An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 098

Year: 2018

Alternative Care Inspection and Monitoring Service
Tusla - Child and Family Agency
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Registration and Inspection Report

Inspection Year:	**2018**
Name of Organisation:	**Fresh Start**
Registered Capacity:	**Four young people**
Dates of Inspection:	**21st and 24th August 2018 Follow up visit 9th November 2018**
Registration Status:	**Registered from 30th June 2016 to 30th June 2019**
Inspection Team:	**Lorraine O' Brien Linda McGuinness**
Date Report Issued:	**23rd January 2019**

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1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2010. At the time of this inspection the centre were in their third registration and were in year two of the cycle. The centre was registered without conditions attached from the 30 June 2016 to 30 June 2019.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission on a medium to long term basis and there were two young people in residence at the time of this inspection. The organisation has a "care framework" which outlines the principles of therapeutic approaches and models which should underpin placements and overall therapeutic care. This centre focused on the development of relationship with the young people.

The inspectors examined standards 2 'management and staffing', 4 'children's rights', 6 'care of young people', 7 'safeguarding and child protection' and 10 'premises and safety' of the National Standards for Children's Residential Centres (2001). During the course of the inspection the inspectors also reviewed a section of standard 5 'statutory care planning. This inspection was announced and took place on the 21 and 24 of August 2018.

A follow up inspection took place on the 9th of November 2018 to confirm the care plan for one young person was in place and the actions put in place to meet their needs were clearly recorded and reflected in their individual care records. The themes

of the follow up inspection focused specifically on sections of standard '5 Planning for Children and Young People' of the National Standards for Children's Residential Centre's (2001). The inspectors confirmed that the actions had been effective in practice and were satisfied that sufficient progress had been made to ensure the centre and social work department complied with the relevant standards and regulations.

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) CEO
b) Ten of the care staff
c) The deputy manager
d) The centre manager
e) The operations manager
f) The social worker(s) with responsibility for young people residing in the centre.
g) Other professionals e.g. General Practitioner's and therapists.

- An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.

- An examination of the centre's files and recording process.
  Initial inspection visit 21 and 24 August 2018:
    - Aspects of the young people's care files
    - Staff personnel files
    - Supervision records
    - Handover book
    - Team meeting minutes
    - House meetings minutes
    - Management governance audits

  Follow up visit 09 November 2018:
    - Aspects of the young person's file

- 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

  Initial inspection visit 21 and 24 August 2018:

  a) The centre manager
  b) Deputy manager
  c) Operations manger
  d) Clinical manager
  e) Two Staff members
  f) One young person
  g) The lead inspector
  h) Two social workers

  Follow up visit 09 November 2018

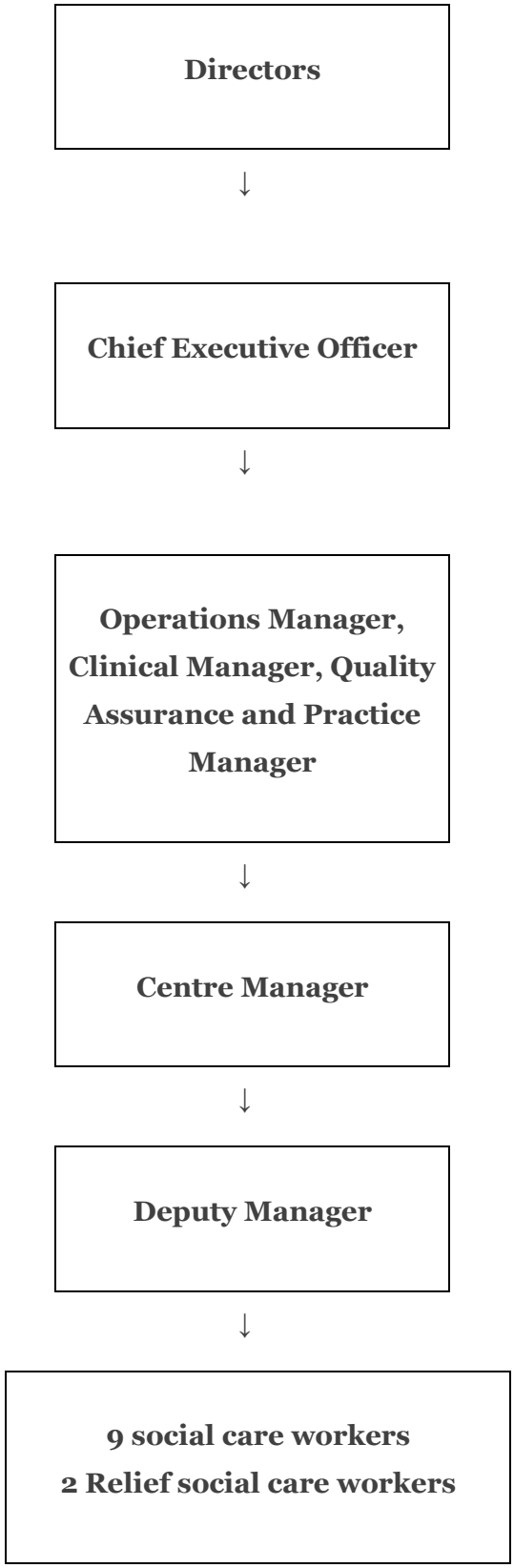
  a) One social worker
  b) One staff member

