



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

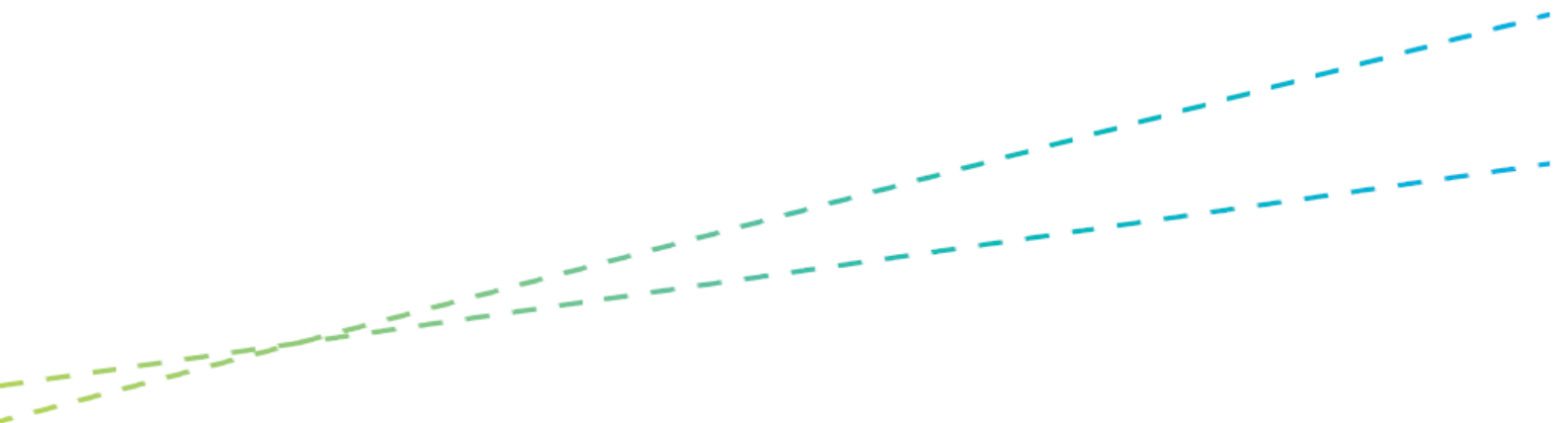
## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number: 076**

**Year: 2018**

**Lead inspector: Lorna Wogan**

Two dashed lines, one light green and one light blue, curve upwards from the bottom left towards the right side of the page.

Registration and Inspection Services  
Tusla - Child and Family Agency  
Units 4/5, Nexus Building, 2<sup>nd</sup> Floor  
Blanchardstown Corporate Park  
Ballycoolin  
Dublin 15 - D15 CF9K  
01 8976857

## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2018</b>
<b>Name of Organisation:</b>	<b>St. Bernard's Children's Services CLG</b>
<b>Registered Capacity:</b>	<b>Five young people</b>
<b>Dates of Inspection:</b>	<b>9<sup>th</sup> and 10<sup>th</sup> of April 2018</b>
<b>Registration Status:</b>	<b>Registered from the 19<sup>th</sup> of May 2018 to the 19<sup>th</sup> of May 2021</b>
<b>Inspection Team:</b>	<b>Lorna Wogan</b>
<b>Date Report Issued:</b>	<b>19th of July 2018</b>

# Contents

<b>1. Foreword</b>	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
<b>2. Findings with regard to Registration Matters</b>	10
<b>3. Analysis of Findings</b>	11
3.2 Management and Staffing	
3.4 Children's Rights	
3.8 Education	
3.9 Health	
<b>4. Action Plan</b>	26

## 1. Foreword

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

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

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

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

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

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

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

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

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

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration for its current purpose and function in 2011. At the time of this inspection the centre were in their second registration and were in year three of the cycle. The centre was registered without conditions attached from the 19<sup>th</sup> of May 2015 to the 19<sup>th</sup> of May 2018.

