



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: 2019**

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

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Gateway Children's Service Ltd</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Dates of Inspection:</b>	<b>8<sup>th</sup> and 9<sup>th</sup> May 2019</b>
<b>Registration Status:</b>	<b>Registered from 17<sup>th</sup> June 2016 to 17<sup>th</sup> June 2019</b>
<b>Inspection Team:</b>	<b>Lorna Wogan</b>
<b>Date Report Issued:</b>	<b>2<sup>nd</sup> July 2019</b>

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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 on-going 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 17<sup>th</sup> 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 17<sup>th</sup> June 2016 to the 17<sup>th</sup> June 2019.

The centre was subject to inspections under the National Standards for Children's Residential Centres, 2001 in September 2016, November 2017 and December 2018. The inspector was satisfied that two of the four actions required at the time of the last inspection were addressed. The inspector was not satisfied that the corrective and preventative measures outlined by the service in relation to the oversight of complaints were fully implemented or sufficiently robust as recommended. The centre manager and senior services manager must address this matter as a priority.

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-centred environment. The centre's purpose and function was altered in January 2017 to provide a bespoke service 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 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 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.

The inspector examined standard 2 'management and staffing', standard 4 'children's rights' and standard 7 'safeguarding and child protection' of the National Standards for Children's Residential Centres, 2001. This inspection was unannounced and took place on the 08<sup>th</sup> and 09<sup>th</sup> May 2019.

## 1.2 Methodology

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

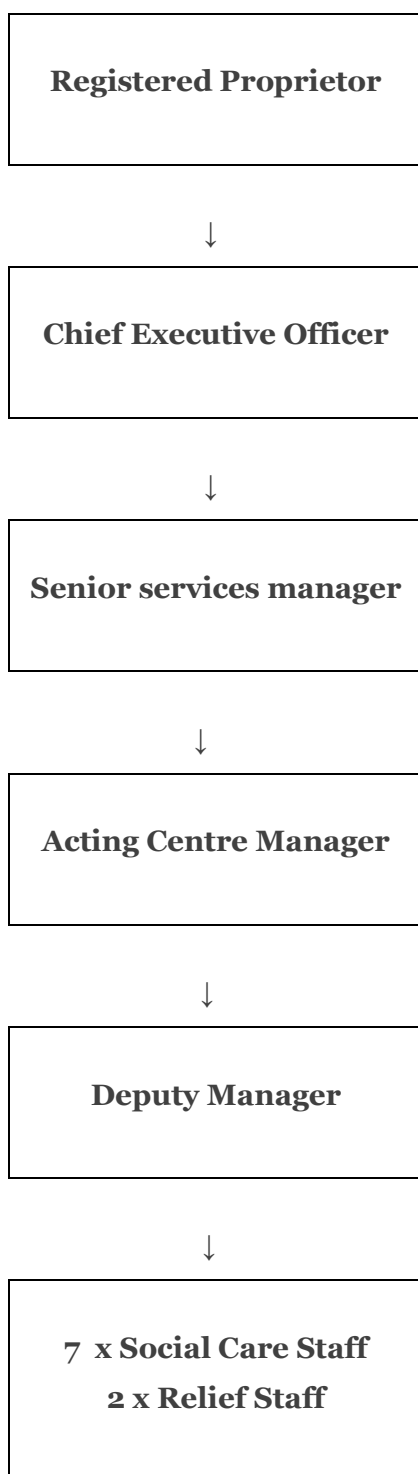
- ◆ An examination of post-inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
  - a) the chief executive officer
  - b) the centre manager
  - c) the deputy manager
  - d) six social care workers
- ◆ An examination of the centre's files and recording process:
  - four personnel files
  - four staff supervision files
  - training records
  - significant event log
  - physical intervention log
  - child protection concerns log
  - complaints log
  - handover records
  - team meeting records
  - house meeting records
- ◆ 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 senior services manager
  - b) the centre manager
  - c) the deputy manager
  - d) three social care staff
  - e) the services training officer
  - f) the allocated social worker
- ◆ Observations of care practice routines and the staff/young person's interactions
- ◆ Attendance at staff handover meeting

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

The inspector would like to acknowledge the full co-operation of all those concerned with this centre and thank the 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, senior services manager and director of services and the relevant social work department on the 14<sup>th</sup> June 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 28<sup>th</sup> June 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 17<sup>th</sup> June 2019 to 17<sup>th</sup> June 2021 pursuant to Part VIII, 1991 Child Care Act.

## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for 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 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 December 2018.

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. There were clear thresholds for what constituted a significant event and these thresholds were subject to review by the centre manager. 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 young person in placement. Oversight of significant events by the centre manager was evident on the significant event reports and the written reports were clear and evidenced staff interventions.

Significant event notifications were forwarded to the services chief executive officer, the senior services manager and the behaviour management trainer. Significant event reports were also forwarded to the Tusla significant event central team and the Tusla lead inspector who had oversight of all significant events arising in the centre. The centre maintained a log of all significant events relating to the young person.

## **Training and development**

The inspector found that the organisation had an effective and on-going staff development programme in place to ensure staff continuously updated and maintained their knowledge, skills and competence in all relevant areas. 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 inspector examined the centre training records from December 2018 to May 2019 and was satisfied that staff were provided with regular training opportunities.

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 young person in placement. This resulted in training becoming more structured and timely in its delivery across the service.

The core team completed one-day attachment training with the services attachment consultant in January 2019 and three half days facilitation with the attachment consultant in March, April and May 2019. While staff found this training beneficial they informed the inspector they were not always in a position to attend every training session. Identified factors such as training scheduled on their rest days, distance from centre and no pay or time in-lieu for attendance at this training accounted for inconsistent attendance. Given the service investment in the attachment based approach and the evidenced benefits of this approach the external managers must explore every possible avenue to facilitate staff to participate in this training. A record of these meetings was held at the centre and there was evidence that staff read these records if unable to attend the training. The centre manager had raised this matter with senior managers in the service.

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. There was evidence that newly recruited staff were due to complete fire training and first aid training and dates for this training were scheduled to take place in the coming weeks. Manual handling training and safe administration of medication training was also provided for staff. Staff members were also facilitated to attend the HSE training in applied suicide intervention skills training and understanding self-harm workshops. Staff supervision training for managers was scheduled for July 2019.

The organisation had recently developed a safeguarding and child protection training pack that was incorporated into the staff induction training programme. This specific training in safeguarding practices was facilitated by the chief executive officer who was trained to deliver this training. Newly recruited staff interviewed by the inspector confirmed they had received this training.

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

#### **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 chief executive officer had responsibility for supervising operational roles and the strategic governance of the service. 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 weekly reports, monthly audit reports, on-call reports, supervision of the senior service manager, attendance at management meetings, feedback from the maintenance team, quarterly visits to the centre and meeting with young people, quarterly attendance at team meetings and attendance at statutory review meetings where required. There was evidence on the centre records that the chief executive officer attended a staff meeting in February 2019 and visited the centre in March 2019. The chief executive officer met the senior services manager on a weekly basis for an update on each centre. The chief executive officer chaired management meetings on a quarterly basis focusing on strategic tasks. A record of these meetings was maintained on file. The chief executive officer indicated on the inspection questionnaire that they had confidence in the team and the managers in the centre.

The external management structure within the wider organisation was further developed with the appointment of a senior services manager in September 2018. The senior service manager was the line manager for the centre manager and had responsibility to monitor and supervise the centre manager to ensure the welfare and best interests of all the young people in placement. The senior services manager had oversight of the centre through supervision of the centre manager, oversight of significant events and weekly reports, attendance at team meetings and statutory care plan reviews and announced and unannounced visits to the centre to review their administrative procedures. There was evidence the senior services manager visited the centre on three occasions between January and 1<sup>st</sup> May 2019 and attended two

team meetings this year to date. The senior services manager also chaired management meetings every four to six weeks with managers from across the service. A record of these meetings was available for inspection at the centre. The inspector found the role was not fully realised in practice at the time of the inspection. Auditing tools were drafted but not yet finalised or implemented in practice to evidence that oversight of the centres practices. The senior services manager informed the inspector they planned to have auditing systems in place in the coming months. It is recommended that feedback to the centre manager following oversight and governance visits by external managers is evidenced on the centre records. The inspector found the senior services manager was aware of the priority needs for the centre in relation to its on-going development. It is recommended that the chief executive officer continues to support the senior services manager to develop systems to evidence the external governance and oversight of the service.

