



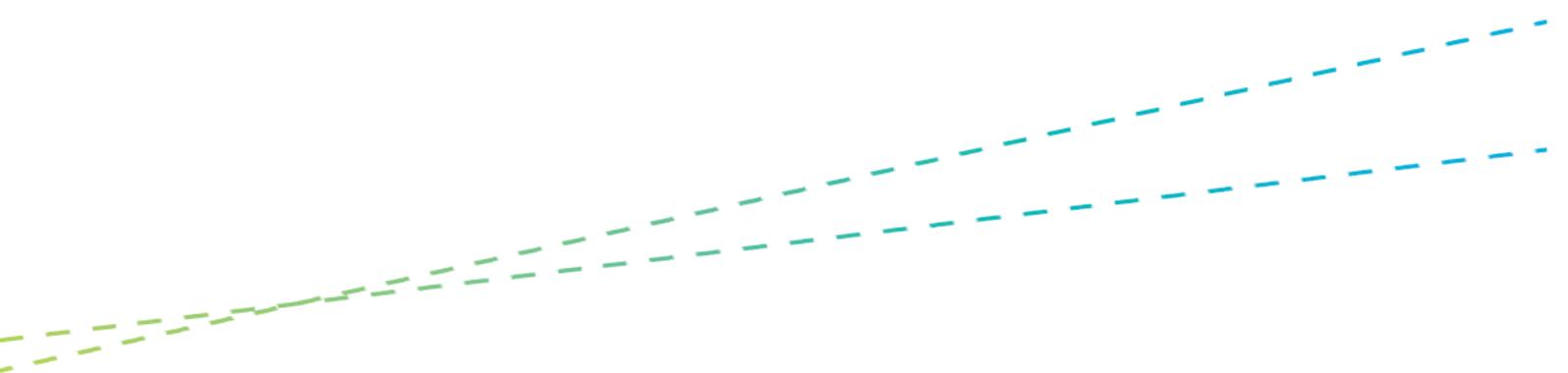
**An Ghníomhaireacht um
Leanaí agus an Teaghlach**
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 099

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Fresh Start Ltd
Registered Capacity:	Three young people
Dates of Inspection:	9th & 11th July 2019
Registration Status:	Registered from 20th September 2019 to 20th September 2022
Inspection Team:	Cora Kelly Lorraine Egan
Date Report Issued:	20th September 2019

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1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 20th September 2013. At the time of this inspection the centre were in their second registration and were in year three of the cycle.

The centre's purpose and function was to accommodate three young people of both genders from age eight to twelve years on admission on a medium to long term basis. Their model of care was described as providing a safe, nurturing and caring environment to help bring stability to the lives of young people through having clearly defined expectations and boundaries that are responsive to the needs of young people.

The inspectors examined standard 2 'management and staffing', standard 7 'safeguarding and child protection' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres, 2001. This inspection was announced and took place on the 9th and 11th of July 2019. Two young people were residing in the centre at this time.

1.2 Methodology

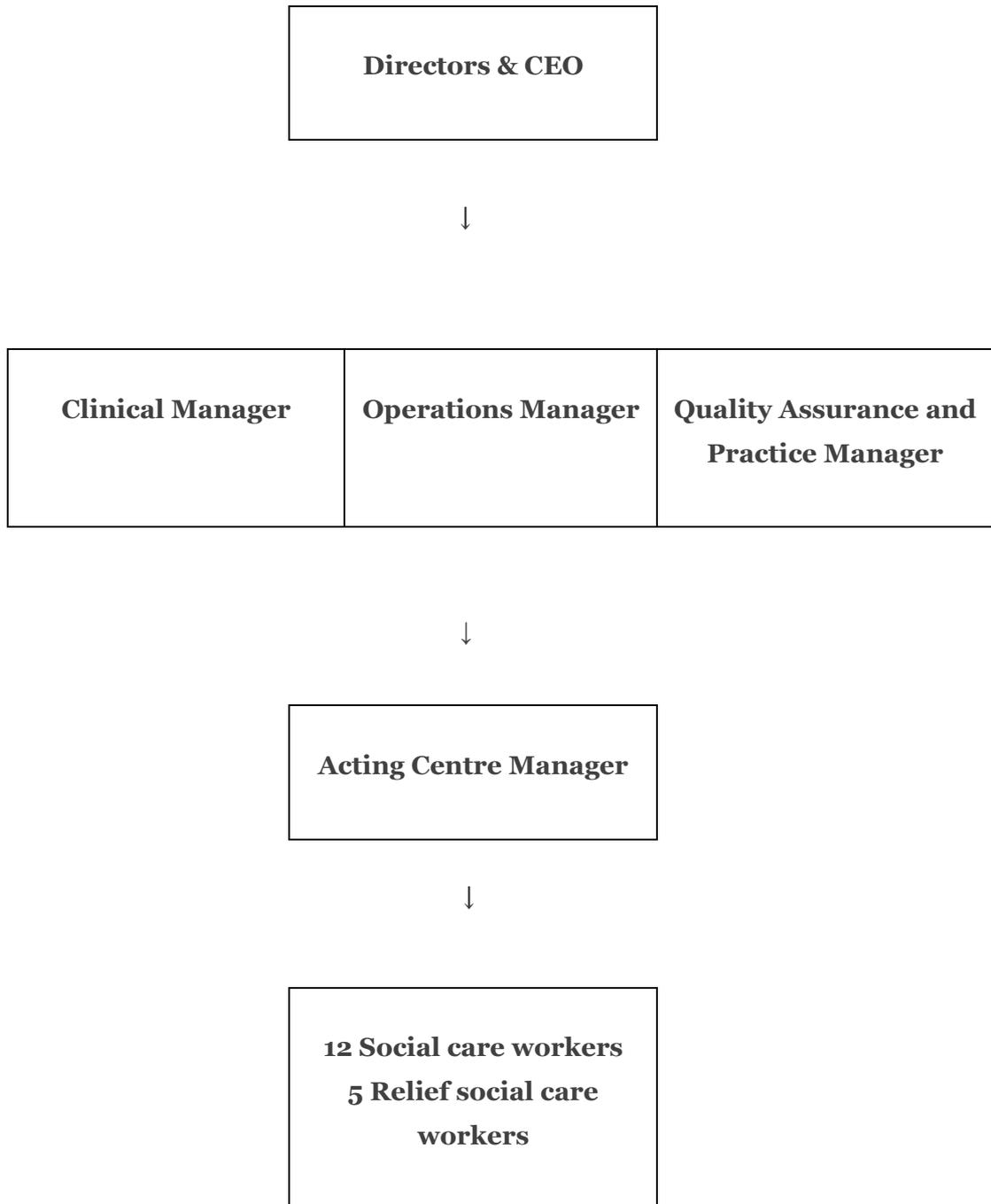
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) Nine of the care staff
 - b) The CEO
- ◆ 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.
 - Care files
 - Centre records
 - Sample of staff personnel files and supervision records
 - Handover book
 - Maintenance log
 - Health and safety related documentation
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively
 - a) The acting centre manager
 - b) The operations manager
 - c) Three social care workers
 - d) Two young people
 - e) Two social workers allocated to the two young people currently residing in the centre
 - f) One social worker allocated to a young person who resided in the centre earlier this year
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, operations manager and the relevant social work departments on the 21st August 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 16th September 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre as not 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: 099 with an attached condition from the 20th September 2019 to the 20th September 2022 pursuant to Part VIII, 1991 Child Care Act.

