



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 081

Year: 2018

Lead inspector: Linda Mc Guinness

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Homeless Girls Society
Registered Capacity:	Six Young People
Dates of Inspection:	28th June and 3rd of July 2018
Registration Status:	Registered from the 31st of July 2016 to the 31st of July 2019
Inspection Team:	Linda Mc Guinness Catherine Hanly Cora Kelly
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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
3.1 Purpose and Function	
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	
4. Action Plan	27

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 following the establishment of the Registration and Inspection service in 1998. At the time of this inspection the centre were in their sixth registration and were in year two of the cycle. The centre was registered without conditions from 31st of July 2016 to the 31st of July 2019.

The centre comes under the umbrella of the Crisis Intervention Service. The purpose and function was to accommodate five young girls from age thirteen to eighteen years on admission (as well as one emergency ‘night bed’). There were four young people in placements in the centre and one in the night bed at the time of this inspection. One of the young people was placed for a period in another Tusla centre however was due to return to this centre within a defined timeframe. With the approval of the registration and inspection inspectorate service derogation officer, the alternative care manager, and the social work department the centre may accommodate a young female less than 13 years of age if the placement is deemed suitable.

Their model of care was described as being informed by a strengths based approach and with a strong focus on relationships. The model of care focuses on a number of key themes, primarily the need to feel safe, building self-esteem and confidence, stabilising the young person’s behaviour, developing appropriate coping skills and helping young people to address issues which may impede development.

Under the National Standards for Children’s Residential Centres (2001) inspectors set out to examine standard 1 ‘purpose and function’, standard 2 ‘management and staffing’, standard 6 ‘care of young people’ and standard 7 safeguarding and child protection. Whilst on site inspectors found that there were some deficits in respect of care planning and therefore decided to expand the initially communicated focus of the inspection to examine some aspects of standard 5 ‘planning for children and young people’. This inspection was announced and took place on the 28th of June and the 3rd of July 2018.

1.2 Methodology

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

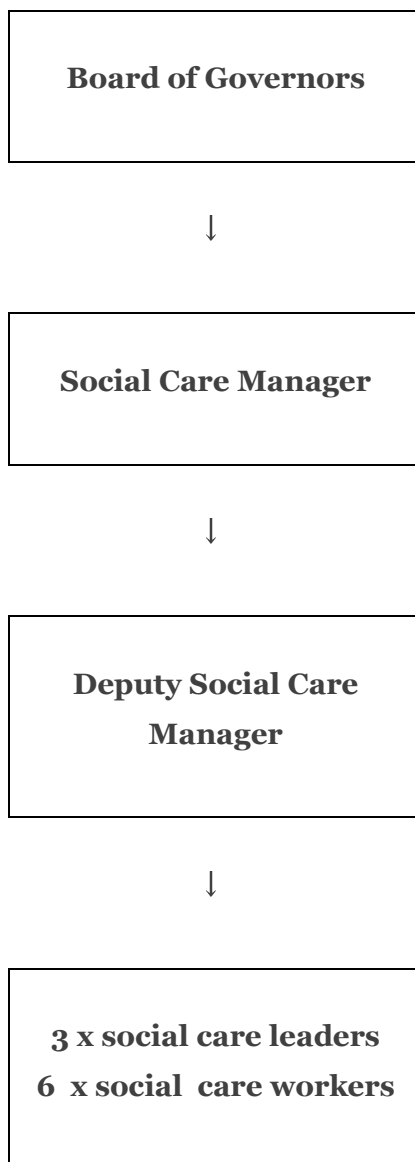
- ◆ An examination of questionnaire and related documentation completed by the Manager.
- ◆ An examination of questionnaire completed by a member of the board of governors.
- ◆ An examination of the questionnaires completed by:
 - a) all of the care staff
 - b) one ex staff member
- ◆ An examination of the centre's files and recording process including:
 - care files
 - daily log books
 - young person's booklet
 - staff personnel files
 - supervision records
 - handover book
 - maintenance log
 - training records
 - team meeting minutes
 - management meetings minutes
 - centre registers
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) Three young people
 - b) The social care manager
 - c) The deputy social care manager
 - d) A member of the board of management
 - e) Five staff members
 - f) One student on placement
 - g) The Tusla alternative care manager for crisis intervention services