The inspector found there was an internal management structure appropriate to the size and the purpose of the centre. There was no change to the internal management of the centre since the last inspection in December 2018. The centre manager was nine months in post at the time of the inspection and had worked within the organisation for over four years. The centre manager had a relevant qualification and had gained management experience in their previous role as deputy manager within the centre. The centre manager had undertaken leadership and management training and staff supervision training. The position 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. The centre manager had completed their probationary period however they had not undertaken an appraisal in accordance with the service policy. The external managers must undertake the acting centre manager's appraisal in accordance with their service policy.

The deputy manager had a relevant equivalent qualification and had worked in the centre for three years. The deputy manager worked across the duty roster to ensure there was mentoring support for new and inexperienced staff. This limited their capacity to undertake management tasks when they were carrying full responsibility for leading the shift however this role was a priority for the centre manager until further experience and confidence was established within the team. The inspector found there was a period of time where the centre manager was on extended leave and the deputy manager continued to work their roster duty along with undertaking some of the management tasks. The inspector found this resulted in many of the centre manager governance responsibilities not being attended to during this time.

The senior services manager must ensure that when the centre manager is on leave the deputy manager is relieved from the roster to manage the centre Monday to Friday.

The inspector found evidence that the centre manager had oversight of centre practices through review of all centre records, completion of the monthly governance audit to head office, attendance at team meetings and care plan reviews, oversight of significant events and staff supervision.

### **Staffing**

The staff team comprised of a centre manager, deputy manager and seven core staff members. The centre had adequate levels of staff to fulfil its purpose and function. Five of the seven staff members had a recognised social care qualification and the remaining staff members had equivalent relevant qualifications. At the time of the last inspection in December 2018 two staff members had tendered their resignation from the service and were replaced by two staff that were appropriately qualified in social care practice. Two additional care staff were recruited to provide regular relief cover. One relief staff member had a recognised qualification in social care practice and previous relevant experience working with young people. The second relief staff member had a relevant qualification.

The manager informed the inspector that two male social care workers were being recruited to work on the team and one of these applicants had a number of years' experience in residential care work. At the time of the inspection one staff member was on leave following injuries sustained at work and one member of the team who had worked in the centre for ten months had tendered their resignation.

While experience was slowly building in the team the inspector found there remained insufficient numbers of experienced staff on the team to ensure a balance of experienced to inexperienced staff. At the time of the inspection it was not possible to ensure that at least one qualified staff member at child care leader level was on every shift. Notwithstanding this the inspector found that the centre managers were committed to building experience in the team and achieving a gender balance within the team. There was evidence that the centre manager was on site most days Monday to Friday and was available to staff to provide additional support and mentoring where required and the deputy manager worked across the staff rota.

The staff worked a rolling rota with seven lines and completed an average of two overnight shifts per week. The staff/child ratio was 2:1 and staff worked a twenty-four

hour shift from 11am to 11am the following day. The social worker indicated that the placing authority would like to see more progress whereby the young person would not require such a high staff ratio and was provided with the opportunity to share the accommodation with another young person. The centre manager informed the inspector they were open to admitting another resident however they were keen to ensure there was a suitable placement match.

The services attachment specialist provided guidance for staff to enable them to support the young person in placement. The inspector found there was a specific focus within the team to ensure consistency of care and approach which was an on-going challenge to maintain with staff changes.

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 centre manager had received completed exit interview forms following recent staff resignations and these were forwarded to the services manager who had specific responsibility for staff recruitment and retention policies. The centre manager informed the inspector that staff feedback indicated staff left due to other career development opportunities, changes in personal circumstances or recognition that they found the work was too challenging. The inspector was satisfied there were specific and targeted arrangements in place within the service to promote staff retention and continuity of care to ensure the young person experienced stability.

The information on the personnel files was accessible and the files were well organised. The inspector examined personnel files of the four staff members recruited since the last inspection. The files evidenced that staff were suitably qualified and had Garda vetting and relevant police checks where required that were undertaken prior to taking up duties. The three required references were also on file and verbal checks on all references were evidenced. There was a contract of employment on all four personnel files inspected.