The following condition was attached to the centres registration under Part VIII, Article 61, (5) (b) (I) (II) of the Child Care Act 1991, at that time. The condition being that:

1. The centre cannot admit any further young people for a period of six months from the 12th July 2019 to 12th January 2020.

This condition will be reviewed prior to the 12th of January 2020.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Register

The centre had a register of young people that was found to be up-to-date and contained the required information. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Administrative files

The centre's recording logs and the young people's files were found to have been organised and easy to navigate. They were stored securely on site in the manager's office. There was evidence of oversight by the acting centre manager, previous centre manager, operations manager and quality assurance and practice manager. There was evidence of clear management systems and records for petty cash.

3.2.2 Practices that met the required standard in some respect only

Notification of Significant Events

The inspectors found from the review of the notification of significant events (SEN's) register that not all SEN's were promptly notified to the relevant professionals. There was a 10-day delay in one particular significant and serious event being reported and this was picked up on in interview with the social worker allocated to one young person. When this was followed up the inspectors were advised that the delay was due to the incident being reviewed internally before being forwarded to the young person's social worker. This is not acceptable practice. Centre management must ensure that all SEN's are forwarded to the relevant professionals without delay.

It was also found during the review of the complaints log that a number of complaints made by young people were not notified to the relevant professionals via the SEN process. This was not in line with centre policy. This finding was also confirmed with

social workers in interview. Centre management must ensure that all complaints are notified to the relevant professionals through the SEN system as per policy.

3.2.3 Practices that did not meet the required standard

Management

There had been significant changes in centre management since the last inspection. Both the centre manager and deputy manager were on indefinite sick leave and maternity leave respectively. The acting centre manager, who will be referred to as the centre manager from this point on, had been in position only a few weeks at the time of this inspection. It was apparent to the inspectors from the review of centre records and from interviews that the full-time centre manager was experiencing challenges and difficulties relating to staffing that were not sufficiently identified and addressed by external management at these times. The recent changes had resulted in deficits in management structures during this inspection. The centre manager was in the position on a temporary basis. Prior to this role they had worked for just over one and a half years as deputy manager in another centre operated by the organisation. They had experience of working in the centre as a staff member a number of years ago and held a suitable qualification. In light of same the inspectors found that the centre manager was beginning to address deficits in centre practice. In interview and from the review of questionnaires the centre manager was viewed as approachable and professional. Staff commented that the centre manager has had a positive impact on the team to date by developing relationships with the staff team and young people and implementing reformed structures around practice. The post of acting deputy manager was vacant. The centre manager named that a deputy manager was required immediately. The operations manager advised in interview that they were actively looking to replace the deputy manager. The operations manager must satisfy themselves that suitable management structures that can effectively discharge the necessary duties to oversee the delivery of a good quality service are in place. At a second meeting with the operations manager following the draft report being issued the inspectors were advised that the full-time manager was resuming their post on September 11th 2019 and they would be supported by an acting deputy manager until the full-time deputy manager returned from maternity leave. The current acting centre manager is the named individual stepping into this role.