- ◆ Observations of care practice routines and the staff/young person's interactions
- ◆ Attended handover meeting
- ◆ Attended part of the staff meeting

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, chairperson and the relevant social work departments on the 1st of August 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 15th of August 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 register this centre, ID Number: 081 without attached conditions from the 31st of July 2016 to 31st of July 2019 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.1 Purpose and Function

Standard

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

3.1.1 Practices that met the required standard in full

The centre provided short term care for up to six months for up to five young girls between the ages of thirteen and eighteen years of age. There was an up to date, clearly defined statement of purpose and function which described the ethos and the model of care. This was available to young people, their parents and to professionals. Young people were provided with a welcome booklet when they moved in to the centre which provided information on day to day living, routines, expectations, keyworking, rights and responsibilities. This booklet also provided information on external people/agencies who could advocate on their behalf if necessary.

The centre was aligned with the crisis intervention service and also provided an emergency 'night bed' for the 'out of hours' service which was intended to be used for one night to respond to young people who present in crisis.

At the time of this inspection there were four young people entered on the register as living in the centre. One young person was transferred to another Tusla centre for a period but was due to return to this centre within a defined timeframe. There was also one young person who had been accessing the emergency 'night bed' for a period of two weeks.

Upon review of the records for the 'night bed' inspectors found that very often the placement was used for an extended period. There was evidence on file that centre management had written to supervising social work departments reminding them that a placement in the emergency bed was not a placement. Some social workers responded asking if the young person could remain in the bed until they were presented at the placement panel. Of the nineteen placements to the emergency night bed in the previous 12 months eight of these exceed a two week period. On many occasions the young person who had been accessing the bed moved in to a full time placement in the centre. Three of the current young people placed had spent one

month in the night bed before moving in to the centre on a full time placement. One of the young people interviewed by inspectors explained that while they were well cared for and liked the centre and staff team it was frustrating for young people. They explained that there were different allowances and that they had no allocated keyworker during that time so they were very happy when a bed in the centre became available.

Inspectors found that some placements of young people in the centre extended beyond six months while social work departments sought appropriate alternative placements. This however had improved significantly since the last inspection process. Of 17 placements in the past 12 months only five exceeded the six month stated timeframe with the longest being 11 months. Three of these exceeded the timeframe within the stated purpose and function however placements were sourced for the young people within 2 months. Staff members who responded to questionnaires felt that they provided excellent quality of care but stressed that they would like young people to move on to appropriate placements at the earliest opportunity

Inspectors found that in general, staff members were familiar with the content of the statement of purpose and function and that it was reflected in the daily practice in the centre. Newly appointed staff received extra support from centre management and inspectors found that this was required from interview with some newer staff. There were comprehensive policies and procedures in place and a newly devised stand-alone document relating to child safeguarding policies and procedures.

3.1.2 Practices that met the required standard in some respect only

None identified

3.1.3 Practices that did not meet the required standard

None identified

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Register

During this inspection, the centre register was reviewed and found to be complete and in line with regulatory requirements and the National Standards for Children's Residential Centres, 2001. The register contained details of young people, their admission dates and information on their parents and social workers. There was a system in place where duplicated records of admissions and discharges were kept centrally by Tusla, the Child and Family Agency. Inspectors noted that prior to submitting admission and discharge details of the young people to the central office the centre manager signed off on the centre register. Currently oversight of the admission and discharge details of the young people is done in conjunction with this paperwork.

Notification of Significant Events

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

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

Staffing

Inspectors found that the centre had adequate levels of staff to fulfil its purpose and function however at the time of inspection there were 1.5 vacancies and they were in

the process of recruiting to fill these posts. Inspectors found that staff turnover is low within this centre. With the exception of three of the team who were appointed in 2017 and 2018 all the team had been in post in excess of five years so there was a good balance of experienced to inexperienced staff as required. Inspectors reviewed a sample of personnel files and noted that each staff member had up-to-date Garda vetting and three verified references on file as required. With the exception of two staff members who had qualifications in a related field all staff were qualified with a social care qualification.