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

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager and the relevant social workers on the 28th of December 2018. The centre provider was required to review the report for any factual inaccuracies and return a response to the action plan to the inspection service, which was provided on the 8th of January. The inspection service requested specific evidence of actions taken and they were duly provided on the 17th of January. The inspection service was satisfied with the response and action plan and factual errors identified were corrected.

The findings of this report deem the centre to continue 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: 098 without attached conditions from the 30th June 2016 to the 30th June 2019.

3. Analysis of Findings

3.2 Management and Staffing

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

3.2.1 Practices that met the required standard in full

Management
The inspectors found that the centre manager who was the person in charge was a suitably qualified and experienced person. The centre manager was responsible for the day to day management of the centre and reported to the operations manager and clinical manager. The centre's operational oversight was provided by the operations manager and the clinical oversight of the young people's care needs was provided by a clinical manager, both of whom reported to the chief executive officer and proprietors.

The operations and clinical manager were provided with regular updates and had oversight of all practices in the centre including admissions, review of significant events, complaints, the day to day care of young people, staffing and the health and safety of the premises. The centre manager provided the line management team with a monthly report detailing the tasks and events within the centre. There was evidence that the external managers reviewed the report and feedback was provided to the centre manager. The company had a quality assurance and practice manager who carried out audits on a six to eight weekly basis. The audits highlighted deficits and set out an action plan to address these deficits that the manager completed.

The clinical manager provided supervision to the centre manager on a four to six weekly basis. The manager was supported in their role by an experienced deputy manager who assumed responsibility for the centre in the manager's absence. The inspectors were informed that the centre manager was on site four days a week and worked off site on a Friday.

There was external review of significant events in place to review serious incidents that occurred in the centre. This consisted of centre managers in the region with the

clinical manager and TCI trainer, which provided external oversight of significant events identifying patterns of behaviour and learning opportunities for the staff teams.

Register

A register of all those who lived in the centre was maintained by the centre manager. The inspectors examined the centre register and found that the admission and discharge details of residents were recorded. However, there were two registers in existence and the inspectors recommended to the services manager that one complete register is established to avoid any confusion.

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 inspectors interviewed the two young people's supervising social workers and examined the centre records and found that significant events were promptly notified to both the inspection service and social work department in a timely fashion. Significant event reports were sent to all relevant people and the records were clearly written.

Staffing

The inspectors reviewed the adequacy of staffing and found that the staff complement was sufficient to meet the needs of the two young people living in the centre. The centre manager stated that there had been some staff changes and they were currently recruiting for additional staff. Staff rotas were examined and there was good evidence that adequate numbers of staff were on duty at the key times. The inspectors found that all of the staff were suitably qualified and experienced.

There was a good balance of experienced to inexperienced staff in the centre and the centre had access to relief staff. As there had been some recent staff changes the service were recruiting for additional staff; the inspector noted to the service manager and centre manager that given the high level of needs of the young people resident the recruitment of qualified and experienced staff should be prioritised to avoid diluting the competency of the team.

The audit of staff personnel records showed that the required references and Garda vetting were taken up for all staff (including the relief panel) prior to taking up their positions. All new staff members received formal induction training.

Training and development

The inspectors found that the organisation had an ongoing staff training and development programme in place. Records the inspectors viewed showed evidence that the staff team had received core training in fire prevention, occupational first aid, health and safety, behaviour management, and child protection.