The centre manager held responsibility for ensuring that suitable and appropriate care practices were in place. In interview the centre manager named the ways that centre care practices were overseen on a daily basis. They included: attending handovers, overseeing daily logs, SEN's and health and safety documentation,

reporting maintenance issues, maintaining contact with the young people's social workers, chairing team meetings, attending clinical team meetings, ensuring house meeting were held and reviewed at team meetings. These tasks were also named in the weekly management checklist. The inspectors review of related files evidenced this for the present and previous centre manager. Monthly governance processes included completing monthly manager audits, health and safety checklists and conducting professional one-to-one supervision of all staff every four-six weeks. However, the centre manager had yet to commence these duties in full.

The centre manager reported to the operations manager, clinical manager and the quality assurance and practice manager. In the absence of a deputy manager an additional layer had been implemented to support the centre manager. The clinical manager was now charged with human resource responsibilities for the centre. The operations manager stated in interview that they will be present in the centre one day a week to support and oversee centre manager practice. There were no formal records evidencing how this work would be undertaken and a formal documented structure around this would be of benefit.

There was evidence of the operations manager being present in the centre mainly through signatures on documentation. With the exception of supervising and maintaining telephone contact with the centre manager the inspectors were unable to get a clear view of their role during the file review and at interview. It has been mentioned earlier in this report that the inspectors found that there were deficits in actions identified in supervision with the centre manager. The inspectors were not able clearly identify the ways the operations manager supported the centre manager in carrying out their duties or gather evidence of how the operations manager satisfied themselves that suitable care practices were in place. The operations manager must implement better evidenced systems of governance and oversight of operational practices in the centre.

As mentioned above centre management failed in following the complaints procedures. This shortcoming also highlights a deficit in external management practice of overseeing centre records. In interview the operations manager stated that all complaints were currently being reviewed jointly by the centre manager and operations manager. The operations manager must ensure that the review of young people's complaints is completed in full and that findings are shared with the relevant professionals. The centre manager must ensure that the staff team are at all times familiar with the centres complaints policy and procedures.

The inspectors reviewed the auditing system in place. The auditing process included the centre manager completing monthly management checklists and submitting them to the quality assurance and practice manager for follow up. In summary the audits captured quantitative and qualitative data relating to administrative duties, the young people's situations and staffing related areas in the previous month. Follow up included the quality assurance and practice manager providing brief feedback at the end of the audit report and returning it back to the centre manager for implementation. The audits for the year to date were on file for the inspectors to view. Whilst the audits were a mechanism for assessing how the centre was functioning at a given time it was found that ongoing deficits continued to be highlighted namely supervision and training. The inspectors found that the audits could be improved in the form of an action plan being developed to accompany the audit template. Centre management must consider a way of utilising the auditing system more effectively so that all findings and recommendations are met, tracked and completed in a set time-frame.

Staffing

The centre manager was present in the centre from 9am to 5pm Monday through to Friday and provided on-call support to the staff team outside these hours. The centre operated triple cover on an overnight basis. As mentioned in the previous section the deputy manager position was vacant. The social care staff team comprised of 11 full-time and one part-time social care worker with five relief social care workers available to support the core team. All individuals were found to have been appropriately qualified. Three full-time and three relief staff were recruited by the centre since the last inspection. This was also to facilitate four of the staff (one being the deputy manager) on maternity leave and three staff leaving the centre. Career advancement opportunities were cited as reasons for two staff leaving with the third staff members contract not being renewed. For learning and service improvement purposes the inspectors recommend that exit interviews are conducted given the ongoing issues in the centre.

The inspectors also observed from the roster that a number of agency workers, who were not part of the organisations core relief panel were providing cover. Given that relief staff and agency staff assisted the core team in their duties there was not a balance of experienced to inexperienced staff on shift daily. This practice meant that staff on shift could find themselves in vulnerable situations regarding ability to carry out their duties, and this can contribute to a negative impact on children in the centre. The inspectors found that this had happened on one particular occasion when a non-routine physical intervention occurred. This significant incident occurred

when a full-time staff member, a relief staff member and an agency staff did not manage it in accordance with the guidelines of the physical intervention model in use in the centre. A child protection and welfare referral was submitted following this for investigation by the relevant social work department. This investigation was concluded at the time of the draft report being issued.

In interview a young person commented on the staff turnover rates and it was also named in an end of placement report that was completed upon the discharge of the last young person from the centre. Centre management must review their staffing levels immediately to ensure an appropriate amount of core staff are employed in the centre. Centre management must ensure that there is a balance of experienced to inexperienced staff on shift daily.

It was evident during the inspection process that staff had completed their induction after commencing duties in the centre. In interview with staff the inspectors were informed that the process was not beneficial given that they had already commenced duties. Centre management should schedule inductions prior to or upon staff immediately working in the centre.

The inspectors reviewed a sample of staff personnel files and found that staff were appropriately vetted in accordance with legislative requirements. There was a delay in the renewing of Garda vetting for one staff member. Centre management was found to have taken appropriate steps in rectifying this with the staff member.

Supervision and support

The centre manager was trained in professional supervision. It was outlined in the centres supervision policy that all staff would receive supervision every 4-6 weeks. It was found that professional one-to-one supervision with staff was not taking place at time of the inspection and deficits in the frequency of supervision sessions were found prior to the centre management changes. This was evidenced during the review of centre audits, interviews and supervision records. The centre manager advised that a supervision schedule was being devised. The centre manager must ensure that a system is put in place to ensure that all staff individually receive supervision immediately and that it occurs in line with policy time-frames. In developing the supervision system, it is important that peer-to-peer supervision practice must not occur. The inspectors review of supervision files found that they lacked detail in the discussion of young people, there was no link to young people's placement or care plans and ongoing deficits continued from session to session. The centre manager must ensure that the supervision process discusses and records the needs of the

young people and links these to placement and care plans to track their development and progression. Actions agreed must also be addressed and should continue from month to month.