Qualifications were held on file and were verified in line with the department of health circular 09/11/94. There was evidence that all staff received formal induction to include policies and procedures, training and 'shadowing' experienced staff at the outset of employment. There was evidence that the induction process had been recently reviewed and updated.

Review of key-working records and interviews with staff evidenced that staff had an ability to relate to and communicate effectively with young people.

Supervision and support

The centre has a policy on supervision which states that staff should be supervised at every four to six weeks. The social care manager and deputy manager are jointly supervised by an external person approximately every six weeks. Review of these records showed that they were appropriately focused on the management task, leadership, guiding the care team and overseeing practice. There was also a significant emphasis on safeguarding.

All staff members had an individual supervision contract. The social care manager, who had received training in a recognised model in the delivery of supervision, had responsibility for supervision of two of the social care leaders and two of the staff team. The deputy social care manager had also received training and supervised the third social care leader. The social care leaders provided supervision to the staff team and this was overseen by management. Professional development planning saw one social care leader jointly supervise staff with the social care manager for a period of time until they had received formal training and were confident with the role and its responsibilities. Inspectors found that there were good clear records, a focus on professional development, discussions on the delivery of the role and on young people's individual plans. Supervision records were comprehensive in detail and had

a clear record of actions agreed. They also showed an emphasis on positives and strengths in line with the stated purpose and function.

The inspectors found supervision records could be improved to demonstrate an effective link to the implementation of the young people's individual placement plans and the key-working process. This should also be coordinated with the 'case mentor' supervision process which would identify specific actions, person's responsible and timeframes for review. This is further discussed in under standard 5 of this report.

The team handover takes place daily and is attended by staff on shift, the staff members that are coming on duty and sometimes by centre management. One inspector attended a handover meeting and reviewed minutes of previous meetings. They found the process to be well organised, structured and facilitated the effective exchange of information. There was a comprehensive account of the previous day and included a focus on pro-active planning for the young people for the day ahead. It was child focused and had a suitable emphasis on reflective practice. It was linked to the ethos of the centre and the implementation of the model of care was evident through the discussions.

One inspector attended the team meeting and found this too, to be a reflective forum which was focused on implementation of young people's plans and updating any risk assessments or safety plans. There was evidence of management support to the team and feedback in terms of good practice as well as acknowledgement of difficult shifts with young people.

3.2.2 Practices that met the required standard in some respect only

Management

Inspectors found that there was a clear management structure in place. The social care manager reports directly to the board of governors who meet bi-monthly. A report is prepared for this meeting. The social care manager and deputy manager have been in post for many years. Both work from Monday to Friday and are present in the centre from 7.30am each day. During interview, they were able to describe to inspectors the many mechanisms that were in place to ensure that the service was operating in accordance with the agreed policies and procedures. These included their presence in the centre, listening to young people about their day to day experiences, management meetings, weekly team meetings, staff supervision, handover meetings, and professional/strategy meetings. They also had processes for meeting staff coming off shift, reflective practice, oversight of significant events,

placement plans, individual crisis management plans and risk assessments. They are also involved in the pre admission risk assessment process for new referrals to the centre or a transition from the night bed to a full placement. In interview, the centre manager displayed a good insight into each young person's individual needs and records reviewed reflected that they spent time with them.

There were three experienced social care leaders in post whose role was to support the social care managers with the day to day operations in the centre. Each of these people had dedicated separate responsibilities such as staff training, case management, health and safety.

The alternative care manager from the Child and Family Dublin North East has close links with the centre through the crisis intervention service. This person was interviewed by inspectors and described their role as supportive of centre management. They were involved in discussions about referrals and admissions and read all significant events being notified by the centre. They also communicated regularly about the 'night bed'. This person also attends significant event review meetings and meetings in respect of the service level agreements and budgeting for the centre. They emphasised the excellent quality of care provided to young people described the management of the centre as robust, supportive and completely transparent.

