



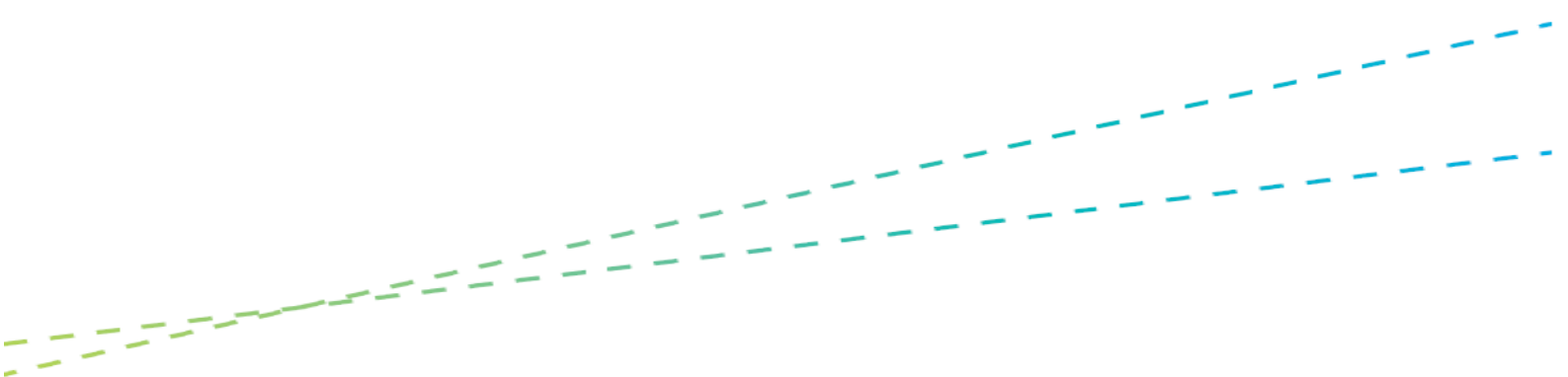
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 115

Year: 2018

Two parallel dashed lines, one green and one blue, slant upwards from the bottom left towards the top right of the page.

Alternative Care Inspection and Monitoring Service
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15 - D15 CF9K
01 8976857

Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Gateway Organisation Ltd
Registered Capacity:	Two young people
Dates of Inspection:	12th and 13th December 2018
Registration Status:	Registered from 17th June 2016 to 17th June 2019
Inspection Team:	Lorna Wogan
Date Report Issued:	15th March 2019

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	9
3. Analysis of Findings	10
3.2 Management and Staffing	
3.4 Children's Rights	
3.8 Education	
3.9 Health	
4. Action Plan	25

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 on 17th June 2016. At the time of this inspection the centre were in their first registration and were in year three of the cycle. The centre was registered without attached conditions from the 17th June 2016 to the 17th June 2019.

The centre was subject to inspections under the National Standards For Children's Residential Centres in September 2016 and November 2017. The inspection reports can be accessed on the Tusla website (www.tusla.ie). The inspector was satisfied that the recommendations and actions required following the last inspection were met.

The centre's purpose and function was to accommodate two young people of both genders from age thirteen to seventeen years on admission. The centre aimed to provide a high quality standard of care that was responsive to the individual needs of children within a safe, supportive, child-centered environment. The centre's purpose and function was altered in January 2017 and since that time had provided a special arrangement placement for a specific child who was placed from another jurisdiction. Consent to place the child was granted in accordance with the requirements of Article 56 of EC Regulation 2001/2003 from the competent authority in Ireland, that is, Tusla the Child and Family Agency. The purpose of the placement was to provide medium-term care within a therapeutic care environment.

The centre aimed to help young people and children recover from adverse life experiences and its work was based on a team approach to assessment and provision

of care. The centre's approach to working with children was informed by attachment and resilience theories with the over-arching approach based on positive behaviour support. The attachment-based approach was supported and guided by an external specialist in the area of attachment disorders. The centre offered an evidence-based approach to 'What Works' in residential care and the assessment identified both protective and risk factors. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment and belonging.

In the course of this inspection the inspector examined standards 2 'management and staffing', 4 'children's rights', 8 'education' and 9 'health' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 12th and 13th of December 2018.