There was some outstanding training needs identified such as child protection and fire safety training. Inspectors found that a training schedule showed that dates were arranged for this training to be completed. Management must ensure that deficits in the required training are addressed are completed as scheduled.

The staff interviewed told the inspectors that they had good access to training opportunities within the organisation. The inspectors found that staff required information and training in relation to a specific high risk behaviour one of the young people was partaking in. At the time of the inspection this training was being arranged but the inspectors would have expected this training to be more urgently prioritised by the management team.

Administrative files

The administrative files were examined by the inspectors and the key records were in place. There was good evidence that the manager and external managers were monitoring the records that were of a good standard. The recording systems were well organised and accessible so that they facilitated effective management and accountability; although there was evidence of unnecessary duplication of records and information that should be avoided.

The centre had clear financial systems in place. Relevant records relating to the young people were kept in perpetuity and the management understood the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003 and General Data Protection Regulations.

3.2.2 Practices that met the required standard in some respect only

Supervision and support

The inspectors examined the records of staff supervision and found that where supervision was carried out by the manager and deputy manager they both had undergone supervision training. Supervision sessions were recorded and signed by the supervisor and the majority of the team received regular supervision every four to six weeks in line with the centre's supervision policy. However, there was inconsistent

evidence in the records reviewed of an effective link to the implementation of the individualised plans for the young people. A review of the supervision records showed that there was a significant difference in the way that both supervisors recorded their supervision sessions. In some cases the records were clear and detailed and in other cases records were bullet points which did not evidence how the care plan for the young person was linked to the placement plan.

The senior social care workers supervised the relief and part time and more recently new staff members. The centre manager stated that they oversee all supervision records but the inspectors saw no evidence of this and the centre manager confirmed that they do not sign records as evidence. Not all supervision files contained a supervision contract or evidence that supervisors had completed the relevant training in line with the organisation's policy; an issue that must be addressed.

There was evidence of good team working with fortnightly team meetings and daily handover meetings. There was an expectation that all staff attend team meetings. The inspectors reviewed the team meeting minutes and found the care of the young people was a main focus and priority within the meeting agenda. An inspector attended a handover meeting and reviewed the daily handover records and found it to be an effective communication process.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

Required Action

- Supervision records should consistently evidence a better link with the aims of the young people's placement plan goals and how they are being achieved.
- Supervision should be carried out in line with the centres policy and have a supervision contract on all files consistently.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People 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

Young people's rights were reflected in centre policies and care practices. One young person informed the inspectors that they had attended and had a say in their child in care reviews. The young person confirmed they were consulted about decisions that affected their lives. The inspectors reviewed minutes of young people's weekly meetings which detailed consultation with young people about day-to-day living at the centre and provided an opportunity for them to raise any issues. One young person did not regularly partake in these meetings but evidence of consultation was evidence in their care file. Both young people had keyworkers and one young person interviewed by inspectors could identify people they could talk to if things were troubling them.

One young person told the inspectors that they were included in decisions made about the running of the centre, for example activities, the weekly food shop and meals cooked in the centre. There was also the facility for young people to make phone calls in private. The inspectors were informed that a representative of EPIC (Empowering Children in Care) the children's advocacy group had visited the centre in recent months and spoke to the young people.

Access to information

The inspectors were informed that the young people were encouraged by their keyworkers to access their records and there was a system in place to facilitate this process. There was evidence on file that the young people were informed of their right

to access their records on admission. The young people were given a booklet on admission that included explaining their right to access information pertaining to them. Upon accessing their file or log they would then sign that they had done so. The inspector saw no evidence on the files where young people in the centre had accessed their files but one of the young people said that they could read what was being written about them if they so choose.

3.4.2 Practices that met the required standard in some respect only

Complaints

There was a complaints policy in operation in the centre. This policy distinguished between dissatisfaction and more formal complaints, both of which were recorded in a complaints register. One young person informed the inspectors that they knew how to make a complaint and they could identify people they could make a complaint to. There was evidence that complaints were responded to appropriately and addressed either by the staff team or by their social workers. The young people's social workers confirmed this.

Any minor complaints were regularly reviewed at team meetings to establish any patterns or themes that may be arising from them. There was evidence in the files that management were reviewing all complaints. The majority of complaints made by young people were expressions of dissatisfaction relating to the day-to-day living in the centre. These were addressed by the centre staff in an effective way. However, the inspectors found evidence where the young person through a young person's meeting clearly voiced a complaint but it was not recorded in the complaints log or dealt with as a complaint.