There was evidence of three internal management meetings to date in 2018 whereby the social care managers and social care leaders met to discuss issues such as risk assessments, safeguarding, complaints, staff training, supervision, behaviour management and oversight of files.

Inspectors found that in practice that the mechanisms were in place and working effectively to provide good governance across all aspects of care provision and day to day operations. There could however, be significant improvements in the recording of the auditing processes in place to evidence the mechanisms in place for assuring the quality and effectiveness of the service. There was no plan of action to record any deficits noted or direction from management when improvements were required.

Inspectors reviewed minutes of governance meetings which were held bi-monthly. A report was submitted to the board for each meeting and this report was then subsumed into the minutes of these meetings which are held electronically. The records reflected attention to issues including recruitment, staffing, safeguarding, training, health and safety, maintenance, fundraising and commissioning. There was

also a focus on the therapeutic model of care and plans for a staff day to re-evaluate the work.

Inspectors note that the minutes of these meetings lack a focus on outcomes for young people, and what the service has achieved in line with the stated purpose and function and this could be improved. Centre management were mindful of general data protection regulation in respect of passing on information about outcomes for young people however a review of outcomes could possibly take place periodically with no specific focus on individual young people. This would inform a review of the service provision against the stated purpose and function, for the purpose of reflection, service development and communication with the child and family agency.

Administrative files

Inspectors found that recording systems were well organised and maintained to a good standard to facilitate effective planning. Inspectors found from interviews with staff members, keyworkers, the alternative care manager and through discussions with management that this oversight was happening in different ways. However, as mentioned previously there could be improvements in evidencing this oversight on a regular basis for the purpose of quality assurance.

One issue which arose during this inspection related to compliance with the General Data Protection Regulations (GDPR). Inspectors note that the records of young people accessing the 'night bed' are all held in one book therefore the record includes identifying information relating to various young people. The manner in which this record is maintained will need to be reviewed and a consideration given to holding separate records for each young person.

The organisation has a long term, secure storage facility for archiving relevant records.

Training and development

There is a policy in place in relation to staff training and this saw training needs identified from national standards and legislation as well as linking it to the professional development of staff in the supervision process. One social care leader was responsible for staff training and they provided a training 'needs assessment' based on presenting challenges of current groups of residents and challenges that were recurring from last few groups of young people. Inspectors did not find all staff training certificates on staff files and there was no database which showed the training received by the team and when refresher training was due. The social care

leader responsible was manually tracking this and provided training plans for each staff member for the coming year. This process would benefit from a database or tracking system to facilitate effective planning. Inspectors found that established staff members had received on going refresher training in the model of behaviour management and some supplementary training in suicide awareness and substance misuse, data protection and aftercare. There was limited evidence of staff members having attended or completed training relevant to their work/the needs of the young people within the previous year. Some more recently appointed staff members had only received the on line child protection training. Inspectors found that this was not sufficient training for a team working in a centre attached to crisis intervention service where young people present with many complex needs and behaviours. Staff would benefit from training such as mental health awareness, daily life events, motivational interviewing, report writing, supervisee training, diversity and cultural awareness and sexual health training amongst others.

A number of staff who responded to questionnaires to inspectors felt that the training budget could be improved to ensure that the staff team were able to access all available training to respond to the presenting complex needs of young people. Management also agreed with this and felt that the centre would benefit from more resources directed at training. Inspectors concur and recommend that sufficient budget is allocated to provide a comprehensive staff development programme. It was felt that providing training to team put a strain on resources as it was not included in the centre's main budget for the year. This was to be addressed at the next commissioning meeting with the Child and Family Agency.

There were a number of different sources from where the centre accessed training including the Child and Family Agency, Social Care Ireland, with other voluntary partners and community based training. The centre manager described that training in the recognised model of behaviour management was only available from Tusla twice per year which meant that on occasion new staff members were working in the centre for a period of time before this training was completed. It was the same for fire safety training which was provided by an external agency once per year so staff could be some time in employment before undertaking this programme. To mitigate against this, the staff induction programme included basic fire training and induction to all the fire safety policies and procedures and recording systems.