The inspector found evidence that the four newly recruited staff members received induction training. Newly recruited staff received behaviour management training and child safeguarding practices training provided by the training officer and the chief executive officer. New staff members also completed the Tusla Children's First e-learning programme. One of the staff interviewed by the inspector confirmed the centre manager provided a one-day on-site induction 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 staff interviewed by the inspector stated the team worked well together however they recognised they were in the early stages of development. The inspector found there was a strong team focus on relationship building and providing consistent care. There was evidence that the staff were genuinely caring and nurturing in their approach. Staff interviewed recognised the impact of the staff changes on the consistency of care for the young person. The inspector noted that the centre manager and the deputy manager were the only consistent staff members since the young person's admission to the service in February 2017.

There was evidence that staff received specific guidance and support from the external consultant to communicate effectively with the young person. However the social worker raised concerns at the pace of progress in terms of staff exploring the more complex underlying emotional and behavioural issues for the young person. The centre manager confirmed that a psychologist had been sourced to commence work with the young person.

### **Supervision and support**

The centre had a written policy relating to staff supervision that outlined staff would receive regular supervision every four to six weeks and that new and inexperienced staff would have weekly supervision during their induction.

The centre manager was supervised by the senior services manager and the supervision records evidenced they received supervision every four weeks. The inspector found the supervision process was structured. The centre manager stated they were 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 one staff member of the team. The inspector examined four staff supervision files. Supervision records were maintained and stored in a secure manner. Supervision contracts were signed by the supervisor and the supervisee. A review of past staff rosters showed that staff supervision was set out in the roster.

The inspector found that the frequency of staff supervision on the files inspected was not in line with the staff supervision policy. The supervision schedule was impacted

by the centre managers leave in recent months however there was evidence that new and inexperienced staff did not receive regular supervision in accordance with the centre policy. The inspector also found that staff supervision records did not consistently evidence a review of the placement plan and the individual work undertaken by staff. There was evidence that training needs were identified in supervision and that staff received feedback from their supervisor.

Handover meetings were undertaken once a day when staff members were coming on duty in the centre. There were systems in place to record information relayed in the handover meeting. Staff outlined the positives and the concerns of the previous twenty-four hours along with a summary of the night time and morning routine. Team meetings were held on a regular basis and the minutes of team meetings were examined by the inspector. The inspector found the records of the team meetings did not reflect clearly the issues discussed and decisions taken. The inspector advised that the centre manager must develop a structured format to guide the team meeting process. The inspector also noted that staff attendance at the team meetings was poor at times. The manager stated that attendance was impacted by distance staff had to travel to meetings when they were off duty, however all staff were expected to attend their team meetings.

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. On-call reports were completed and forwarded to senior managers.

Staff members noted a positive and supportive management culture at the centre in the feedback to the inspector. Staff questionnaires evidenced the team were confident they provided a good standard of care for the young people in placement in a supportive homely environment.

The inspector found evidence that there were support mechanisms in place for staff who have suffered stress or injury in the course of the work. Debriefing, support from managers, reflective practice, team building days, opportunity to attend external counselling, payment of medical expenses and a strong focus on self-care within the supervision process were some of the ways in which staff were supported. The centre records evidenced that staff were periodically subject to serious physical assaults.

The staff handbook was recently updated and the chief executive officer and senior services manager confirmed that the organisation was well advised to ensure that all statutory provisions relating to employment law were adhered to.

### **Administrative files**

The inspector examined a range of administrative files and centre records including daily logbooks, centre registers', visitor's book, handover records, minutes of staff meetings. Overall the inspector found there was not sufficient evidence that internal and external managers were monitoring the quality of all centre records to ensure records were clear, legible, of a good quality and that decisions taken were evidenced and information easily tracked. The inspector identified gaps in information and incorrect dates recorded on a number of recording systems. The centre manager and the senior services manager must ensure there are robust systems in place to ensure records are accurate, up-to-date and verified by management in terms of quality and accuracy. At the time of writing this report the centre manager confirmed that they had reviewed the 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. The centre manager was aware that all relevant records relating to the young people in placement are kept in perpetuity. All staff signed a written confidentiality agreement prior to commencement of employment that was placed on their personnel file. 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 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 young person 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.