The centre management and staff team were not familiar with the young people's right to complaint about the service they were receiving from the Child and Family Agency through Tusla's complaint procedure "Tell us"; an issue that must be addressed.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

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

Required Action

- All complaints made by young people must be dealt with through the appropriate complaints process.
- The centre manager must ensure that young people are aware of their right to complaint about the service they are receiving from the Child and Family Agency through Tusla's - complaint procedure "Tell us".

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

None identified.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

The inspectors reviewed compliance with the regulations on care planning. Care plans were completed within the required time frame for the two young people in compliance with the regulations. However, at the time of the inspection in August one of the two young people's files did not have a copy of their care plan on file. The inspectors found through interview with the management, staff and young person that this led to a definitive lack of clarity in relation to the expectations of the social work department in relation to how the young person's needs should be met.

A placement plan was developed by the service but it was not specifically based on the young people's care plans as they did not have a copy to reference. The inspectors spoke to the young person involved and found that they and their family were consulted in the process of the drawing up of the care plan but without receiving a copy were unclear of the goals identified.

The inspectors met with the social worker, social work team leader and guardian ad lietim and requested that the centre be provided with a copy of the care plan without delay. The inspection service carried out a follow up visit in November to ensure the care plan was on file and that the records of individual work and key working being done reflected the aims of the care plan. The inspector found evidence of clearer records of specific work being done to address risks and care needs of the young person and the one staff interviewed was clearer of the approach required.

The service had a clinical team attached to the management team for the service. Staff met with the clinical team monthly. The purpose of these meeting was to review and look at intervention strategies used by the team in supporting the young people. Staff stated that they found these session helpful in giving advice on how to support the emotional needs of the young people and that it supported their existing practice. However, the inspectors found that given the complexity of needs of the young people and of the behaviours that challenged there was a lack of robust evidence to show that the clinical team's guidance and recommendations for practice were being carried out appropriately by the staff team and there was a lack of evidence of the clinical work being done on the young people's individual care files.

The inspectors found that support for young people by the clinical team was recorded together in one folder and not individually on each of the young people's files. One social worker stated that this resulted in the information not being accessible to them. The inspectors require that the management team review how the clinical teams input and guidance is recorded to ensure it is evident on each of the young people's individual care files, linked to their care and placement plan and clear evidence of work being done recorded through individual work and key working.

The clinical manager and centre manager in partnership with the social work department and under the guidance of their own clinical team had responsibility for assessing the young people's risks and putting interventions in place to try to mitigate them. From a review of one young person's care file their most evident and serious risk posed to their safety was not robustly identified or addressed through their placement plan, key working or individual work. Through interview with the management and staff team they were aware and working to address this risk but this was not backed up through the young person's plans or records, an issue that the management team must address.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995***
-Part IV, Article 23, Paragraphs 1and2, Care Plans
-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

Required Action

- The management team must ensure that risks identified for young people are evident in their placement plans and strategies implemented to reduce the risks are clearly evident throughout the young people's care records.
- The management team must review how the clinical teams input and guidance is recorded to ensure it is evident on each of the young people's individual care files, linked to their care and placement plan and clear evidence of work being done recorded through individual work and key working.

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

The inspector found that the staff team were committed to providing a high standard of care for the young people and spoke about the young people with warmth and affection. The young people were provided with opportunities to develop and maintain interests, talents and hobbies and engaged in a range of leisure and recreational activities of their choice. Issues relating to personal hygiene were dealt with sensitively and with dignity and these were evidenced in the young people's

plans that set out the daily routines. The centre celebrated festive occasions and birthdays in a special way with gifts and activities similar to their peers. There was storage space to maintain important memorabilia in a secure and safe manner. There was evidence through house meetings and key work records that the young people were encouraged to make choices about their personal appearance and clothing with support and advice from their carers.

Provision of food and cooking facilities

The young people were provided with a nutritious diet. Food was varied and the young people expressed their preferences regarding food. The young people were encouraged to participate in shopping and meal preparation.

Issues relating to food and mealtimes were handled appropriately by staff. The kitchen in the centre was clean, spacious and was maintained to a good standard.

Race, culture, religion, gender and disability

The service had a written policy on diversity and anti-discrimination. There was evidence the young people enjoyed similar opportunities as their peers in the community and was not subjected to any form of discrimination.