The centre's purpose and function was to accommodate five children of both genders from age seven to eleven years on admission. The centre is one of two services operated by the provider, a voluntary limited company, not for profit, governed by a board of directors and funded in partnership with Tusla the Child and Family Agency.

The centre was described as a therapeutic community tasked to care for children who have significant attachment problems and whose complex emotional needs cannot be met by their families or carers. The centre operated within a framework of clear ideals, beliefs and working practices, which draw primarily from psychodynamic and attachment theory while also utilising the core values of therapeutic communities as outlined by the Community of Communities. In 2011 the centre became a member of the Community of Communities, a quality improvement and accreditation programme for therapeutic communities in the United Kingdom and overseas. The membership of this organisation has facilitated the centre to engage in self review and peer-review of the therapeutic process.

The primary task of the unit was to provide a consistent high-quality multi-disciplinary therapeutic programme that included group living treatment, individual

play therapy as required, national curriculum education and family support. The aim of this therapeutic provision was to enable the children to re-integrate back into mainstream family setting, school and community life.

The centre was previously inspected in May 2017 and the inspector found that two of the three identified actions required following this inspection had been met in full by the centre. The outstanding action related to Tusla social work services and the lack of exit placements for the children following the planned programme of care. This remained an issue at the time of this inspection as two children had completed their planned programme of care however suitable and appropriate onward placements had not been identified by Tusla the Child and Family Agency.

The inspector examined standards 2 'management and staffing', 4 'children's rights', 8 'education' and 9 'health' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 9<sup>th</sup> and 10<sup>th</sup> of April 2018.

## 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) The chairperson of the board of directors
  - b) The director of services
  - c) The centre manager
  - d) The deputy centre manager
  - e) Four child care leaders
  - f) Twenty of the social care staff
  - g) Five children residing in the centre
  - h) Three of the five social workers with responsibility for the children residing in the centre

An examination of the centre's files and recording processes as follows:

- ◆ personnel file for new staff member
- ◆ supervision records
- ◆ training records
- ◆ relevant sections of care files and key-work records
- ◆ handover records
- ◆ staff roster
- ◆ centre register
- ◆ daily logbooks
- ◆ register of significant events
- ◆ complaint register
- ◆ team meeting records

