An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 121

Year: 2019

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

Inspection Year:	**2019**
Name of Organisation:	**TerraGlen Ltd**
Registered Capacity:	**Two young people**
Dates of Inspection:	**29th & 31st July 2019**
Registration Status:	**Registered without conditions attached 21st October 2019 to 21st October 2022**
Inspection Team:	**Eileen Woods** **Cora Kelly**
Date Report Issued:	**22/10/2019**

Contents

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 the 21st of October 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 with attached conditions from 21st of October 2016 to the 21st of October 2019.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. The directors stated in August 2019 that they had made the operational decision to remain at a capacity of two young people for an interim period. During this current cycle of registration, on two occasions, conditions had been attached to their registration one had specified no new admissions and a second which had specified a capacity of two until the action plan from previous inspections had been fully realised. Their model of care was described as a pro social modelling approach implemented by staff through a relationship based and attachment theory informed framework.

The inspectors examined standard 2 'management and staffing', standard 5 'planning for children and young people', standard 7 'safeguarding and child protection' and standard 10 'premises and safety' of the National Standards For Children's Residential Centres (2001). The organisation's implementation of the CAPA from their last inspection in 2018 was also examined. This inspection was unannounced and took place on the 29th and 31st of July 2019, two young people were resident in the centre at the time of the inspection visit.

1.2 Methodology

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

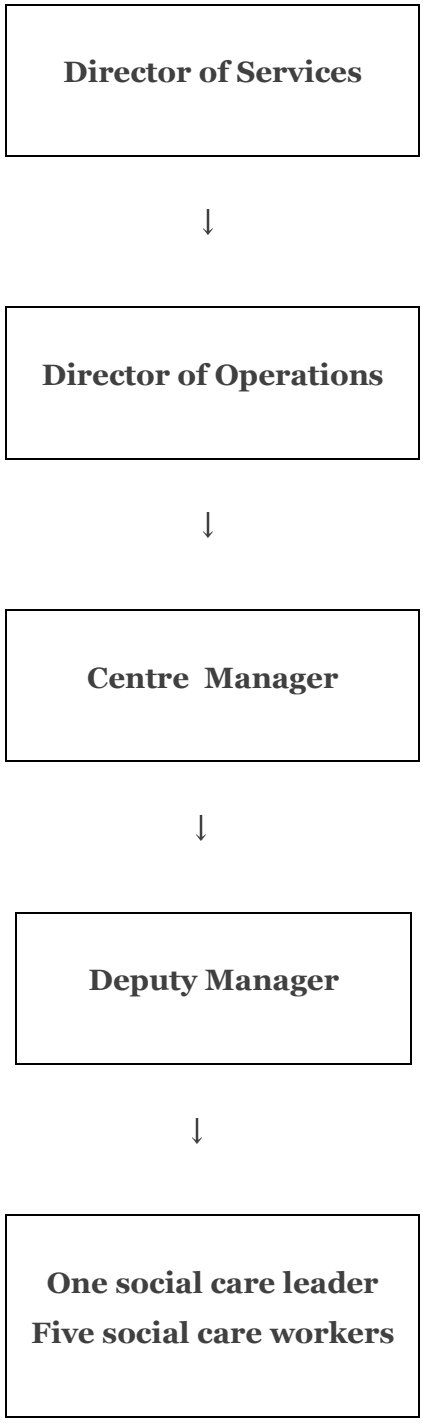
- An examination of an inspection questionnaire and related documentation completed by the manager
- An examination of the questionnaires completed by:
    a) The director of services
    b) The director of operations
    c) One of the two young people residing in the centre
- A visual inspection of the premises and grounds
- An examination of the centre's files and recording process
    - young people's care records
    - daily logs
    - young people's meetings
    - handover book
    - staff supervision records
    - training records
    - centre registers – admissions and discharges, complaints, significant events, sanctions and child protection.
    - management meeting minutes
    - internal quality assurance audits and action plans
    - centre policies and procedures
    - team meeting records
    - maintenance records
    - fire register
    - safety meeting records
    - personnel files x 3 new staff
- 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 centre manager
    b) The deputy manager
    c) Two social care staff
    d) One young person
    e) The director of services
    f) The director of operations

- Observations of care practice routines and the staff/young people's interactions including a staff handover and planning meeting.

Statements contained under each heading in this report are derived from collated evidence. It should be noted that none of the staff questionnaires were returned to the inspectors and the social workers did not respond to the requests for contact with the inspectors.

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, director of services and the relevant social work departments on the 25th of September 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 9th of October 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: 121 without attached conditions from the 21st of October 2019 to the 21st of October 2022 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 21st October 2019 to the 21st of October 2022.

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 manager had been in post at this centre since April 2018 and at the time of this inspection visit was due to leave for a different post, within the same company, at the end of August 2019. The manager was qualified and experienced for their post and the named incoming manager was also a qualified person with long term experience in management in residential care. Inspectors were informed in the post inspection period that the incoming manager took up their post in August 2019 working collaboratively with the outgoing manager in a transition phase. Inspectors have been in communication with the incoming manager. There was also a deputy manager in post at the centre. The external line management consisted of a director of operations and a director of services, both of whom had clearly defined roles with the centre. Inspectors found that overall there had been progressive roll out, review and updating of systems for planning, auditing, recording, training, consultation and communication. The stabilisation of the staff team remained a work in progress but was prioritised appropriately by the directors. Monthly managers meetings that were held and recorded evidenced the emphasis on development and embedding of the culture and model of care for the company and the centre.