The staff displayed an awareness of the importance of family as a source of heritage and identity. Life story work was planned for as one young person's placement progressed.

Managing behaviour

The centre had a written policy on managing behaviour that challenged. Staff consulted their clinical specialist team on a monthly basis and explored ways the meaning behind challenging behaviour. The inspectors found that staff occasionally employed natural consequences for inappropriate behaviour and a record of all sanctions was recorded and monitored by the manager. However, at times the same sanction was used repeatedly without clear evidence of the assessment of its effectiveness. Rewards for positive behaviour were also recorded on the logbook.

Restraint

The centre used a method of physical restraint that was researched and was based on reputable practice. There was a written policy on the use of physical restraint and inspectors found that it was applied in a way that was consistent with the requirements of the policy. There was evidence on the individual crisis management plan that staff had identified a range of alternative interventions to de-escalate

situations before employing a physical restraint. The behaviour support plan identified the specific restraints that had been agreed to be employed should the young person require a restraint intervention. Staff interviewed were familiar with the individual crisis management plan. All staff were appropriately and sufficiently trained in the use of physical restraint.

There was evidence of review of restraints interventions by the organisations trainer in behaviour management.

The centre maintained a record of all physical interventions and restraints. Restraint interventions could also be cross referenced in the significant event log, the daily log, and the weekly reports to the social worker. The social workers were notified in writing about the restraint interventions employed by staff. The social worker was provided with a copy of the individual crisis management plan and was familiar with the centre's approach to managing the young people's behaviour.

Absence without authority

The staff were familiar with the national protocol for children missing from care and were aware of the reporting procedures should a young person go missing or absent themselves from the centre. An absence management plan was developed for the young people in conjunction with their social workers and the inspectors found this plan was subject to regular review. The plan included who should be notified and within what timeframe. There were regular incidents whereby one young person was absent without authority or missing from care and these incidents were managed appropriately with every effort to try to reduce the episodes that had limited success.

3.6.2 Practices that met the required standard in some respect only

None identified.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***
-Part III, Article 11, Religion
-Part III, Article 12, Provision of Food
-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action
None identified.

3.7 Safeguarding and Child Protection

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

3.7.1 Practices that met the required standard in full
None identified.

3.7.2 Practices that met the required standard in some respect only

There were a range of measures in place to ensure the children were safeguarded. There were a number of safeguarding practices implemented within the centre that included vetting of staff, a lone workers policy, code of practice, personal care routines, staff supervision, whistle blowing policy and training in child protection. The one young person interviewed informed the inspectors that they felt safe living in the centre.

There was a focus on keeping the young people safe and a good awareness amongst the staff interviewed of safe care practices. Staff interviewed displayed an awareness of and were confident of their capacity to raise issues or concerns about a colleagues practice.

The young people had an individual risk assessments and safety plans on file. Strategies were identified to minimize known or potential risks. There was evidence on the care files that risk assessments and safety plans were updated as required following significant events. However, as stated earlier one young person's care file did not robustly evident the most serious risk posed to their safety and safeguards required to manage the risk were not robustly identified or addressed through their placement plan, key working or individual work.

There was evidence that the young people and staff were provided with information about EPIC (Empowering People in Care), a national agency that advocates for

children in care. The centre manager stated that the young people had been linked in with this service and they had visited the young people.

Child Protection

Standard
There are systems in place to protect children from abuse. Staff are aware of and implement practices which are designed to protect children in care.

There was evidence that practices regarding the safety of children were governed by national policies and procedures. The services child protection policy required updating at the time of the inspection to bring it in line with the Children First Act 2015 and the National Guidance for the Protection and Welfare of Children 2017.

A child safeguarding statement was displayed on the staff notice board. Post inspection the inspector service sent it to the Tusla child safeguarding statement compliance unit (CSSCU) for review and to assess compliance with the legislation. Upon completion of this review the inspector requires that senior management must ensure that the child safeguarding statement is circulated to all staff members, is displayed publicly and made available to parents and guardians in accordance with the requirements of the Children's Act 2015.

The centre manager and some staff had completed the E-learning Tusla children first training and some staff's training in child protection was outstanding. Child protection reports were submitted through the portal to the relevant authorities and the records were placed on file. The status of reported child protection concerns was a standing item on the staff meeting agenda. There was evidence that the centre manager liaised with the referring authority to ensure there was a clear outcome reached in respect of reported concerns.