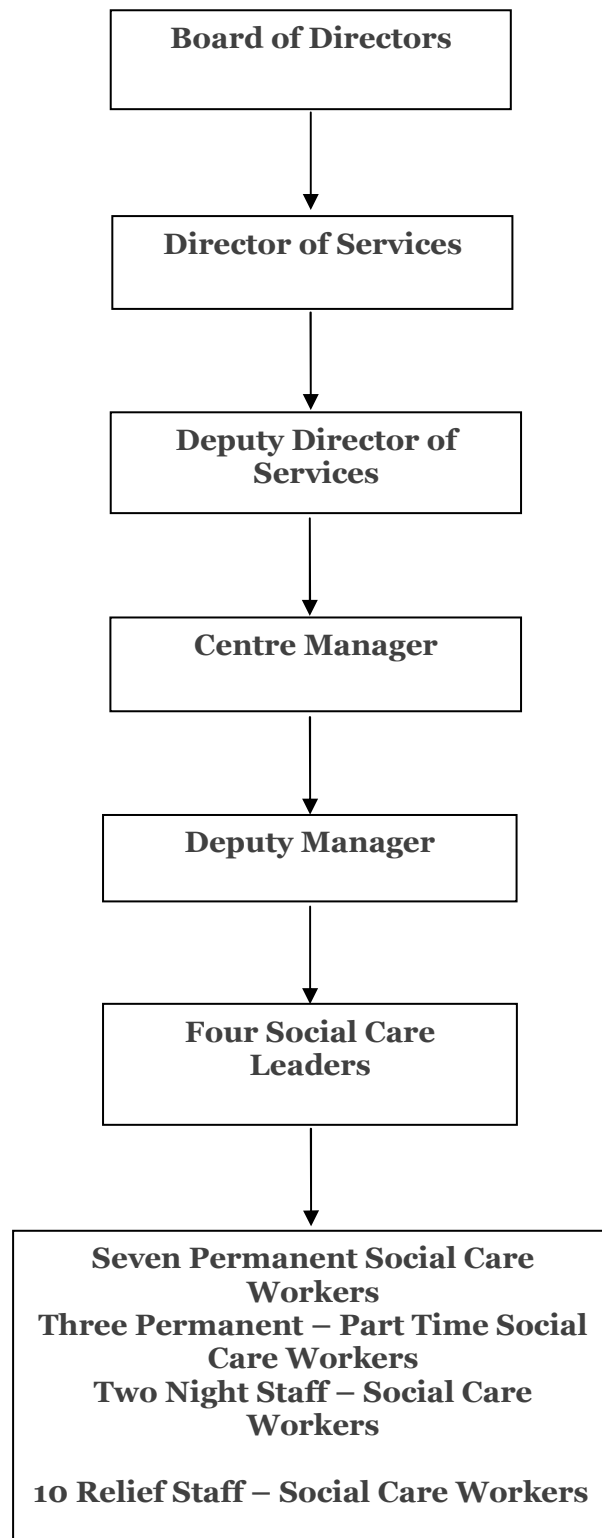
- ◆ Interviews with relevant persons that were deemed by the inspector as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The director of services
  - b) The centre manager
  - c) Two social care leaders
  - d) One social care staff (key-worker)
  - e) Two social workers with responsibility for children residing in the centre
  - f) The five children in placement
  - g) The lead inspector for the centre
  
- ◆ Observations of care practice routines and the staff/young person's interactions.
  
- ◆ Attendance at handover meeting.

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

The inspector would like to acknowledge the full co-operation of all those concerned with this centre and thank the children, 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 service and the relevant social work departments on the 1<sup>st</sup> of June 2018. 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 19<sup>th</sup> of June 2018 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 re-register this centre, ID Number: 076 without attached conditions from the 19<sup>th</sup> of May 2018 to the 19<sup>th</sup> of May 2021 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 children. There are appropriate external management and monitoring arrangements in place.

#### 3.2.1 Practices that met the required standard in full

##### **Management**

The board of directors was established in January 2017. As a legal and regulatory entity the board's main purpose was to ensure the provision of care provided to the children in the centre was of the highest standard. The board was obligated to fulfil its duties to Tusla the Child and Family Agency under a mutually signed service level agreement. The board met eight times a year and the director of service presented a written report on all areas of relevance in respect of the centre. The board also had responsibility to review and approve all written policies and procedures. The chairperson of the board confirmed in the completed inspection questionnaire they were satisfied that the quality of care received by the children was of a high standard.

There was a clear management structure in place and the inspector found the management team provided effective leadership to the staff team and also provided good external oversight of the centre. There was evidence of good governance and oversight of the care practices and administrative records by the centre manager and the director/deputy director of services. The staff completed weekly audit reports that were overseen by the director and deputy director of services.

The centre manager was line managed by the deputy director of services. The centre manager informed the inspector the external managers were accessible and provided guidance and support to them in their role. There was evidence the directors visited the centre on a daily basis and met with the children and staff on duty.

Following staff interviews and a review of questionnaires completed by staff the inspector found that staff had confidence in their internal and external managers and were aware that the highest standards of practice were expected of them in their work.

There was evidence that policies and procedures were subject to periodic reviews within the service and this was evidenced on records of staff and management meetings.

### **Register**

The director of service maintained a register that outlined the required information relating to the admission and discharge of children from the centre. The inspector found it was completed in line with the regulations and was up to date. Since the commencement of operations the centre had provided twenty one placements for children, twelve males and nine females.