1.2 Methodology

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

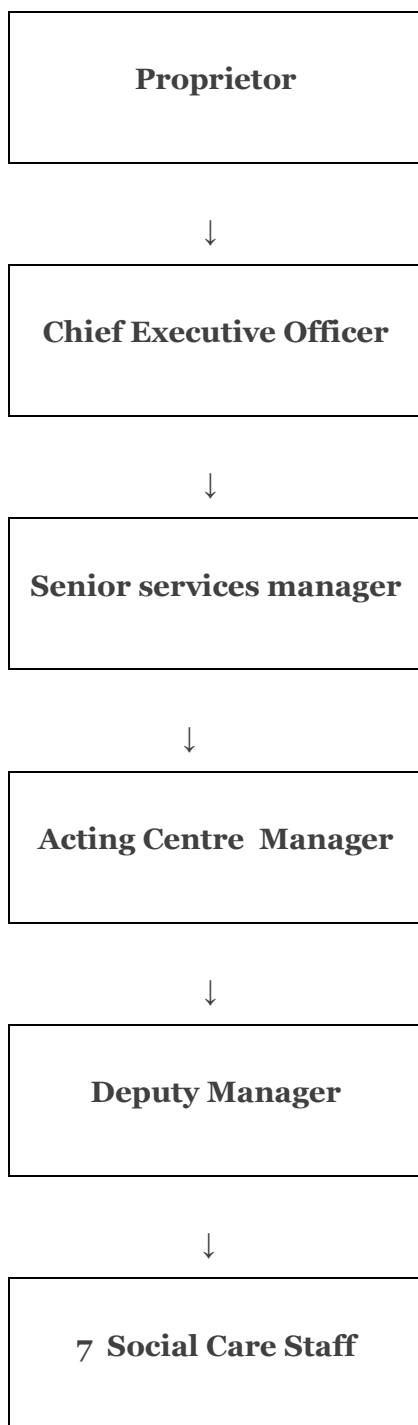
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) The chief executive officer
 - b) The acting centre manager
 - c) The deputy manager
 - d) Four of the seven care staff
 - e) The social worker with responsibility for the child residing in the centre.
 - f) General practitioner
- ◆ An examination of the centre's files and recording process.
 - six personnel files
 - eight staff supervision files
 - training records
 - significant event log
 - physical intervention log
 - specific sections of the child's care file
 - complaints log

- consequences record book
 - handover records
 - team meeting records
 - house meeting records
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The chief executive officer
 - b) The senior services manager
 - c) The acting centre manager
 - d) The deputy manager
 - e) The supervising social worker for the child in placement
 - f) Two social care staff (one key worker)
 - g) The child in placement
 - ◆ Observations of care practice routines and the staff/child's interactions
 - ◆ Attendance at staff handover meeting
 - ◆ The inspector shared an evening meal with the staff and child

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, chief executive officer, registered proprietor and the relevant social work department on the 21st February 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 7th March 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 115 without attached conditions from the 17th June 2016 to the 17th June 2019 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The inspector found there were clear external management structures in place and there were clear lines of accountability at individual, team and service level. Staff members interviewed by the inspector were familiar with the external management structures and reported that the external managers were accessible to them. The inspector found there were systems in place whereby the chief executive officer had oversight of the centre and its operation through receipt of written reports, visits to the centre, monthly audit reports, formal supervision of centre manager, monthly management meetings and periodic attendance at children's review meetings.

The external management structure within the wider organisation had recently been strengthened with the appointment of a senior services manager in September 2018. The role of the senior services manager was to oversee the management of the centre's care practices, operational policies and procedures and ensure accountability for the delivery of services and the implementation of the National Standards for Children's Residential Centres. At the time of the inspection senior services manager was developing governance systems to monitor the service to ensure that the delivery of care was safe and effective.

The inspector found there was an internal management structure appropriate to the size and the purpose of the centre. The centre had experienced changes within the internal management structure since the last inspection in 2017. The centre manager resigned from post in September 2018 and the deputy manager was promoted and transferred internally within the organisation. The current centre manager was three months in post at the time of the inspection and had worked within the organisation for almost four years. The centre manager had management experience as had previously held the deputy manager post within the centre for almost twelve months and this ensured consistency for the child in placement. The centre manager had a

relevant qualification and had undertaken leadership and management training and staff supervision training. The post was currently an acting position until the manager had attained the required five years experience for the post. The centre manager received additional mentoring support from other experienced managers within the service and they benefitted from this support. The deputy manager had a relevant equivalent qualification and had relevant experience and had worked at the centre for over two and a half years.