The operations manager supervised the full-time centre manager. The review of the supervision records for this individual found that they were held monthly and the supervision contract was up-to-date. This was in line with policy requirements and time-frames. Discussions were found to have been brief and didn't reflect relevant issues in the centre on a monthly basis including how the young people were progressing and deficits evident in staff training. It was evident from records examined that there was a lack of support and direction given to the centre manager in their role of managing ongoing challenging staffing issues including deficits in staff training. The operations manager must demonstrate and evidence how they support and direct the centre manager in managing staffing issues including challenging situations.

Team meetings were held fortnightly with multidisciplinary meetings held monthly. The latter required attendance from centre management and young people's keyworkers. The template used to record meetings included agendas for the young people, staff and management, discussions for each young person with actions and named person responsible for completing and reviewing the actions included. The minutes of the meetings were read through at the following team meeting. This was observed from the review of the team meeting records. Staff attendance was sporadic and issues were noticed with regard to staff not signing the minutes of meetings on an ongoing basis. The centre manager must ensure that staff are attending compulsory team meetings and that staff are familiarising themselves with the minutes of meetings when absent. Young people's house meetings took place weekly which was in line with policy and attendance was viewed as good. In interview the centre manager advised that there were deficits regarding outcomes at these meetings and that this was an area being reviewed. The inspectors recommend that this review takes place and deficits identified by the centre manager are promptly addressed. The organisations assistant psychologist was identified as a support and was available to staff. The inspectors recommend that staff are refreshed on the supports available to them.

Handovers were taking place and the inspectors had an opportunity to attend one. It was found to have been reflective of the young people's day and the opportunity was used to plan for the day ahead.

Training and development

The centre manager provided the inspectors with a copy of the training needs analysis and training schedule for the year. On examination of these clear deficits were identified across all mandatory training programmes. This included training in a recognised model of behaviour management, first aid, child protection and fire safety. It was evident that there were significant delays in newly appointed staff receiving mandatory training. The centre manager had reported the deficits through the auditing system meaning the quality assurance and practice manager and operations manager were aware of this. It is imperative that centre management are working in line with their policy and ensuring that all staff are provided with full and refresher training across all mandatory training programmes.

It was found from the review of supervision records that a staff member had failed the written test that was part of the organisations behaviour management training programme in September 2018. This deficit did not appear to have been rectified in subsequent supervision sessions with the staff member. It was also noted from the supervision records that the staff member was left with the responsibility of scheduling the re-test rather than it being mandatory for it to be completed successfully. From the review of personnel files there was no evidence of the staff member having repeated the test and centre management was not aware of this when asked during this inspection. There was also no evidence of external management involvement regarding this deficit. Following the issuing of the draft report and further consultation with the centre manager they confirmed with the inspectors that the staff member was successful in completing the behaviour management training programme in March 2019 and was provided with refresher training in in the same month. The centre manager must ensure that staff have completed training programme components in full and that certificates demonstrating same are held on personnel files. The centre manager must ensure when revising their staffing levels as discussed above that all staff are fully qualified in carrying out restraints.

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 6, Paragraph 2, Change of Person in Charge -Part III, Article 16, Notification of Significant Events.***

The centre has not 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 7, Staffing (Numbers, Experience and Qualifications)***

Required Action

- Centre manager must ensure that all SEN's are forwarded to the relevant professionals without delay.
- Centre manager must ensure that all complaints are notified to the relevant professionals through the SEN system as per policy.
- The operations manager must implement better evidenced systems of governance and oversight of operational practices in the centre.
- The operations manager must ensure that the review of young people's complaints is completed in full and that findings are shared with the relevant professionals.
- Centre manager must ensure that the staff team are at all times familiar with the centres complaints policy and procedures.
- Centre management must consider a way of utilising the auditing system more effectively so that all findings and recommendations are met, tracked and completed in a set time-frame.
- Centre manager must review their staffing levels immediately to ensure an appropriate amount of core staff are employed in the centre.
- Centre manager must ensure that there is a balance of experienced to inexperienced staff on shift daily.
- Centre manager should schedule inductions prior to or upon staff immediately working in the centre.
- The centre manager must ensure that a system is put in place to ensure that all staff individually receive supervision immediately and that it occurs in line with policy time-frames.
- The centre manager must ensure that the supervision process discusses and records the needs of the young people and links these to placement and care plans to track their development and progression. Actions agreed must also be addressed and should continue from month to month.
- The operations manager must demonstrate and evidence how they support and direct the centre manager in managing staffing issues including challenging situations.

- The centre manager must ensure that staff are attending compulsory team meetings and that staff are familiarising themselves with the minutes of meetings when absent.
- Centre manager must ensure that all staff are provided with full and refresher training across all mandatory training programmes.
- Centre manager must ensure that staff have completed training programme components in full and that certificates demonstrating same are held on personnel files.
- Centre manager must ensure when revising their staffing levels that all staff are fully qualified in carrying out restraints.

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

None identified.