The register showed that in the past twelve months there had been one planned discharge from the service following a three year placement and one new admission in September 2017.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

### **Notification of Significant Events**

The centre had a written policy regarding the notification of significant events and staff interviewed were aware of what constituted a significant event. The lead inspector for oversight of significant events arising in the centre was satisfied that significant events were notified in a prompt manner and written reports contained sufficient and appropriate information. Overall there was a very low level of significant events occurring in the centre.

A review of centre records demonstrated that significant events were appropriately recorded and notified to all relevant parties in a timely manner and interviews with staff and social workers confirmed this. Oversight of significant events by the centre manager was evident on the records. The centre manager stated that social workers responded to notifications and sought further clarification if required.

Significant events recorded related to incidents where the children presented with behaviour that challenged and physical restraint interventions. The centre staff maintained a register of significant events and there were systems in place for tracking and cross-referencing significant events.

The inspector found there were good oversight, review and analysis of significant events at team meetings and in individual staff supervision. A review of significant

events indicated to the inspectors that events were managed in line with agreed responses outlined in behaviour management plans and in line with the centres care approach. Risk assessments were updated as required following significant events.

### **Staffing**

The staff team comprised of the centre manager, deputy manager and seven core social care staff, three part-time permanent staff, two night staff and ten regular relief staff. The staff/child ratio was 1:1. There were no significant changes within the staff team since the last inspection with only one staff member moving internally within the organisation. This staff member was replaced with an experienced staff member from within the organisation. The inspectors found there was adequate numbers of staff to care for the children in placement. There was a sufficient number of staff members at child care leader level on each shift.

The staff team were experienced in residential care work with the majority of the staff having between ten and twenty five years experience in the work. All staff were suitably qualified and displayed the ability to communicate effectively with the children. This was confirmed by the social workers interviewed by the inspector. Personnel files were subject to inspection previously therefore the inspector only examined the personal file for the most recent staff member who joined the team. The inspector found that they were appropriately vetted through reference checks and Garda vetting. The director of services confirmed that Garda vetting for all staff members was renewed every three years within the organisation. There was a formal induction process for all new staff members within the organisation. The staff induction document was under review at the time of the inspection. The inspector advised that the centre manager ensure there is a system in place to evidence staff engagement in the induction process and verify same.

Staff interviewed stated the manager was supportive and provided guidance and support to them in their work. Staff reported there was good communication and support within the team with a strong emphasis on consistency in approach and reflective practice. The team were facilitated to meet with a group analyst on a monthly basis. This external facilitation process assisted them to process and review team dynamics and ensured motivation and good team practices prevailed. The inspector found the staff team was cohesive and confident in their practice and had good insights into the needs of the children in their care and of their capacity to meet the needs of the children.

There was evidence that the staff team were highly engaged with the children throughout the day. Social workers told the inspector the staff team presented as experienced, committed and supportive of the children in placement and that staff were professional and courteous in their approach at all times.

There were no disciplinary procedures initiated against any staff member at the time of the inspection.

### **Supervision and support**

The centre had a written policy in relation to staff supervision. The inspector found that supervision was provided within the timeframes set out in the written policy. The director of services and the deputy director received external supervision. The centre manager was supervised by the deputy director of service and received supervision on a monthly basis. The supervision records were made available for inspection and the inspector found there were good communication systems in place between the directors and the centre manager. Supervision with the manager included a review of the children and their placement within the centre, the managers own well-being and development, staff well-being and development, training needs and the requirements of the centre to operate optimally.

Supervision of the staff team was shared between the centre manager, deputy manager and the social care leaders. Supervisors had received training in supervision practice. The inspector examined seven staff supervision files and found that staff received regular structured formal supervision. Records of supervision were maintained and evidenced there was accountability for work, professional development and support for staff through the records. There were systems in place for the external managers to audit staff supervision files.

Following a review of a random sample of staff supervision files the inspector advised that there should be more evidence of review and evaluation of the placement plan within the supervision records for key-workers. Supervisors should also ensure that actions/responses to issues raised are clearly recorded and revisited at the next supervision session.