There was written job descriptions in place for the centre manager and the deputy manager. The deputy manager deputised for the centre manager when they were absent from the centre. The deputy manager and the centre manager had regular face-to-face meetings and telephone contact to discuss day-to-day operational matters and there were clearly delegated tasks between the centre manager and deputy manager. The inspector advised that a written record of meetings and delegated duties were maintained to evidence issues discussed, tasks assigned and decisions taken following these communications.

The inspector found evidence that the centre manager had oversight of centre practices through review of all centre records, attendance at team meetings and care plan reviews, oversight of significant events and staff supervision. Guidance and direction to staff was recorded by the centre manager in the handover and communication logbook.

In 2018 the chief executive officer, the senior services manager and other managers across the service had commenced a review of all operational policies and procedures and the inspector found evidence that a number of policies had recently been reviewed and updated. The chief executive officer confirmed this work would continue in 2019 to ensure the service policies were developed, updated and reviewed in line with the regulatory requirements, the national standards and best practice. The centre manager confirmed that staff members were informed about the newly updated policies and these were made available to staff to read. The inspector advised the manager to have a system in place to evidence that all staff have read and understood the updated policies.

Staff feedback to the inspector indicated the team felt supported in their work by the internal and external managers. Staff questionnaires evidenced the team were committed, enthusiastic and well motivated to provide a consistent care approach for the child in a supportive homely environment. Staff interviewed stated that the centre manager was present, approachable and solution focused.

Register

The centre manager maintained a register that outlined the required information relating to the admission and discharge of children from the centre. The inspector found it was completed in line with the regulations and was up to date. There were no admissions or discharges from the centre since the last inspection in accordance with the centres stated purpose and function operating as a special arrangement. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre had a written policy regarding the notification of significant events and staff members interviewed by the inspector were aware of what constituted a significant event and there were clear thresholds for what constituted a significant event. The social worker interviewed by the inspector was satisfied they were notified in a prompt manner both verbally and in writing of significant events relating to the child in placement. Oversight of significant events by the centre manager was evident on the records. The centre manager stated that the social worker responded to notifications and sought further clarification where required. Significant event notifications were also sent to the chief executive officer, the senior services manager, the behaviour management trainer and the Tusla significant event central team and the Tusla lead inspector who had oversight of all significant events arising in the centre. There was evidence the training officer met the team following significant events and assisted the team to identify learning outcomes. They also provided a level of de-briefing for the team following significant events. The inspector advised that learning outcomes are recorded on the significant event reports on the care file.

The Tusla lead inspector confirmed that there had been a decrease in significant events relating to the child over the past twelve months. This was confirmed by the social worker and evidenced on centre records.

Supervision and support

The centre had a written policy relating to staff supervision. The centre manager was supervised by the recently appointed senior services manager received supervision every four weeks. The centre manager also had monthly meetings with other centre managers from within the organisation where operational matters were considered. The chief executive officer also met with centre managers from across the organisation on a monthly basis where strategic planning and development was discussed. Minutes of these meetings were reviewed by the inspector. The centre

manager stated they felt well supported in their role and believed the external managers understood the demands of the role and supported them accordingly.

The centre manager provided formal staff supervision to the deputy manager and the staff team. The deputy manager supervised the relief staff member who worked at weekends. The inspector examined eight staff supervision files. Supervision records were maintained and stored in a secure manner.

The inspector found evidence that staff were supervised within the time schedules set out in the centre policy. There was evidence that staff received feedback and positive acknowledgement from their managers. There was evidence that the centre manager acknowledged with staff the stressful nature of the work and the importance of staff support and debriefing following a stressful event. There was evidence that the supervisor reviewed the child's placement plan, key work and individual work in the course of staff supervision.

Handover meetings were undertaken once a day when staff members were coming on duty in the centre. The inspector attended a handover meeting and found there were effective information systems in place for handover of relevant information and planning for the following twenty four hours. Team meetings were undertaken every three weeks and staff attendance was good. While the current team comprised of a significant number of newly recruited staff members the inspector found evidence that they were open and confident to raise issues about team practice.