As behaviour management was a recurring issue in the centre a decision was made recently to facilitate the social care manager, deputy social care manger and the social care leaders in another specific behaviour management training programme . The

plan was to tailor this programme to suit the needs of this centre. It was felt that the model would complement and support the ethos of the organisation. It was hoped that this training would be provided to all the staff team and for this programme to be the main framework for the management of behaviour.

All staff had received the mandatory training in respect of 'Children First National Guidance for the Protection of Children'. They had all recently completed the e-learning version of Children First provided by Tusla.

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

- Senior management must ensure that there is a comprehensive and effective on-going staff development and training programme to assist staff meet the complex needs of young people accessing this service
- Centre management must improve evidence of their oversight and governance within the centre
- Centre management must review the recording system in respect of the night bed to ensure compliance with data protection.

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

Only some aspects of this standard were assessed

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

The purpose and function for this centre is short term and it is important that the centre have a relevant care plan to guide the work with young people in that time. There was evidence on the file that centre management had pursued this matter with social work departments to request child in care review meetings and updated care plans. As mentioned previously some young people's placements were extended beyond six months. The Child and Family Agency should make every effort to ensure that improvements continue in respect of length of placements and that young people do not have to stay beyond the timeframes stated in the purpose and function

Only one of the three young people resident at the time of this inspection had an up to date statutory care plan on file which was formalised on 18/05/18 following an admissions meeting on 30/04/18. The young person's needs were identified and 12 actions were recorded with person's responsible for tasks and timeframes noted. The social work department had requested a delay in holding the formal placement planning meeting (relating to some crisis issues for the young person) but this was now scheduled to take place on 03/07/18. In the interim, the case mentors held placement planning meetings every fortnight and identified four goals to work towards in the following two weeks. There was evidence that these were discussed in mentor supervision meetings.

A second young person had been admitted to the centre on 03/05/18. The care plan on file in the centre was dated November 2017 and related to a previous foster placement. Strategy meetings and a placement planning meeting had taken place on 08/05/18 and 07/06/18 respectively and the social worker attended these meetings. They outlined resource issues in the department and acknowledged that these were not statutory child in care review meetings but explained that all the actions from that meeting would be in line with the care plan when it was drawn up. This child in care review was scheduled to take place on 04/07/18 when the social worker was interviewed by inspectors.

The third young person in the centre had been residing in the night bed for one month prior to placement and had been admitted to a bed in the centre two weeks prior to this inspection. This young person had not yet been allocated a social worker and a child in care review meeting had not yet taken place. Further detail on this is provided in the social work role section of this report. While there was evidence of individual crisis management plan, absence management plans, risk assessments and safety plans there was no care plan or placement plan yet drawn up for this young person and this must be addressed as a matter of priority.

One young person had been accessing the night bed for one month at the time of this inspection. The centre and the social work department were in the process of completing a risk assessment and care planning process to determine if this young person was suitable for a bed in the centre.

There was evidence of placement and key working planning on young people's file's and in the case mentor supervision. Inspectors recommend that the case mentor supervision is improved to include specific actions and tasks rather than an audit of the young person's care file which is how it reads presently. Placement plans are reviewed on a fortnightly basis and there was evidence that they were discussed in the formal supervision process as required.

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.

The centre is provided with as much background information on young people prior to their admission as is available. As stated previously, not all young people had an up to date statutory care plan on their file at the centre however there was evidence that this was being addressed following the onsite inspection.

One young person had no allocated social worker at the time of this inspection. The social work team leader was holding the case at this time. They were interviewed by inspectors and felt that this would make more sense to ensure consistency and continuity for the young person. They stressed that this was being prioritised and the young person was actually allocated a social worker on the day inspectors met with the social work team leader.

There was evidence that social workers and the staff team encouraged young people and provided them with opportunities to participate in their child in care reviews and placement planning meetings to have their views considered.