### **3.2.3 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 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**

- The senior services manager must ensure there are systems in place to evidence their oversight and governance visits to the centre.
- The senior services manager must ensure that when the centre manager is on leave the deputy manager is relieved from the roster to manage the centre Monday to Friday.
- The external managers must undertake the acting centre manager’s appraisal in accordance with their service policy.
- The external managers must ensure there is a balance of experienced to inexperienced staff on the team and must aim to have at least one qualified staff member at team leader level on each shift.
- The centre manager must ensure that all staff receive regular supervision in accordance with the centre supervision policy.
- The centre manager must ensure that the supervision records consistently evidence that staff have discussed the implementation of the young person’s placement plan and reviewed individual and key work undertaken since the previous supervision meeting.
- The centre manager must develop a structured format to guide the team meeting process.
- The senior services manager and the centre manager must ensure they monitor the quality of all centre records to ensure records are clear, accurate, legible, of a good quality and that decisions taken are evidenced and information easily tracked.

### 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**

None identified.

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

#### **Complaints**

The inspector was not satisfied that the corrective and preventative measures outlined by the service in relation to the oversight of complaints were fully implemented or sufficiently robust as recommended following the last inspection in December 2018. The centre manager and senior services manager must address this matter as a priority.

The inspector reviewed the centre's complaint register and found that staff recognised both complaints and issues of dissatisfaction raised by the young person and made good efforts to resolve these complaints. However the inspector found that a number of records on the complaint logbook did not record the final outcome of the complaint. The record did not have sufficient information on the investigative process or make any reference to the location of further investigation reports stored on file. In many cases there was no evidence on the complaint register that the social worker was informed of the complaint of the outcome of the investigation. The inspector found the records were not written to a sufficient standard to evidence all required information. The inspector found no evidence of oversight of the centre's complaint register by the senior service manager. The senior service manager must ensure that centre complaints are subject to a quality assurance process.

The social worker confirmed that on statutory visits they specifically asked the young person if they had any concerns or complaints about their care. The social worker stated that the young person had not raised any complaints with them since the last inspection.

There was evidence that centre staff informed the young person's parent of all significant events and complaints made by the young person.

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

None identified.

### **3.4.4 Regulation Based Requirements**

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

#### **Required Action**

- The senior service manager must ensure that centre complaints are subject to a quality assurance process.

## **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**

In January 2019 the service developed a new policy on guiding principles and child safeguarding practices. At the time of the inspection the document was at its final draft stage. The chief executive officer had undertaken training with the newly recruited staff on safeguarding practices. There were a range of measures in place to ensure the young people were safeguarded. There were a number of safeguarding practices identified by staff that included vetting of staff, code of conduct for staff, a lone working policy, anti-bullying policy, intimate care policy, staff supervision, risk management, whistle blowing policy and on-going training.

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 social worker was confident the young person was cared for in a safe manner and felt safe living in the centre.

The chief executive officer ensured auxiliary staff such as maintenance personnel had completed the Children First E-Learning programme and had satisfactory Garda vetting.

While the current team comprised of a number of recently recruited staff members the inspector found evidence that they were open and confident to raise issues about team practice. Staff interviewed by the inspector confirmed that on induction training they were informed of the importance of raising any concerns they may have about a colleagues practice.

The young person had access to facilities for making and receiving telephone calls in private. There was evidence that the young person could make telephone calls to their social worker in private. The inspector found where telephone calls were monitored or supervised by staff this was clearly explained to the young person by staff and by their social worker.

The young person had monthly statutory visits with their social worker in the centre however the inspector found that the young person did not have information or involvement with organisations set up to promote their rights. The centre manager must liaise with the social worker to identify the most appropriate children's rights/advocacy organisation to engage with the young person in placement.

The inspector found there were systems in place to safeguard the young person. The young person had an individual risk assessment and safety plans on file as required. Strategies were identified to minimise known or potential risks.