Handover meetings were held on a daily basis. The inspector attended a handover meeting and found that staff shared information about the children and the tasks required to be completed over the next twenty four hours. The handover records were structured to ensure all areas of work and all tasks were completed and/or handed over to staff coming on duty.

Staff team meetings were scheduled twice a month. The team also met once a month for clinical supervision with their external consultant and once a month they met with their group analyst.

The minutes of the team meetings indicated they were used primarily to focus on operation matters and for review of the placement plans every quarter. There was evidence that staff were provided with opportunities to review and inform themselves of centre policies. All staff forums were well attended by members of the team.

The inspector found there were robust support mechanisms in place for staff in particular for those who may experience stress or have suffered injury in the course of their work.

The staff handbook was recently updated and the director confirmed that the organisation was well advised to ensure that all statutory provisions in relation to employment law are adhered to.

### **Training and development**

Overall there was evidence of an effective ongoing staff development and training programme for the care and education of staff. Training requirements were reviewed by the external managers on an annual basis. Core training in the management of behaviour that challenged, child protection, fire safety training and first aid was provided for the team. There were two staff members who were trained as trainers in their behaviour management approach used within the centre. The centre staff were also invited to attend local training run by Tusla the Child and Family Agency. A number of staff members were undertaking an attachment training course in a third level college.

The inspector found there was monthly clinical supervision for the team provided by an external attachment consultant from September to June annually. The external consultant also met with the centre management team and provided clinical supervision for the centre manager on a monthly basis. The importance of this training was evident in the overall implementation of the model of care. A review of this work was undertaken over the summer months each year and a plan set out for the clinical supervision for the year ahead.

The deputy director maintained a record of all training undertaken by staff to date.

### **Administrative files**

The inspectors examined a range of administrative files and records including daily logbooks, petty cash book, complaint register, handover records, minutes of staff meetings and children's community meetings. Files and records were well organised and maintained to facilitate effective management and accountability. Care files and administrative records were stored securely. Good attention was paid to ensuring records were maintained in a confidential manner. There was evidence on the records that reports were written in a professional and sensitive manner.

The board of directors received financial updates at each board meeting and a finance sub-committee met with the director of services and the accountant on a quarterly basis. Year end audited accounts were issued to Tusla the Child and Family Agency. There were financial management systems in place in the centre which involved the use of petty cash and receipts. Staff stated in interview that they had sufficient financial resources to care for the children and to provide recreational and educational programmes.

There was evidence that the centre manager monitored the centre registers, logbooks and other written reports on a regular basis.

Files relating to the former residents were appropriately stored and archived on site. The director stated that the staff will be provided with updated training in relation to the new general data protection regulations.

### **3.2.2 Practices that met the required standard in some respect only**

None identified.

### **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.***

### **3.4 Children's Rights**

#### ***Standard***

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

#### **3.4.1 Practices that met the required standard in full**

##### **Consultation**

The inspector found that the views of the children were sought when decisions were being made that affect their daily life and future. There was an opportunity for children in placement to contribute their views or comments through the centre manager's report to the board. There was evidence that staff promoted a right's based approach within the centre through the day-to-day interactions and in a more formal manner when dealing with more complex issues that arise for the children.

Community meetings each day was a key practice in promoting the children's rights and there was evidence the children's views informed policies and practice and the daily running of the centre. Interviews with the children evidenced that they felt their views and opinions were valued by the adults caring for them.

The children were provided with age appropriate written information describing aspects of the centre and what they can expect from their time in the centre. This information booklet had been recently reviewed and there was evidence the children had input updating this document. The inspector advised that specific information on children's rights would further enhance this booklet.

Encouraging the children to express their views and opinions was part of the care approach and this was evidenced through interviews with staff. The approach to working with the children was discussed at team meetings and in scheduled forums for the team with the services external consultant.