There were agreed arrangements in place with the supervising social workers for bringing allegations of abuse to the attention of parents or guardians. Staff interviewed were aware of child protection reporting procedures and the measures to be taken in the event of an allegation of abuse or neglect. Staff interviewed were able to identify the centre's designated liaison person for the reporting of child abuse concerns.

3.7.3 Practices that did not meet the required standard
None identified.

Required action

- All risks to young people's safety should be clearly identified and safeguards put in place to manage the risks recorded on each young person's individual file.
- The services child protection policy should be updated to bring it in line with the Children First Act 2015 and the National Guidance for the Protection and Welfare of Children 2017.
- All staff must have up to date child protection training.

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

Accommodation

The chief executive officer provided evidence that the centre was adequately insured against accidents and injuries to children. The insurance schedule included house contents, employers liability and public liability insurance.

The centre was clean and bright and areas were recently painted internally. The inspectors recommended in the last inspection report that the external walls of the premises required painting. During this inspection the inspectors confirmed that this work had been completed.

The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The young people's awards, achievements and possessions were evident throughout the centre.

The inspectors were satisfied that staff ensured there were adequate space and arrangements in place for the young people to have visits from family members and social workers that were private.

The young people had their own bedrooms that were decorated in accordance with their own personal preferences but required ongoing monitoring by the centre manager to ensure support was provided to the young people to maintain them in good order.

Maintenance and repairs

Maintenance requests were dealt with promptly. A maintenance log was maintained by the centre manager that recorded the maintenance required however the inspector advised the record should include the date when the tasks were completed.

Safety

The centre had a written safety statement. The centre had an appointed health and safety officer and the site-specific risk/hazard identification record evidenced that the house and its environs are risk assessed on a weekly basis. Risks were appropriately identified, recorded by staff. This record was reviewed and signed by the centre manager.

Medication was safely stored in a locked medicine cabinet. Medication for each young person was stored individually. The centre had a written policy on the safe administration of medication and staff members had undertaken training in the safe administration of medication. Records for the administration of medications were maintained and signed by two staff members.

A first aid kit was located in the staff room and in each of the centre vehicles. The centre manager ensured there are systems in place to monitor supplies in the first aid kit. Staff members were trained in first-aid techniques. All accidents are recorded separately in a record book. All action taken in relation to these accidents were appropriate to the circumstances.

Cleaning schedules were displayed in the staff office, cleaning tasks completed were recorded and cleaning products in the centre were safely stored.

The centre vehicles were road worthy. The inspectors found they had valid tax, insurance and NCT disc displayed. Records of car maintenance checks were held in the centre and one staff member was designated responsibility to ensure the centre vehicles were subject to regular maintenance checks. The centre maintained a record of maintenance requirements on vehicles.

Fire Safety

The centre had an appointed fire officer on the team and the inspectors found that adequate precautions had been taken to ensure there was an effective means of escape in the event of a fire. The fire panel identified the zones within the premises. Fire safety guidelines identified the location of fire extinguishers and fire blanket. Exit routes were marked, sufficient and unencumbered.

Fire extinguishers and the required fire-fighting equipment were located at identified fire points in the centre. Fire evacuation plans were displayed throughout the centre. There was evidence that detection equipment and fire safety equipment was maintained and fire drills had been undertaken and recorded. Fire-fighting equipment was subject to an annual maintenance check the most recent check dated December 2017. The service had a maintenance contract on the fire alarm system and dates of maintenance checks were on file in the centre. Some staff undertook training in fire prevention and evacuation and staff due this training were on a schedule. Staff completed the fire safety logbook and night time fire safety checklist and the inspectors found it was maintained up to date.

3.10.2 Practices that met the required standard in some respect only

None identified.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996,***
-Part III, Article 8, Accommodation
-Part III, Article 9, Access Arrangements (Privacy)
-Part III, Article 15, Insurance
-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)
-Part III, Article 13, Fire Precautions.