## **Child Protection**

### ***Standard***

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

There was evidence that practices regarding the safety of children were governed by national policies and procedures in line with Children First Act 2015. The centre had a child protection policy that was in its final draft stage of development and was in line with Children First 2017: National Guidance for the Protection and Welfare of Children. This policy was forwarded to the Tusla Children First information officer

for final review. The senior services manager anticipated that this document would be finalised in the coming weeks.

The centre had a written child safeguarding statement that was reviewed by the Tusla child safeguarding statement compliance unit. The child safeguarding statement was displayed in the staff office. The inspector found that staff and managers were not familiar with the statement and its purpose and there was no system in place to evidence that staff had read and understood the statement. The statement itself was not signed by the relevant signatories.

The centre manager was aware of the requirement for all staff to complete Children First E-Learning programme and all staff had completed this training. Staff interviewed were aware of the named designated liaison person and deputy liaison person for the reporting of child abuse concerns. While staff interviewed were clear on their obligation to report child abuse/child welfare concerns under the new legislation the inspector found staff interviewed were unclear how to access a mandated report form. The centre manager must ensure that staff know how to access a child protection and welfare report form and how to submit a mandated report through the Tusla portal.

Staff interviewed were aware of their statutory responsibility to report child protection concerns however staff interviewed were not confident in the procedures that must be followed should allegations of abuse be made against a staff member. The centre manager must ensure that all staff are familiar with the procedures for dealing with allegations of abuse against staff members.

The centre manager had systems in place to monitor and track child protection concerns reported to the Child and Family Agency and the referring social work agency. The centre manager and the allocated social worker confirmed to the inspector there were no child protection concerns reported since the last inspection.

There were agreed arrangements in place with the supervising social worker for bringing allegations of abuse to the attention of the young person's parent.

Staff interviewed were aware of their responsibility to report concerns to external managers should they have concerns about their manager's practice.

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

None identified.



## **Required Action**

- The centre manager must liaise with the social worker to identify the most appropriate children's rights/advocacy organisation to engage with the young person in placement.
- The centre manager must ensure that staff are familiar with the child safeguarding statement and have a system in place to evidence that staff have read and understood the statement. The centre manager must ensure the child safeguarding statement is signed by the relevant signatories.
- The centre manager must ensure that staff know how to access a child protection and welfare report form and how to submit a mandated report through the Tusla portal.
- The centre manager must ensure that staff are familiar with the procedures for dealing with allegations of abuse against staff members.

## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The senior services manager must ensure there are systems in place to evidence their oversight and governance visits to the centre.</p> <p>The senior services manager must ensure that when the centre manager is on leave the deputy manager is relieved from the roster to manage the centre Monday to Friday.</p>	<p>The senior service manager will ensure that there are further systems in place to evidence their oversight and governance. The senior service manager attends fortnightly team meetings, chairs management meetings and completes centre manager's formal supervision every four weeks. Minutes are available for all of the above.</p> <p>The centre manager will ensure that if the centre manager is on leave for a period of time that the deputy manager is relieved from the roster to manage the centre Monday to Friday.</p>	<p>The senior service manager will complete bimonthly audits in the centre. Required actions will then be forwarded to the centre manager with specific timeframes. Commenced 15<sup>th</sup> May 2019.</p> <p>The senior service manager will visit the centre, no less than fortnightly, to ensure all actions are addressed. These visits will be evidenced on centre's logs.</p> <p>The centre manager will notify the senior service manager of any leave periods, where possible, and the rota will be amended to relieve the deputy manager. In the event that the leave is unplanned, the senior service manager will amend the rota to facilitate the deputy manager in managing the centre Mon-Fri.</p>