The inspector found evidence the views of children were sought when decisions were being made that affect their daily life and routine. This was confirmed through interview with the five children and staff team. The children understood that 'bad moments' could be discussed and resolved at community meetings. These daily

meetings provided the children with the opportunity to get involved in the running of the home and they could raise issues that were important to them. There was evidence that the children were encouraged to express their views and opinions at the community meetings. The inspector found that staff were skilled and confident in facilitating these meetings. The inspector found evidence of staff and children 'working things out together' taking into account everyone's opinion and views. There was evidence on the daily notes and the individual work of significant conversations with the children in relation to how everyone respects the rights of all living in the house. The inspector found that the children were appropriately involved in the daily routines of the centre and could exercise choice across a range of daily living skills for example buying clothes, use of pocket money, menu planning or furnishing of the home.

The inspector found the children were aware of the expectations in relation to behaviour and centre rules. They had a good understanding of the consequences for poor behaviour.

The social workers informed the inspector that the children's views were represented at the statutory child in care reviews. They were consulted and encouraged to participate in planning for their placement and in statutory care plan reviews. These meetings reviewed the care plan and involved significant people in their life such as parents, social workers, centre staff and other professionals. The children completed consultation forms prior to their statutory review meetings and staff supported and encouraged the children to participate in their care plan meetings. The children interviewed stated they were given the opportunity to ask questions and express their views at care planning meetings. There was evidence that the centre manager and staff team were strong advocates for the children and this was confirmed by the social workers.

The children were not actively involved with EPIC (Empowering People In Care) an independent advocacy service for children in care however the centre had information about the organisation and were familiar with their role. The inspector advised that the centre manager invite the area advocate within EPIC to visit the centre and meet with the staff and the children currently in placement.

The children had their own bedroom with en suite facilities and their right to privacy was respected by staff working in the centre.

### **Access to information**

The centre had a written policy on children's access to written information that acknowledged the importance of children's right to access information relating to them. The inspector found the staff shared information with the children appropriate to their age and level of understanding. The children had also been given information about themselves in an appropriate way through meetings with their social workers, attendance at statutory reviews and individual work with their key-workers. The young people were provided with opportunities to read their daily log books, centre review reports, school reports and records of community meetings.

The children were aware that the staff completed reports for the social workers and kept a written record of how they get on each day. There was evidence the children had access to their daily logs. Key-workers shared written information with the children in the context of key work sessions.

### **3.4.2 Practices that met the required standard in some respect only**

#### **Complaints**

The centre had a written complaint policy that was revised in February 2018. The centre's complaint procedure was incorporated into the centre's suite of policies. There were procedures in place for the prompt investigation of all complaints, whether made by children or parents and for recording their outcome.

In circumstances where a complaint was received the board of directors was informed at the board meeting and was subsequently advised of the progress of the complaint process. The board was available to the centre if the complaint required further consideration and resolution.

The inspector found that there was also a children's complaints procedure in place. Information on the children's complaint procedure was outlined in the 'guide to living in the centre' that also incorporated information on the recently developed Tusla Child and Family Agency complaint procedure 'Tell Us'. There was evidence the key-workers had outlined the complaint's process to the children and they were aware of their right to make a complaint about any aspect of their care.

The children interviewed by the inspector confirmed this fact and the children confirmed to the inspector that they had no complaints about the care provided within the centre. Two of the children raised concerns to the centre staff and to the inspector that they had no follow-on placement and had exceeded the agreed

timescale for living in the centre. The inspector advised the centre manager to support the children to highlight this concern through the Tusla ‘Tell Us’ complaint procedure. The placing social work departments must ensure that suitable and appropriate onward placements are identified by Tusla the Child and Family Agency as a matter of priority for the two children concerned.

The inspector found that the centre managers encouraged and supported staff to listen to the children and acknowledge the concerns expressed by the children in placement. Managers and staff interviewed were confident that the children knew how to exercise this right. There was evidence that issues of dissatisfaction raised by the children in community meetings resulted in change within the centre. These issues were documented in the daily log books.