3.7.2 Practices that met the required standard in some respect only

The centre had a safeguarding and child protection policy document that was supported by 13 named safeguarding policies for example safe recruitment and vetting, supervision and staff support, complaints, training and development, admissions procedure, restraint and anti-bullying. The inspectors noted the absence of a professional code of behaviour included in this set list of safeguarding policies. The centre manager advised that it was included in the staff handbook. The policy on professional code of conduct is required to be included in a child protection policy and senior management must address this matter. In interview staff were not able to describe how they would deal with a concern about a co-worker. This must be reviewed by the centre manager immediately with training specific to this being provided to the staff team.

In interview, a social worker advised of their concerns regarding staff practice that they were aware of through the SEN process. When this was explored further by the inspectors the social worker advised that they followed up their concerns verbally with the centre manager. However, there was no formal complaint or formal

recording of the concern about the staff member by the social worker. The social worker must review the steps they took in response to their own concerns and decide if further action is required in the best interest of the young person.

It was found from the review of centre registers there was one entry recorded in the child protection register. The investigation into same was concluded upon at the time of the draft report being issued to the centre.

From the review of questionnaires and interviews, deficits were found with regard to staff's knowledge of the centres complaints policy. Staff were not able to describe the steps to take if a young person made a complaint. As mentioned earlier in this report centre management must ensure that all the staff team are familiar with the centres complaints policy immediately. Also, in conjunction with the staffing turnover and staffing structures in the centre a young person in interview did not know that they could make a complaint about this. The centre manager must ensure that young people are aware of their right to make a complaint about any aspect of the service and that it is resolved in full in accordance to policy and procedures.

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.

The centres safeguarding and child protection policy document was updated in July 2019. From the review of this document the inspectors noted a number of deficits. Children First National Guidance for the Protection and Welfare of Children, 2017 or the Children First Act, 2015 was not referenced under the legislative basis section of the document. In the document itself the Children First Act was inappropriately named as Child Care Act, 2015. There was no reference either to the Child Safeguarding Statement despite it having been approved by Tusla. The four types of abuse were named under recognition of child abuse. The signs and symptoms of each of the four types of abuse was not included. The role and responsibilities of a mandated person was included and their obligation to report concerns and allegations was stated. It failed to state that mandated persons have a statutory role to report child protection concerns and allegations. Under the section detailing how to report a child protection concern there is mention of a red flag letter that staff and young people could use. This practice is not in line with Children First National Guidelines. Some of these issues were highlighted with senior management following

the onsite inspection and they stated they would rectify same. Management must review their current policy and submit a revised document to inspectors on completion.

In interviews with staff and from questionnaires it was evident staff were not clear of the steps that should be taken if a young person made an allegation. Some staff named that the procedure for reporting an allegation and a complaint were the same. This signifies a lack of knowledge and awareness around how young people are kept safe in the centre and their role in this. The operations manager and centre manager advised the inspectors that work needed to be done with staff around refreshing them on the updated child protection policy. However, before this takes place the centre manager must immediately review their own child protection policy document and update it so that it is in line with statutory legislation and includes all policies relating to how young people are kept safe in the centre. Following this staff will require training on the child protection policy document and all staff should be fully aware of how to report a child protection concern and allegation. The area of child protection should be addressed on an ongoing basis to keep child protection live within the centre.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- Senior management must review its safeguarding and child protection policy to include a policy on professional code of conduct.
- The social worker must review the steps they took in response to their own concerns and decide if further action is required in the best interest of the young person.
- Centre manager must ensure that all the staff team are familiar with the centres complaints policy immediately.
- Centre manager must ensure that young people are aware of their right to make a complaint about any aspect of the service and that it is resolved in full in accordance to policy and procedures.
- Senior management must immediately review their own child protection policy document and update it so that it is in line with statutory legislation and includes all policies relating to how young people are kept safe in the centre. A revised document must be submitted to the inspectors on completion. Staff will then require training on the document and all staff

should be fully aware of how to report a child protection concern and allegation.

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

None identified.

3.10.2 Practices that met the required standard in some respect only

Accommodation

The rented property was located in a rural setting close to two big towns. A ‘for sale’ sign was located at the front of the house. When this was addressed the operations manager advised the inspectors that despite their wishes the landlord wanted the sign in place. Given that the centre is the home of the young people who had to date been residing there for some time this needs to be addressed again with the landlord. The kitchen had the necessary cooking equipment however, the general presentation of it was poor. Laundry facilities were in the adjoining utility room. The general appearance of the centre was found to have been plain and simple and lacked finishing and personal touches. Redecoration is required across all areas to make the centre homely for the young people. The operations manager had named in interview that a lot of cosmetic work was required. The inspectors recommend that the process for undertaking this work occurs without delay. There was a large garden area that was kept maintained by the organisation’s maintenance department. Young people had their own rooms that they could decorate themselves. Recreational facilities were available both inside and outside the centre. The centre’s certificate of insurance was provided to the inspectors. The centre was found to have been adequately insured against accidents or injuries to children.

Safety

The centre had a health and safety statement and the centre manager was tasked with health and safety responsibilities. As mentioned previously in the report health and

safety issues are reported to the quality assurance and practice manager on a monthly basis. A risk register was created earlier this year and entries recorded were found to have related to workforce issues.

The centres medicine cabinet was located in a filing cabinet that was locked in the staff office. The system for recording the administration of medication for both young people was good. The mix of prescribed and non-prescribed medication for both young people was found to have been stored in a lunch-style box. The centre manager must acquire without delay a medicine cabinet for the more suitable storage of medication and individually for the young people.