Required Action

None identified.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	Supervision records should consistently evidence a better link with the aims of the young people's placement plan goals and how they are being achieved.	New supervision records were reviewed, devised and implemented in September 2018.	The new supervision records implemented clearly evidence a better link with the aims of the young people's placement plan goals and how those goals are achieved. Sections included in the supervision record include the young people's needs assessment, model of care and placement plan goals.
	Supervision should be carried out in line with the centre's policy and have a supervision contract on all files consistently.	Supervision contracts were on file at time of inspection in the Supervision folder under a clearly identified section. All supervision contracts, with the exception of one, were on file. The missing contract will be placed on file following their next supervision.	New supervision contract's with staff will be completed in January 2019 supervision and placed in the Supervision folder. Supervision takes place every four - six weeks and or when required. Review of supervisee contracts will take place annually and evidence of this recorded.
3.4	All complaints made by young people must be dealt with through the appropriate complaints process.	"Tell Us" Feedback and Complaints Policy and Procedure document has been distributed to the staff team to read and make themselves	House Manager to ensure that the staff team are up to date and understand any relevant and/or new procedures that are implemented

	The centre manager must ensure that young people are aware of their right to complain about the service they are receiving from the Child and Family Agency through Tusla's- complaint procedure "Tell us".	clearly familiar with the procedures. This will be discussed at the team meeting 23-01-18.	regarding the right of the young person to complain about the service they are receiving, so as the house manager and staff team can ensure that the young people residing in the unit are fully aware and educated on the above and that complaints can be dealt with through the appropriate procedure. This will be done through supervision in January 2019 with staff and team meeting on the 23-01-19 and adequately recorded on both records. This will also be completed with new staff through their Induction training.
3.5	The management team must ensure that risk identified for young people are evident in their placement plans and strategies implemented to reduce the risks are clearly evident throughout the young people's care records.	Risks are now clearly identified in each young person's monthly placement plans. Strategies are implemented by the care team along with the guidance from the clinical team to reduce the risks identified as well as ongoing risk assessments. The placement plans are also evaluated each month to review the strategies implemented and this is reviewed monthly at team meetings and Multi-disciplinary team meetings and when necessary. The placement plans, evaluations and risk assessments are filed in the appropriate section of each young person's main file and signed by House Manager, Clinical Manager and keyworkers.	The young person keyworkers meet once a month with the House Manager and Deputy manager to discuss each young person's placement plans, evaluations, required Key-working sessions, clinical input and guidance. The placement plans, evaluations, clinical minutes and monthly key working tasks are sent to the Clinical manager at the start of every month. The placement plans outlining the risks identified and strategies are discussed and reviewed at the team meetings. The placement plans, strategies and key working requirements are also discussed, reviewed and agreed at the monthly Multi-

			disciplinary meetings.
	The management must review how the clinical teams input and guidance is recorded to ensure it is evident on each of the young people's individual care files, linked to their care and placement plan and clear evidence of work being done recorded through individual work and key working.	From January 2019 a separate clinical record will be devised and implemented for each individual young person residing in the unit.	The clinical record for each individual young person outlines the clinical teams input, the young person's clinical needs, risks and strategies discussed monthly at the Multi-disciplinary team meetings. This record will be filed in each young person's individual care files in the appropriate section and signed by the House Manager and Clinical Manager.
3.7	All risks to young people's safety should be clearly identified and safeguards put in place to manage the risks recorded on each young person's individual files.	Risks are now clearly identified in each young person's monthly placement plans. Strategies are implemented by the care team along with the guidance from the clinical team to reduce the risks identified as well as ongoing risk assessments. Risks to the young people have also been identified on the centre's Child Safeguarding Statement which was deemed compliant by TUSLA's Compliance Support Manager on the 18-10-18.	All risks and strategies relating to both young people have been identified at present and continue to be reviewed at team meetings, monthly key working meetings and monthly multi-disciplinary meetings. This is also highlighted and recorded in both young people's risk assessments, needs assessment, ICMP and AMP.
	The services child protection policy should be implemented to bring it in line with the	The Safeguarding Policy and Reporting Child Protection and Welfare concerns was updated	This replaced section 7.1 to 7.46 in the centre's Policy and Procedure Documents.

	children's first act 2015 and the National Guidance for the Protection and Welfare of Children 2017. All staff must have up to date Child Protection training.	in August 2018 in line with Children's First Act 2015 and the National Guidance for the Protection and Welfare of Children 2017 A total of 4 staff have completed their Child Protection training year ending December 2018. Training schedule for 2019 is available and relevant staff will be allocated to attend.	The remaining staff that require Child Protection training have been identified and will receive their training in the coming months when the training schedule is devised for 2019. A total of two staff will attend each training course and recorded in staff's training folder.