	<p>The external managers must undertake the acting centre manager's appraisal in accordance with their service policy.</p> <p>The external managers must ensure there is a balance of experienced to inexperienced staff on the team and must aim to have at least one qualified staff member at team leader level on each shift.</p> <p>The centre manager must ensure that all staff receives regular supervision in accordance with the centre supervision policy.</p> <p>The centre manager must ensure that the supervision records consistently evidence that staff have discussed the implementation of the young person's placement plan and reviewed individual and key work undertaken since the previous supervision meeting.</p>	<p>The external managers will undertake the acting centre manager's appraisal in accordance with the services policy.</p> <p>The external managers have reviewed the level of experience within the team and have made adjustments where possible. Commenced May 2019.</p> <p>The centre manager will ensure that all staff receive regular supervision in accordance with the centre's supervision policy</p> <p>The centre manager will ensure that the supervision records consistently evidence that staff have discussed the implementation of the young person's placement plan and reviewed individual work and key working undertaken since last supervision.</p>	<p>The senior service manager is now responsible for the centre manager's supervision and performance appraisal. The senior service manager will keep track of this.</p> <p>This will be discussed as a standing item on the centre manager's supervision agenda.</p> <p>The senior manager for recruitment and staff retention will review this bimonthly with the centre manager and senior service manager.</p> <p>The senior service manager will regularly review staff supervision records as part of the audit process in order to ensure consistency of this.</p> <p>The centre manager and centre deputy manager have ensured that if the centre manager should be on leave the deputy manager will undertake supervision with staff in this case to ensure there is no lapse in staff supervision.</p>
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	<p>The centre manager must develop a structured format to guide the team meeting process.</p> <p>The senior services manager and the centre manager must ensure they monitor the quality of all centre records to ensure records are clear, accurate, legible, of a good quality and that decisions taken are evidenced and information easily tracked.</p>	<p>The centre manager will develop a structured format within the next month to assist in guiding team meeting process in the future.</p> <p>The centre manager will monitor the quality of all records within the centre to ensure the centre records are clear, accurate, legible, of a good quality and all decisions are evidenced and easily tracked throughout centre records.</p>	<p>The senior service manager updated the supervision record template to include all areas as standing items on the agenda. The senior service manager will monitor that this template is being utilised effectively through regular review of supervision records in the centre.</p> <p>The senior service will attend fortnightly team meetings and review team meeting minutes to ensure the effectiveness of this format.</p> <p>The senior service manager will review the quality of all centre records throughout the audit process and any feedback/actions required will be provided to the centre manager who will guide the staff team.</p>
<b>3.4</b>	<p>The senior service manager must ensure that centre complaints are subject to a quality assurance process.</p>	<p>The senior service manager will ensure that centre complaints are subject to quality assurance process. Commenced 15th May 2019.</p>	<p>The centre manager will review all centre complaints, investigations and outcomes during centre visits/audits. Feedback will be provided to the centre manager who will guide the team in relation to this.</p>
<b>3.7</b>	<p>The centre manager must liaise with the social worker to identify the most appropriate children's rights/advocacy organisation to engage with the young</p>	<p>The centre manager will liaise with the social work within the next week to identify the most appropriate children's rights/advocacy organisation to engage</p>	<p>Going forward this will be discussed with the social worker on admission to the centre.</p>

	<p>person in placement.</p> <p>The centre manager must ensure that staff are familiar with the child safeguarding statement and have a system in place to evidence that staff have read and understood the statement. The centre manager must ensure the child safeguarding statement is signed by the relevant signatories.</p> <p>The centre manager must ensure that staff know how to access a child protection and welfare report form and how to submit a mandated report through the Tusla portal.</p> <p>The centre manager must ensure that staff are familiar with the procedures for dealing with allegations of abuse against staff members.</p>	<p>with the young person in placement.</p> <p>The centre manager has discussed the child safeguarding statement with all staff members within the centre and has implemented a register at the back of the statement where relevant signatories can sign to say they have read and understood the child safeguarding statement. The centre manager has also implemented that each team meeting a different policy is reviewed by staff members to ensure all staff members remain up to date with all policies &amp; procedures within the centre.</p> <p>The centre manager will inform all staff members individually how to access and submit a child protection and welfare report form on the Tusla portal within the next three weeks.</p> <p>The centre manager will review this procedure at the next team meeting and ensure that all staff members are familiar with the procedure for dealing with allegations of abuse against staff members</p>	<p>The centre manager will review the child safeguarding statement with staff members in supervision to ensure they remain familiar with statement.</p> <p>The centre manager will also review this regularly with staff members at supervision to ensure they are confident with how to carry out this procedure.</p> <p>The centre manager will review this regularly at team meetings to ensure going forward all staff members are aware of the procedure for dealing with allegations of abuse against staff members. The senior</p>
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		within the centre.	service manager will review staff's practice in relation to this as part of the bimonthly audits of the centre.
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