All social workers interviewed were satisfied that each of the young people were safe and well cared for in the centre. They stated they were receiving prompt notifications of all significant events or any child protection concerns. Each spoke highly of the commitment of the team, excellent communication and nurturing care provided.

Social workers maintain updated case files however not all of them regularly read records at the centre and inspectors recommend that they make the opportunity to do so.

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 that the team were aware of the emotional and individual needs of the young people. Young people were encouraged to pursue their interests and talents and to engage in age appropriate activities in the community. The team were proactive in engaging young people in planned activities in the centre to include hair, makeup application, baking, singing etc. There was a newly renovated sensory room available to young people.

There was evidence of activities such as cinema, meals out, concerts and swimming outside the centre. The team made significant efforts to celebrate significant life events and achievements of young people and always made their birthday's special occasions. Inspectors noted that if behaviours of one young person were having a negative effect on other young people that this was managed appropriately by the team in the centre through risk assessments and safety plans and with supports from external sources. The young person's booklet had an anti-bullying charter where expectations were clearly defined and it was stressed that every individual had the right to feel safe in the centre.

Provision of food and cooking facilities

There was evidence of a weekly menu planning and food shopping which involved young people. Young people were encouraged to prepare food and shared mealtimes were an important part of daily life in the centre. There were good records of what young people ate and healthy eating was built into each young person's plan. Mentors worked with young people in a planned and opportunity led way to promote good

nutrition. Healthy nutritious food was available at all times in the centre and evidence that special diets were catered for if required.

Race, culture, religion, gender and disability

The centre had a policy in respect of diversity and anti-discrimination. This stressed that anti-discriminatory practice must be evident in actions and language and should also be reflected in records created in the centre. Inspectors found evidence that diversity and cultural awareness was promoted, that expectations in this regard were relayed to young people in the information booklet and through individual and keyworking sessions. Any evidence of bullying behaviour was notified as a significant event and was responded to appropriately. Young people are encouraged to remain part of their communities and spirituality was encouraged through daily living and the ethos in the centre.

It would be beneficial for the staff team to receive formal training as part of a staff development programme as referenced previously in this report.

Managing behaviour

The centre had a written policy for responding to inappropriate behaviour which all staff were familiar with. They were able to describe in interview with inspectors that there was a focus on rewarding positive behaviour instead of using a sanctions based approach. Each young person was given a 'positive book' where staff wrote message of support and encouragement and recognition of positive time spent with them. Young people asked to see these books more frequently than other records. They also had a treat box where staff left small treats (such as makeup/magazines) as rewards. Young people also have a comfort box which is individual to them. There was evidence in the records and from attending team meeting that the staff team sought out opportunities to encourage and reward positive behaviour which was in line with the model of care and the relationship building approach evident in the centre.

Young people's Individual Crisis Management Plans (ICMP's) were updated regularly in line with the stated model of behaviour management although a significant number of new and relief staff had yet to receive this training as referenced previously in this report. There was evidence of robust risk assessment and safety planning where behaviours inside or outside the centre were a cause for concern. Strategy meetings were called or issues were appropriately escalated to relevant person's if behaviours continued. There was de-briefing of staff members and evidence of ongoing support to staff if challenging behaviours were particularly

difficult. Staff training in drug awareness and mental health for example would be beneficial to the team particularly those more recently appointed.

There was a system in place whereby this centre were part of the review of significant events within the Crisis Intervention Service (CIS). This SERG meeting took place every six week in a different centre each time. The alternative care manager attended and contributed to these meetings.

Absence without authority

There was a written policy and procedure in respect of how to report and manage absences from the centre. This included detail of who was to be notified and within what timeframe. Each young person had a working individual absence management plan (IAMP) which was agreed with the social work department and was reviewed regularly or when required.

The team were aware of their obligations under ‘Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Service, 2012’ and threshold strategy meetings took place as required with escalation to more senior professionals in line with the protocol. The minutes of these meetings were currently being sent by the Child and Family Agency social workers to the monitoring officer as required by the protocol.