The staff handbook was recently updated and the chief executive officer and centre manager confirmed that the organisation was well advised to ensure that all statutory provisions relating to employment law were adhered to. There were no disciplinary procedures initiated against any staff member at the time of the inspection.

The inspector found there were formalised procedures for on-call arrangements at evenings and weekends and the on-call rota for weekends was displayed in the staff office.

Training and development

The inspector found that the organisation had an effective and ongoing staff development programme in place to ensure staff continuously updated and maintained their knowledge, skills and competence in all relevant areas. The centre manager had a system in place to track and monitor core training for staff. The organisation had a dedicated training officer who provided behaviour management

training within the organisation, co-ordinated core training and refresher training and sourced additional training as required to ensure safe and effective care of the children in placement. This resulted in training becoming more structured and timely in its delivery across the service.

Staff members were facilitated to attend the HSE training in applied suicide intervention skills training and understanding self harm workshops. There was evidence that staff participated in regular training with their attachment specialist. Full two-day attachment training was provided to the team in November 2018 for new staff members and regular workshops with the attachment specialist had taken place over the past twelve months. A record of these meetings was held at the centre.

The centre manager and key-worker had separate therapeutic review meetings with the placing authority every six months to review the implementation of the therapeutic care programme and the child's progress. There was evidence of the implementation of guidance and direction provided at these reviews.

Additional skills based training was scheduled for the team in January and February 2019. All staff had completed the Children First e-learning programme and all staff training in behaviour management was up to date. Two staff member had yet to undertake fire safety training and three staff members were scheduled for first aid training in January 2019.

The inspector found that staff training needs were monitored on an on-going basis through centre training records, supervision, monthly audit to external managers and meetings with the services training officer. The centre manager maintained a record of all professional development courses or training undertaken by staff in the centre.

The organisation had recently developed a safeguarding and child protection training pack to be included in the staff induction training. This specific training in safeguarding vulnerable children was due to be rolled out by the organisation in early 2019.

Administrative files

The inspector examined a range of administrative files and records including daily logbooks, centre registers', visitor's book, handover records, minutes of staff meetings and house meetings. The inspector found that a number of logbooks such as the visitor's logbook and the accident and injury log were not maintained up to date. At the time of writing this report the centre manager confirmed that they had

reviewed these administrative records and identified gaps in information were rectified.

The inspector found that all care records and files relating to past residents and the current resident were stored appropriately. At the time of the inspection the organisation was developing a new case record management system and had commenced an audit of all the current administrative systems and procedures.

There was evidence that reports were written in a professional and sensitive manner. The inspector found that administrative records were maintained in a confidential manner.

There were clear financial management systems in place in the centre which involved the use of petty cash and receipts. Petty cash records evidenced the day-to-day expenditure at the centre and staff balanced and signed off these records at the end of each shift. Records were also maintained of monies provided to the child for pocket money and other expenditure. The inspector found that these systems ensured accountability in relation to expenditure in the centre. The centre manager and staff interviewed stated that the budget was adequate for the purpose and function of the service.

3.2.2 Practices that met the required standard in some respect only

Staffing

The staff team comprised of a deputy manager who worked on the staff rota and seven core staff including one staff that worked part time and provided regular relief cover at weekends. The centre had experienced a significant turnover of staff since the last inspection in November 2017 with changes to the internal management team and five social care staff resigning from their posts. Two of these staff members were key workers for the child in placement. At the time of the inspection two additional staff had tendered their resignations one of them being the child's key worker who had worked at the centre for over nineteen months. The inspector found that the external managers and the centre managers were working hard to stabilise the staff group and build experience, confidence and specific competencies again within the team. A manager within the service had recently been tasked with focusing specifically on the area of staff recruitment and retention within the organisation.

The services attachment specialist provided guidance for staff to enable them to support the child when staff members were leaving the service. There was a specific

focus to ensure consistency of care and approach to minimise any potential adverse impact on the child.

The chief executive officer was acutely aware of the need to ensure the workforce was planned, configured and managed to meet the child's needs. There was a staff ratio of 2:1 at all times and staff worked a twenty four hour shift from 11am to 11am the following day sleeping overnight in the centre. The organisation had assigned a senior manager to focus on the recruitment and retention of staff across the service and the organisation's policy on staff recruitment and retention was recently reviewed and updated. The inspector found there was a system in place to undertake exit interviews with staff and information from such interviews informed the development of the staff recruitment and retention policy. The chief executive officer stated that staff feedback indicated they left due to other career development opportunities and/or changes in personal circumstances. The inspector was satisfied there were specific and targeted arrangements in place to promote staff retention and continuity of care to ensure the child experienced stability.