A number of the staff team including new members to the team and relief staff were found to require first-aid training. It was observed from the 2019 training roster provided to the inspectors that this training was not being provided this year. The centre manager must address this deficit in first-aid training and further be satisfied that at least one staff member trained in first aid is on shift daily.

The centre had two cars that were insured and taxed. The inspectors viewed a number of the driving licences held on personnel files.

Fire Safety

The centre manager stated during interview that they were the appointed fire safety representative and was supported by the organisations fire safety representative. The fire safety certificate, signed by a chief fire officer was provided to the inspectors during the inspection and was found to have met with the statutory fire safety requirements. It was observed from the fire register that fire safety systems were serviced namely the fire alarm system, emergency lighting and fire extinguishers. All three measures were shown to have been serviced in line with the appropriate regulations and centre policy. The centre had a system in place that comprised staff completing daily, weekly, monthly and annual fire safety checks. It was observed from the review of the paperwork that there were gaps in weekly checks being completed. This was picked up by the quality assurance and practice manager upon review of the monthly checklist system and direction was found to have been promptly given to the centre manager to address the deficit.

Deficits were found with respect to newly employed staff members being provided with fire safety training upon commencement of duties in the centre. It was also found from the 2019 training roster that fire safety training was scheduled for just one occasion during the year. Given the recent staffing changes within the centre it is

imperative that staff are provided with this training. The centre manager must ensure that fire safety training is provided to those requiring same immediately. The centre manager must satisfy themselves that all staff are updated on site specific fire safety training every two years and when new staff are employed as per policy.

A total of four fire drills were found to have taken place to date this year with one having taken place when a young person was admitted to the centre. This was found to have been in line with policy. It was evident that not all of the staff team had participated in a fire drill particularly the newer staff members. The centre manager must ensure that all staff are provided with emergency evacuation training. It was observed from the review of fire drill records that one young person had refused to participate in a fire drill. The inspectors did not observe a risk assessment on file in response to this incident. The inspectors recommend that risk assessments are completed should a young person refuse to take part in a fire drill.

It was found from the review of related paperwork that a fire extinguisher had been moved from its dedicated location in the hallway due to a possible risk. An appropriate risk assessment had taken place at that time. Centre management must review this risk assessment and take the necessary action identified.

3.10.3 Practices that did not meet the required standard

Maintenance and repairs

A section on general house maintenance was included in the monthly manager's checklist that was completed by the centre manager and forwarded to the quality assurance and practice manager. In interview the centre manager identified a number of areas that required repair: windows needed to be replaced or fitted with seals to minimise heat being lost and required varnishing, tiles needed to be re-fitted on the roof, sewerage problems, blocked toilets and for the oil tank to be covered and made more secure. The inspectors also found that the shower in the upstairs bathroom was not working and had not for some time. It was found from the review of the monthly manager's checklist that many of the issues were ongoing since the start of 2019. Despite the operations manager advising that there was a budget in place to maintain the upkeep of the property it does not appear to have been accessed. Additionally, from the review of the maintenance log it was observed that there was delays in repairs being promptly responded to. The centre manager must ensure that the identified repair work is carried out immediately and submit a list of when the works are completed to the inspection and monitoring service. The centre manager must ensure that future repair works are responded to in a timely manner.

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 13, Fire Precautions.

The centre has not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*,
-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

Required Action

- Centre manager must acquire without delay a medicine cabinet for the more suitable storage of medication and individually for the young people.
- The centre manager must address this deficit in first-aid training and further be satisfied that at least one staff member trained in first aid is on shift daily.
- Centre manager must ensure that fire safety training is provided to those requiring same immediately.
- Centre manager must ensure that all staff are updated on site specific fire safety training and when new staff are employed as per policy.
- Centre manager must ensure that all staff are provided with emergency evacuation training.
- Centre manager must review the risk assessment undertaken some time ago relating to a fire extinguisher being removed from its dedicated location in the hallway and take the necessary action identified.
- Centre manager must ensure that the identified repair work is carried out immediately and submit a list of when the works are completed to the inspection and monitoring service.
- Centre manager must ensure that future repair works are responded to in a timely manner.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>Centre manager must ensure that all SEN's are forwarded to the relevant professionals without delay.</p> <p>Centre manager must ensure that all complaints are notified to the relevant professionals through the SEN system as per policy.</p> <p>The operations manager must implement better systems for governance and oversight of operational practices in the centre.</p>	<p>The centre manager will ensure that all SEN's are forwarded to the relevant professionals without delay in line with the centre's policy and procedures. Immediate and ongoing.</p> <p>The centre manager will ensure that all formal complaints are notified to the relevant professionals through the SEN system as per policy. Immediate and ongoing.</p> <p>The operations manager will review the governance and oversight procedures and implement a system that provides better evidence of operational oversight. To be completed by October 1st 2019.</p>	<p>The centre manager will ensure that all SEN's are forwarded to the relevant professionals without delay in line with the centre's policy and procedures. This will be monitored by the external management team.</p> <p>The centre manager will ensure that all formal complaints are notified to the relevant professionals through the SEN system as per policy. This will be overseen by the clinical manager who is the designated complaints officer.</p> <p>Identified actions from the review will be implemented and reviewed annually to ensure its effectiveness.</p>