3.6.2 Practices that met the required standard in some respect only

Restraint

Restraint was not a feature in this centre and, as mentioned previously not all the staff team were trained in the model of behaviour management which includes restraint. The policy within the centre stated that restraint should only be used in extreme circumstances to ensure safety of young people or staff members. It further stated that only staff members trained in the use of restraint should be involved in a physical intervention. At the time of this on-site inspection each young person had an individual crisis management plan which contra-indicated the use of restraint. Nonetheless, all staff working in the centre should receive training in the recognised model of behaviour management and physical interventions in place.

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

- All staff working in the centre must receive training in the recognised model of behaviour management and physical interventions in place.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

There was a recently signed off robust policy and procedure document in respect of child protection and safeguarding which was provided to inspectors. The document included; recruitment and vetting, good care practices, professional boundaries, lone working, children's rights, consultation, complaints, use of social media, admissions policies, use of the night bed, mentoring, and reporting procedures amongst others. There was evidence across records that the policy was carried out in practice. Risk assessments and safety plans were used appropriately.

Young people were facilitated to make telephone calls in private. They were also informed of groups and organisations available to promote their rights or advocate on their behalf.

There was reference to the protection for person's reporting child abuse act 1998 in the document and management were in the process of updating the protected disclosure of information policy to be included in this book.

There was a dedicated folder in place to record all notification which had been made to the Child and Family Agency in respect of child protection concerns. From 20/11/17 to 20/06/18 22 reports had been made which included 5 for young people not resident in the centre. These were reported to social work departments when staff members received concerning information in respect of a young person in the community. This folder contained hard copied of each report however as young people move on from the centre within a relatively short timeframe it was unusual for there to be a conclusion held on the file. These concerns were passed over to the social work departments. The centre has recently registered with the on line portal to notify any new concerns through the appropriate channels.

There was an up to date child safeguarding statement which contained all required information displayed in a prominent location. This had been provided to all staff who had signed for receipt of same

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.

There were policies in place consistent with Children First, National Guidance for the Protection and Welfare of Children. These detailed measures to be taken in the event of allegation of abuse and agreed arrangements for reporting to all relevant person's.

All staff had received the on line training in respect of the updated version of Children First 2017. All were aware of their obligations to report child protection concerns through the appropriate channels. The social care manager and deputy manager had received safeguarding training and inspectors recommend that this supplementary training is also provided to the team. The induction process included a focus on safeguarding and child protection.

3.7.2 Practices that met the required standard in some respect only

None identified

3.7.3 Practices that did not meet the required standard

None identified

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The organisation must ensure that there is a comprehensive and effective on-going staff development and training programme to assist staff meet the complex needs of young people accessing this service</p> <p>Centre management must improve evidence of their oversight and governance within the centre</p>	<p>Funding for extra staff training was discussed as part of our projected budget however no changes to our budget have occurred to date. We are due to meet again in the coming weeks (we have no definitive date yet) and will raise this matter again. In the meantime we will continue to source relevant training through HSE land and other sources. We have currently no updates as we have not yet had our follow up budget meeting.</p> <p>Management is in the process of developing new methods of auditing oversight of files and registers. This is ongoing with the plan of having this completed in the next three months</p>	<p>Management will continue to source training. However a comprehensive training programme may be dependent on securing funding.</p> <p>Management will develop and implement new auditing methods. These will be subject to review after a period to ensure they are fit for purpose and effective.</p>

	Centre management must review the recording system in respect of the night bed to ensure compliance with data protection.	Management will discuss with other units in the Crisis Intervention Service as to their ways of recording young people admitted through the night service. We aim to adapt a new method within the next four weeks	Management will continue to review systems to ensure compliance with relevant legislation.
3.6	All staff working in the centre must receive training in the recognised model of behaviour management and physical interventions in place.	Centre Management will develop a data base for staff training. We will ensure in training analysis that all staff receive training in the recognised model of behaviour management in use.	Management will develop and implement a more effective method of auditing and tracking staff training, to ensure all staff receive mandatory training and refresher training within the required timeframes