The inspector examined six personnel files for staff members recruited since the last inspection. The files evidenced that staff were suitably qualified and had relevant police vetting undertaken prior to taking up duties. The inspector found that one staff member did not have a third reference on file and a number of references did not evidence that verbal checks had been completed following the receipt of written references.

On review of the personnel files that inspector found the newly recruited staff members had limited experience working in residential child care and taking into account the number of new staff working in the centre there were insufficient numbers of experienced staff on the team to ensure a balance of experienced to inexperienced staff on the team. There was however evidence that the centre manager was on site every day and was available to staff to provide additional support and mentoring where required and the deputy manager worked across the staff rota. There was no contract of employment on one of the six personnel files examined.

The information on the staff files was accessible and the files were overall well maintained. The centre manager must ensure that the outstanding reference is secured along with the staff members employment contract and evidence of verbal checks carried out in respect of the written references.

Staff interviewed confirmed they received induction training in the organisations head office and this was well structured and informative. The centre manager provided on-site induction for staff before they commenced on the staff rota. The inspector found evidence that the induction process was continuously being strengthened and developed within the service.

The inspector found that staff members were committed to the child and there was a strong focus on building the relationship with the child. There was evidence that staff had the ability to communicate effectively with the child and this aspect of their work was guided and supported by the attachment specialist and evidenced on the centre records. The inspector found that staff delivered child centred, safe, effective care and support to the child and this was a view endorsed by the child's social worker in their interview with the inspector.

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

- The centre manager must ensure that the outstanding reference is secured along with the staff members employment contract and evidence of verbal checks carried out in respect of the written references.

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

There was evidence that the child was provided with written information on their rights and there was evidence the staff promoted a children's rights agenda. At the time of the inspection the centre had achieved the Investing in Children Award™. This award endorsed rights based practice and gave recognition for good practice and active inclusion of children and young people in dialogue and change. The inspector found the child was consulted in relation to the clothes they wished to buy and wear, meal planning, bedroom décor, recreational activities, daily routines and weekly planning.

The inspector found that the views of the child were sought through many forums. Monthly house meetings provided the child with opportunities to make decisions on a wide range of issues that affected their life in the centre. The inspector found evidence that things changed for the child in placement as a result of their participation in house meetings and other less formal engagements with staff. House meetings were one forum in which staff listened to the child's view. Key-work records evidenced that the views of the child were also considered. Daily interactions with the child also evidenced that their views and opinions were sought by the adults caring for them. The child's key worker was confident that the child would tell staff if they were 'not doing something right'. The child confirmed in their meeting with the inspector that they felt staff listened to them and they could 'ask for things' at house meetings. The inspector found that the centre staff supported and encouraged the child to express their views and opinions and the child was able to communicate their opinion with the adults caring for them. Centre records indicated that staff members were open and honest in their communications with the child in relation to the issues they had to work on and ways in which the adults could support and help them.

The social worker interviewed by the inspector was allocated to supervise the child's placement in August 2018. The inspector found that the child was visited by the placing authority on a monthly basis since their admission to the centre. The child

had the opportunity to meet with the social worker in private and the social worker confirmed they provided the child with the opportunity to raise any concerns they may have since the previous statutory visit. The child had not raised any concerns to date about their care at the time the inspector interviewed the social worker.

The child had not attended their statutory review meeting and this was related to their capacity to understand and participate in formal meetings. This decision was made by the placing authority. There was evidence the social worker consulted with the child prior to their statutory review meetings and the child was provided with agreed feedback. At the time of the inspection the social worker informed the inspector that the child would be invited to attend his next statutory meeting if they wished to participate in person. The child confirmed to the inspector that they were aware of their care plan and felt involved in decisions made in relation to their care.