	<p>The operations manager must ensure that the review of young people's complaints is completed in full and that findings are shared with the relevant professionals.</p> <p>Centre manager must ensure that the staff team are at all times familiar with the centres complaints policy and procedures.</p> <p>Centre management must consider a way of utilising the auditing system more effectively so that all findings and recommendations are met, tracked and completed in a set time-frame.</p> <p>Centre manager must review their staffing levels immediately to ensure an appropriate amount of core staff are employed in the centre.</p>	<p>The review of complaints is underway by the operations manager and centre manager and will be completed by September 30th, 2019. The findings will be shared with the relevant professionals.</p> <p>A training session on complaints was provided to the staff team by the clinical manager who is the designated complaints officer on July 16th, 2019.</p> <p>The quality assurance & practice manager has revised the internal auditing system and has implemented an effective action plan that will track findings and recommendations and ensure they are completed in a set time frame. Completed on September 2nd 2019.</p> <p>The centre's staffing levels have been reviewed and the appropriate staffing levels are in place within the centre. The organisation recently employed new staff who are currently pending verified</p>	<p>The centre manager will ensure that all formal complaints are notified to the relevant professionals through the SEN system as per policy. This will be overseen by the clinical manager who is the designated complaints officer.</p> <p>The centre manager will ensure that the centre's complaints policy and procedures are routinely reviewed through team meetings. External management team will monitor this.</p> <p>The internal auditing system will be reviewed annually by the external management team to ensure it is effective and robust.</p> <p>The centre's staffing levels will continue to be monitored. A panel of social care workers has been created and candidates are currently being vetted by the company. Regular recruitment will continue as</p>
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	<p>Centre manager must ensure that there is a balance of experienced to inexperienced staff on shift daily.</p> <p>Centre manager should schedule inductions prior to or upon staff immediately working in the centre.</p> <p>The centre manager must ensure that a</p>	<p>referencing. Human resource department continue to independently verify references at earliest convenience. Immediate and ongoing.</p> <p>The centre manager will deploy staff to ensure that there is a balance of experienced to inexperienced staff on shift daily. Immediate and ongoing.</p> <p>The centre manager will ensure that staff are scheduled for induction prior to or upon staff immediately working in the centre. Immediate and ongoing.</p> <p>The centre manager will utilise weekly</p>	<p>necessary to ensure adequate and consistent staffing levels are in place. This will be overseen by the operations manager.</p> <p>The centre's staffing levels will continue to be monitored. A panel of social care workers has been created and candidates are currently being vetted by the company. Regular recruitment will continue as necessary to ensure adequate and consistent staffing levels are in place. This will be overseen by the operations manager.</p> <p>External management will ensure that staff receive their induction prior to working in the centre. An initial one-day induction training will be arranged by the human resource department and provided for all new staff members to familiarise them with the organizational structure, their roles and responsibilities. This will be overseen by the operations manager.</p> <p>The centre manager will submit a record of</p>
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	<p>system is put in place to ensure that all staff individually receive supervision immediately and that it occurs in line with policy time-frames.</p> <p>The centre manager must ensure that the supervision process discusses and records the needs of the young people and links these to placement and care plans to track their development and progression. Actions agreed must also be addressed and should continue from month to month.</p> <p>The operations manager must demonstrate and evidence how they support and direct the centre manager in managing staffing issues including</p>	<p>managers' checklists to structure and schedule staff supervision to ensure it occurs within policy time-frames. Immediate and ongoing.</p> <p>The centre manager will continue to utilise standardised supervision forms in recording and reviewing areas to be addressed during the supervision process. The centre manager will ensure that the supervision process records the needs of the young people and links same to the placement plans and care plans in place. The centre manager will reflect on previous supervision minutes to identify actions agreed and address objectives and goals set to facilitate ongoing learning and development of the individuals and the service. Immediate and ongoing.</p> <p>The operations manager will evidence how they support and direct the centre manager using supervision and internal auditing tools. Immediate and ongoing.</p>	<p>staff supervision, documented on monthly manager's checklist to the operations manager and quality assurance and practice manager highlighting supervision time – frames. Senior management will oversee this.</p> <p>To ensure the supervision process is being implemented supervision records will be periodically reviewed by the external management team to ensure. This will be overseen by the operations manager.</p> <p>The operations manager will record how they support and direct the centre manager using supervision and internal auditing tools.</p>
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	<p>challenging situations.</p> <p>The centre manager must ensure that staff are attending compulsory team meetings and that staff are familiarising themselves with the minutes of meetings when absent.</p> <p>Centre manager must ensure that all staff are provided with full and refresher training across all mandatory training programmes.</p> <p>Centre manager must ensure that staff have completed training programme components in full and that certificates demonstrating same are held on personnel files.</p>	<p>The centre manager will ensure that staff are attending compulsory team meetings. Temporary staff cover has been sourced to allow for core team members rostered on shift to attend compulsory team meetings. The centre manager utilises centre communications book to remind staff to familiarise themselves with the minutes of meetings when absent. Immediate and ongoing.</p> <p>The centre manager has highlighted the training needs of staff to the training co-ordinator and outstanding training necessary in the unit will be included in the training plan. Immediate and ongoing.</p> <p>The centre manager will ensure that staff have completed training programme components in full, evidence of such will be placed on the staff personnel files. Immediate and ongoing.</p>	<p>Centre management will routinely review attendance at team meetings. This will be overseen by the external management team.</p> <p>The centre manager will ensure all staff working in the centre are scheduled for training with the training co-ordinator to ensure all training needs are met timely. This will be overseen by the external management team.</p> <p>The centre manager will ensure that all staff training certificates are held on personnel files within human resources department throughout employment. This will be overseen by the operations manager.</p>
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	Centre manager must ensure when revising their staffing levels that all staff are fully qualified in carrying out restraints.	The centre manager will ensure that all staff are fully qualified in carrying out restraints following the completion of behaviour management training. Immediate and ongoing.	Training co-ordinator will provide ongoing oversight on the certification and qualification regarding behaviour management training for all staff members.
3.7	<p>Senior management must review its safeguarding and child protection policy to include a policy on professional code of conduct.</p> <p>The social worker must review the steps they took in response to their own concerns and decide if further action is required in the best interest of the young person.</p> <p>Centre manager must ensure that young people are aware of their right to make a complaint about any aspect of the service and that it is resolved in full in accordance to policy and procedures.</p>	<p>The clinical manager will review the centres safeguarding and child protection policy to include a policy on professional code of conduct. To be completed by 30th September 2019.</p> <p>No response provided by the social work department.</p> <p>Centre manager will ensure that young people are aware of their right to make a complaint about any aspect of the service they are receiving and will communicate this to the young people at a house meeting. The information provided will include details of TUSLA's complaint procedures 'Tell Us'.</p>	<p>The clinical manager will ensure that the organisations safeguarding and child protection policy is subject to ongoing review so that it is in line with statutory requirements.</p> <p>No response provided by the social work department.</p> <p>The centre manager will ensure that all young people being admitted to the centre will be made aware of their right to make a complaint and this information will be included in the young person's 'welcome booklet'.</p>

