of this.</p> <p>For all new personnel this verification will be done prior to employment commencing as well as having qualifications on record.</p> <p>The manager and CEO will have oversight to ensure that these practices continue. The CEO will be overseeing supervision records every three months.</p> <p>The CEO and the manager will continue to oversee that this practice continues. The CEO will audit these minutes every three months.</p>
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3.5	The centre manager must ensure that an impact risk assessment be carried out for all ages admitted even in the event of emergency admissions to identify risks and plan safely for managing them.	The manager will prepare an impact risk assessment for all young people in the centre. At present this is only being carried out for young people aged over 18yrs. This will begin on 16.12.2019	The manager and CEO will oversee that this practice continues and is audited regularly. The CEO will audit case files every three months.