The child in placement had an appointed Guardian ad litem who visited on three occasions since the last inspection up to June 2018.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre had a policy and procedure in place to manage complaints and this was under review and being updated at the time of the inspection. Staff interviewed understood the policy and the process to follow in the event of the child wanting to make a complaint. The centre maintained a complaint logbook that was reviewed by the inspector. Complaints made by the child were recorded on the logbook along with the resolution and outcome of the complaint. The centre's complaint logbook evidenced that the child was listened to and their views and preferences in relation to daily living arrangements and personal care routines were given due consideration. There was evidence that staff listened to the child's complaints, took them seriously and made good efforts to resolve the complaints to the child's satisfaction. There was evidence that key-workers had explained the complaints process to the child and there were complaint forms available to the child in the event they wished to make a complaint. The child told the inspector that they knew how to make a complaint and they felt staff provided support to resolve their issues and complaints.

In the course of the inspection the inspector found that the child reported a complaint that they were bullied in school however this was not recorded on the centre's complaint logbook. The inspector found evidence that the incident of alleged bullying at school was satisfactorily resolved however it was not recorded in the

centre's complaint logbook. In the course of the inspection interview with the child they reported that they wanted to make a complaint and alleged they had sustained an injury during a physical restraint that occurred in November 2018. The inspector offered them the opportunity to talk to their social worker who was at the centre at the time of the inspection however the child declined and stated that they wished to talk to the centre manager. On further discussion with the centre manager the inspector found that the incident of the alleged injury was previously notified to them and was not investigated in accordance with the written protocol with the placing authority or in line with the correct procedures for dealing with allegations of harm. The centre manager took immediate action and reported it to the social worker who was on site on the day of the inspection and undertook an immediate investigation into the matter. The social worker subsequently met with the child following the allegation. The centre manager confirmed to the inspector that relevant records were on file in the centre and the outcome of the social work assessment into this matter was recorded and placed on the child's care file. The centre manager must ensure that where complaints are made that identify a risk of harm or allegation of harm to a child they must be reported and managed in line with Children First and relevant legislation and in accordance with the agreed written protocol with the placing authority.

There was no evidence that complaints made by the child were subject to any review or auditing by the external managers. The chief executive officer must have a system in place to ensure that complaints made by children in placement are subject to regular monitoring and review to ensure they are appropriately investigated with a clear resolution and learning is implemented to improve practices in the centre.

Access to information

The centre had a written policy on young people's access to written information. The centre had a child friendly information book describing aspects of centre life and there was evidence that key workers helped the child understand this information when they were initially admitted to the centre. The inspector found that the child had been given information about themselves and the reasons why they were in care in an appropriate way through life story work with their key-worker.

The child however had no access to written information on their care or case file. The social worker stated that the child had no access to his case file at this time. The social worker indicated that the level of access and the type of information provided to the child would change as the child develops.

The child informed the inspector they were aware that the staff maintained records in relation to their care. The centre manager and the social worker must give due consideration to the child's right to access written information about their placement and information recorded about them. The centre manager and social worker must look at ways in which they can support the child to appropriately access written information about their placement plan and care plan. The inspector advised that access to written information be managed in line with the child's age, stage of development and best interests in order to support the child in exercising their right to access such information.

The inspector found there was information at the centre about EPIC, a national advocacy group for children in care. The inspector found that the child was not fully aware of the role of this advocacy service and was not actively supported by staff to access the service. The inspector advised that the centre manager liaise with the child's social worker to make arrangements to actively support the child to understand the role of the service and have the option to access independent advocacy services as necessary.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Health & Social Care Trust Northern Ireland has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.*

Required Action

- The centre manager must ensure that where complaints are made that identify a risk of harm or allegation of harm to a child they must be reported and managed in line with Children First and relevant legislation.
- The chief executive officer must have a system in place to ensure that complaints made by children in placement are subject to regular monitoring and review to ensure they are appropriately investigated with a clear resolution and learning is implemented to improve practices in the centre.
- The centre manager and the social worker must give due consideration to the child's right to access written information about their placement and information recorded about them.

3.8 Education

Standard

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

3.8.1 Practices that met the required standard in full

The inspector found that education was valued by the team. The child in placement was encouraged and assisted by staff to achieve their potential in learning and development. The child attended school in line with legislative requirements.

The child in placement attended mainstream education and the inspector found that they were well integrated into their school community and had a good attendance record. The school completion officer was afforded the opportunity to contribute to the inspection however they did not provide any feedback to the inspectorate on this occasion.

The social worker was satisfied the child had made a good transition to secondary school. The social worker was in communication with the school principal and informed the inspector that the school principal would be invited to participate in the statutory review process.