	Centre manager must immediately review their own child protection policy document and update it so that it is in line with statutory legislation and includes all policies relating to how young people are kept safe in the centre. Staff will then require training on the document and all staff should be fully aware of how to report a child protection concern and allegation.	The clinical manager who is the Designated Liaison Person (DLP) reviewed and updated the centre's safeguarding and child protection policy document. This will be refreshed with staff through supervisions and team meetings. To be completed by September 30 th .	The clinical manager (DLP) will provide oversight of the centre's safeguarding and child protection policy document and will ensure that it is in line with statutory legislation.
3.10	Centre manager must acquire without delay a medicine cabinet for the more suitable storage of medication and individually for the young people. The centre manager must address this deficit in first-aid training and further be satisfied that at least one staff member trained in first aid is on shift daily.	The centre contains a medicine cabinet which as per policy is locked. The centre manager will ensure that excess medication is transferred to a more suitable storage within a locked cabinet behind a locked door. Young people's medication is separated and individually stored. Immediate and ongoing. The centre manager has highlighted the training needs of staff to the training co-ordinator and outstanding training necessary in the unit will be included in the training plan. The centre manager will ensure one staff member trained in first aid is on shift daily. Immediate and	The centre manager will ensure all staff comply with medication storage policy ensuring all medication is secured at all times as per policy. To prevent deficits, the centre manager will monitor first aid training to ensure staff are up-to-date on this training going forward.

	<p>Centre manager must ensure that fire safety training is provided to those requiring same immediately.</p>	<p>ongoing.</p> <p>Fire safety training was completed on 31.07.19 within the centre. Certificates will be forwarded to Inspection and Monitoring as soon as they are received by fire safety trainer.</p>	<p>The centre manager will ensure that all staff attend regular and ongoing in-house fire safety training as per policy.</p>
	<p>Centre manager must ensure that all staff are updated on site specific fire safety training and when new staff are employed as per policy.</p>	<p>Site specific training takes place once per year. Staff who are unable to attend this training will be facilitated in attending at a separate location to ensure they receive fire training as close as possible to their start date. They will then be facilitated in attending the next site-specific training scheduled.</p>	<p>The centre manager will ensure that site specific fire safety training will be scheduled for all new and existing staff members as per policy.</p>
	<p>Centre manager must ensure that all staff are provided with emergency evacuation training.</p>	<p>All staff have participated in fire drills for emergency evaluation training within the centre and this has been documented in the fire safety register.</p>	<p>The centre manager will ensure that upon induction, new staff receive a fire safety drill within the centre to provide them with fire safety evacuation training.</p>
	<p>Centre manager must review the risk assessment undertaken some time ago relating to a fire extinguisher being removed from its dedicated location in</p>	<p>The centre manager reviewed the risk assessment in relation to a fire extinguisher being removed from its dedicated location. Risk Assessment</p>	<p>NA</p>

	<p>the hallway and take the necessary action identified.</p> <p>Centre manager must ensure that the identified repair work is carried out immediately and submit a list of when the works are completed to the inspection and monitoring service.</p> <p>Senior management must ensure that future repair works are responded to in a timely manner.</p>	<p>completed on 13.08.19 and fire extinguisher returned to its designated location.</p> <p>The centre manager will ensure that all identified repair work is carried out. Emergency repairs completed in September 2019. Evidence of maintenance record forwarded to Inspection and Monitoring service on 12.09.19.</p> <p>The centre manager will complete weekly maintenance request forms and submit to the company's maintenance department for completion. Immediate and ongoing.</p>	<p>The centre manager will ensure that all necessary maintenance works are identified through the centres auditing tools and rectified in a timely manner by the maintenance department. This will be overseen by the operations manager/ external management team.</p> <p>The operations manager/ external management team will oversee maintenance work to ensure requested works are responded to.</p>
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