The centre had established a complaint register however there were no complaints recorded on the register. The inspector found that complaints the children had in relation to the lack of appropriate onward placements should have been recorded on the register and managed through the Tusla complaint procedure ‘Tell Us’. The centre manager must ensure the children are supported and assisted to process a complaint/expression of dissatisfaction through ‘Tell Us’ the Tusla Child and Family Agency complaint procedure in cases where children have issues about Tusla’s action or lack of action or about the standard of service provided by or on behalf of Tusla.

Following an examination of the complaint register held at the centre the register as it was currently formatted did not evidence whether the children were satisfied with the outcome of the complaint/issue of dissatisfaction. The centre manager must ensure the complaint register maintains a record of whether the complainant was satisfied with the outcome of the investigation into their complaint.

The children interviewed by the inspector identified a number of staff they could talk to if they were unhappy or had a complaint. They also identified their social workers as persons they could talk to if worried or unhappy about their care.

The social workers interviewed confirmed they had not received any complaints in the past twelve months from the children in relation to their care. The inspector found the social workers visited the centre regularly and the children had regular opportunities to meet with their social workers in private.

### **3.4.3 Practices that did not meet the required standard**

None identified.

### **3.4.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Children.*

#### **Required Action**

- The centre manager must ensure the complaint register maintains a record of whether the complainant was satisfied with the outcome of the investigation into their complaint.
- The centre manager must ensure the children are supported and assisted to process a complaint/expression of dissatisfaction through Tell Us the Tusla Child and Family Agency complaint procedure in cases where children have issues about Tusla's action or lack of action or about the standard of service provided by or on behalf of Tusla.
- The placing social work departments must ensure that suitable and appropriate onward placements are identified by Tusla the Child and Family Agency as a matter of priority for the two children concerned.

## 3.8 Education

### **Standard**

All children 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**

The inspector found the children's right to education was promoted by the staff team. There was evidence that education was valued by the staff team and the children in placement were encouraged and assisted by staff to reach their educational potential. The children attended mainstream education, were educated with their peers within their community and all had exemplary attendance records. The children were well integrated into their respective school communities and this further contributed to their on-going development and the stability of their care placement, a view supported by their supervising social workers.

School placements were identified prior to admission to the centre and where possible the centre maintained the children in their own school on coming to live in the centre. Where it was not feasible for a child to be fully integrated into a mainstream class the centre had a high support classroom on site that was under the management of the local primary school. The principal of the local primary school was also a member of the admission committee and this facilitated the committee to identify the most appropriate education provision for the child prior to admission. The supervising social workers and the centre management ensured each of the five children had access to appropriate education facilities.

There were good routines in the centre in relation to completing homework and the staff provided appropriate support to the children in relation to their schoolwork. There were appropriate physical facilities for homework and study and each child had a study desk.

Education assessments were recently completed as required for the children and educational assessment reports were on file in the centre. There was good communication between the centre staff and the various schools the children were attending. There were systems in place to provide additional support from the centre to the schools in order to maintain educational placements. The children had access to appropriate support within the classroom to encourage and assist them to reach their educational potential. There was evidence of good co-operation and

communication between the school, the social workers and the centre staff. The children's educational progress was subject to review at the statutory care plan meetings. The local school principal periodically attended the statutory child in care reviews and monthly written reports from the schools were submitted to the statutory review meetings.

There was evidence of school progress reports on file and of staff attendance at parent teacher meetings. The inspector found that all five children were making good educational progress. Parents were encouraged and supported to become involved in their child's education. One of the children recently invited their grandmother to a grandparent's day in their school. Parents were provided with a copy of their child's school report and informed of all educational achievements.

### **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**

None identified.