The inspector found evidence that the child was progressing well in school. The centre staff provided the child with appropriate support with homework and signed their homework journal each evening. The child confirmed this in their interview with the inspector. The child's bedroom had a study desk where they could complete homework. Staff maintained school progress reports on file and reported on the child's school progress in the weekly written reports to the social worker. The inspector found that all meetings and communication with school personnel was recorded and maintained on the care file. The key worker or centre manager attended all relevant school meetings and maintained regular engagement with school personnel. There was evidence that when issues arose for the child within the school environment the staff and school principal worked well together to support the child and resolve the issues.

The child was also involved in a community youth group to help with integration into the community and assist in the development of social skills.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

3.9 Health

Standard

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

3.9.1 Practices that met the required standard in full

The child had a medical examination on admission to care. Written consent to medical treatment was placed on the care file. The inspector found the child had access to a general practitioner and staff shared appropriate information with the general practitioner to ensure they provided the best possible care. The general practitioner was satisfied the centre staff sought prompt medical attention for the child and followed advice and direction regarding the medical needs of the child. The general practitioner confirmed they were provided with information relating to past medical history and was aware of medical consent on file. The general practitioner confirmed that the staff provided a high standard of care in looking after the child's health needs.

The child had good physical health and the inspector found their health needs were appropriately assessed and met. The centre manager and social worker confirmed there were no specific health concerns for the child. The child's medical card was held on file. Staff encouraged and facilitated the child to attend their medical appointments as required. Vaccination records were obtained and the child was linked to the school immunisation programme and all immunisations were up to date in accordance with the Irish immunisation schedule. The child had access to ancillary health services such as dental, ophthalmic or other specialist services. There was written evidence on file of all medical appointments and a brief report on the outcome of all such appointments.

The child was actively involved in soccer and GAA in the community. Staff encouraged a healthy lifestyle for the child by promoting healthy food and exercise

and information was provided as appropriate in relation to physical and sexual development.

The centre had a written policy that prohibited staff and residents smoking in the centre or when sharing transport. The child residing in the centre did not smoke cigarettes.

A medication management policy was in place in the centre and staff had undertaken training in the safe administration of medication in line with best practice. There were clear systems in place for the recording of the administration of medication. The care records contained a clear record of all medication administered, both prescribed and across the counter in accordance with best practice. Medication was stored in a safe manner. The medicine cabinet was locked and placed in a secure location.

3.9.2 Practices that met the required standard in some respect only

None identified

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

The Health & Social Care Trust Northern Ireland has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

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

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	The centre manager must ensure that the outstanding reference is secured along with the staff members employment contract and evidence of verbal checks carried out in respect of the written references.	The outstanding references both written and verbal have been secured. The staff members employment contract is in place. All staff members must complete an employment contract and references in place prior to a staff member commencing employment.	The centre manager has ensured all staff files have appropriate documentation e.g. references before the files are transferred from head office to the centre and prior to commencement of employment.
3.4	<p>The centre manager must ensure that complaints made by the child are dealt with in accordance with the centre's complaint policy and procedure.</p> <p>The chief executive officer must have a system in place to ensure that complaints made by children in placement are subject to regular monitoring and review to ensure they are appropriately investigated with a clear resolution and learning is</p>	<p>The centre manager will ensure that going forward all complaints made by young people are dealt with in accordance with the centre's complaint policy and procedure.</p> <p>The Chief Executive Officer has put a system in place that ensures that any complaints made by our children/young people are monitored and reviewed to ensure an appropriate investigation and follow up occurs to ensure learning and improvements.</p>	<p>The centre manager has ensured that all staff within the centre are refreshed on the centre's complaint policy and procedure and is placed on the agenda of the team meetings every quarter.</p> <p>The Chief Executive Officer has reviewed the complaints policy to ensure it is robust and has clear procedures in place. In particular a system that focuses on monitoring and reviewing of complaints.</p>

	<p>implemented to improve practices in the centre.</p> <p>The centre manager and the social worker must give due consideration to the child's right to access written information about their placement and information recorded about them.</p>	<p>The centre manager and the allocated social worker have discussed consideration to the child's right to access written information about their placement and information recorded about them. The allocated social worker feels that currently there is no therapeutic benefit to the young person having access to this information at this time.</p>	<p>The centre manager and social work will review same request each quarter.</p>
--	--	---	--