#### **3.9.2 Practices that met the required standard in some respect only**

The children had undergone a medical assessment on admission and had access to a general practitioner and other ancillary health services such as dentists, opticians and other specialist services as required. Three of the children remained registered with their local general practitioner and two were registered with the local doctor. The children had a valid medical card and there was evidence of medical consent signed by social workers or parents on file for each of the children.

There was evidence that the centre staff sought prompt medical attention for the children and was alert to early signs and symptoms of illness. Social workers confirmed they were notified without delay of any significant problem relating to the children's health. Records of all medical contacts were maintained at the centre.

Past medical and health information and immunisation records relating to the children in placement were not evident on all the individual care files at the time of the inspection. The centre manager must ensure immunisation records along with a record of all past medical and health information is maintained on the individual care files. A note must be recorded on file where information is absent outlining the efforts made to obtain the information.

The centre had a medication administration policy and there were procedures in place for the administration and disposal of medications. A staff member was appointed to monitor the storage, administration and disposal of medications held at the centre. Medications were stored in a secured box within a secured cabinet and individual medication storage boxes were maintained for each young person. The children's name and prescribed medications were appropriately identified on the medication boxes. The centre records contained a clear record of all medications administered both prescribed and non-prescribed medications.



There was evidence that the staff encouraged the children to participate in activity based programmes and develop healthy lifestyles such as going to soccer, rugby, Gaelic football, drama and local youth clubs. Staff also provided appropriate health education key work sessions in areas such as diet and exercise, physical/sexual development. Individual work was completed in relation to health education and this work was recorded on the key-work records.

All staff were trained in first aid and this training was up to date for all staff members. A first aid kit was available in the centre and staff were trained to administer first aid.

The centre had a policy on smoking in place that safeguards the health of the children and staff. The children did not smoke and it was centre policy that staff were not permitted to smoke in front of the children. There was a designated smoking area away from the house to facilitate staff who smoked.

There was evidence that the children were offered a nutritious and varied diet which involved an element of choice. A nutritionist had visited the centre and spoke with both staff and the children in relation to healthy eating and healthy lifestyles.

### **3.9.3 Practices that did not meet the required standard**

None identified.

### **3.9.4 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 20, Medical Examinations.*

The centre has 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).*

### **Required Action**

- The centre manager must ensure immunisation records along with a record of all past medical and health information is maintained on the individual care files.

## 4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<b>3.2</b>	No required action.		
<b>3.4</b>	<p>The centre manager must ensure the complaint register maintains a record of whether the complainant was satisfied with the outcome of the investigation into their complaint.</p> <p>The centre manager must ensure the children are supported and assisted to process a complaint/expression of dissatisfaction through Tell Us the Tusla Child and Family Agency complaint procedure in cases where children have issues about Tusla's action or lack of action or about the standard of service provided by or on behalf of Tusla.</p> <p>The placing social work departments must ensure that suitable and appropriate</p>	<p>The centre complaints logbook will be amended to include a section indicating if the complainant was satisfied with the outcome by July 2018.</p> <p>A particular issue has been addressed with the children by the centre manager who will proactively support the children to process any complaint regarding Tusla in the future in accordance with the children's wishes</p> <p>Action required was not applicable to the centre. The social workers interviewed</p>	<p>This issue will be addressed at weekly monitoring.</p> <p>On-going monitoring of this issue.</p> <p>The registration and inspection service will continue to monitor placements that exceed</p>

	onward placements are identified by Tusla the Child and Family Agency as a matter of priority for the two children concerned.	confirmed to the inspector the current status of the identified onward placements for the children concerned. The inspector was satisfied with current plans for onward placements.	the two year programme of care set out in the centre's statement of purpose and function.
<b>3.8</b>	No action required.		
<b>3.9</b>	The centre manager must ensure immunisation records along with a record of all past medical and health information is maintained on the individual care files.	This issue is relevant to two pre 2016 admissions and is actively being pursued by the centre manager and it will be completed by the end of July 2018.	Current practice post 2016 admissions.