The manager had been trained in leadership by trainers from within the company and received support through supervision and professional development systems from the director of operations. The manager fulfilled internal monthly governance reporting requirements; this had latterly been adapted to a 'weekly service and governance report' template and framework. They were responsible for governance reporting, quality assurance audit responses, internal planning and oversight at the centre. They were also aware of and implementing some actions from the previous inspection report action plan. There were monthly managers meetings and schedules in place for staff training, updated policies and procedures and a model of care handbook for staff. The manager, along with the director of operations, was tracking

staffing needs: departures, recruitment and retention and support of existing staff. There were clear plans in place around staffing and training and development in particular that the manager was accountable for with senior management.

The manager utilised the centre systems of file review, handovers, team meetings and provision of supervision to oversee practice. Timeframes for progression of some items related to more practical matters such as property were not as timely as others; and items had shifted somewhat for prioritisation at times. Overall the centre was settled at the time of the inspection, one young person spoke at length about what life was like at the centre and their main view was that it was positive in general. Their main concerns were staff changes, the property and food.

The director of operations delivered supervision to the manager and direct governance oversight through reporting mechanisms, quality assurance systems, presence at significant event reviews and some team meetings. The director of services was also engaged in delivery of the quality assurance auditing system and had visited the centre. The quality assurance auditing system had been devised taking reference from the National Standard for Children's Residential Centres 2018 HIQA, relevant regulations and the company's policies and procedures. The audits were thematic and regular. The directors had systems in place for ongoing tracking, centre development and review of outcomes at the centre. In July 2019 they introduced themed monthly quality assurance audits, inspectors were provided with a copy of this audit and found it to be structured and contained a guidance note for managers to assist them in implementing responses to it.

The directors had revised the centre governance reporting schedules and format to go from monthly to weekly and from quantitative to include more qualitative focus to support a review of placement planning progression. Inspectors found that the directors had a strategic plan in place with risk systems and audit systems established. There were core areas targeted for development and where a strategy had not yielded the desired results they had been adapted and review was ongoing. Inspectors found that there remained areas of development in team stability and in internal oversight but that the directors had identified these and had plans in place to seek to improve and develop.

Register

The centre had a suitable register in place, this was up to date with the exception of a set of social work details for a young person. There was evidence of management oversight of this register. 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 suitable policy and procedure in place for the identification and notifying of significant events, the team were found to be operating in accordance with this policy, this was overseen by the manager and the deputy manager. External management reviewed all notifications also for speed, content and review. There was some evidence on the young people's files of their social workers responding to notifications.

Supervision and support

The manager undertook responsibility for the supervision of all staff; they were trained in the provision of supervision. The deputy manager and the social care leader on the team were also trained in the provision of supervision. Supervision sessions were recorded and completed, latterly not all fully in compliance with the four to six weekly schedules and this had been noted and followed through with the manager by the director of operations. The sessions were structured to include discussion of planning for young people and development of staff but the minutes did not reflect the full content clearly. The manager was supervised by the director of operations in turn on a monthly basis and the records of these displayed a relevance to the role.

Handovers were a daily recorded process and an inspector observed the team complete their daily planning, taking reference from the daily plans for young people and the handover format. Team meetings were fortnightly with agendas prepared and items for completion reviewed from the previous minutes, there was a focus on training and development, roll out of the model of care and evidence of placement plan review contained in the records. The young people had a scheduled meeting with staff and through this and their key workers their items were brought to all team meetings. The young people's house meetings were recorded but in the main the young people did not favour this format and preferred to approach familiar staff or key workers directly.

There was an employee assistance program advertised to staff and they had been provided with an employee handbook.

Training and development

The manager had training schedules completed for the upcoming months and had available for review the training schedules for the first half of 2019 and for 2018. There was evidence of completion of core training in Children First: national e-learning and additional child protection and safeguarding modules, first aid, a recognised method of behaviour management inclusive of de-escalation and physical intervention, manual handling and fire safety. Report writing, the model of care, risk assessment, medication administration and placement planning were available on a rolling schedule and there was evidence that staff had accessed these or were scheduled to do so.

Administrative files

The records were readily accessible to inspectors upon request and there were safe storage arrangements for all records in the staff office. The manager had a system in place for over sight of the written work completed by the staff but did not necessarily evidence this clearly in written form and this should be considered by the incoming manager to allow for evidencing of feedback and guidance to staff. The manager was knowledgeable as were the staff about safeguarding the best interests of the young people and this did communicate itself in the work.

There were no issues raised regarding budget but the inspectors found that the new manager should review the budget given inspector's experience of a lack of evidence of a variety of food and of available crockery whilst at the centre. The young people also referenced aspects of the food and property they thought could improve.

3.2.2 Practices that met the required standard in some respect only

Staffing

The staff complement at the time of this inspection was seven staff, inclusive of a deputy, a social care leader and a manager with additional relief staff. This was for occupancy of two young people. The team had four changes in staff in 2019 and exit interviews had been conducted with them. The main reason for leaving was for employment within the public sector. Therefore there had been a consistent need to recruit full time staff for the team, an issue that the directors had hoped to reduce by now. During this inspection there were new staff on the team and a regular need for agency staff to cover vetting timeframes and annual leave cover. A practice incident occurred with an agency staff and the management had taken action with the agency

to investigate the event and to risk manage future use of agency workers. The manager must keep a tracker of use of agency staff, changes in core team and assignment of key workers in order to best deliver the model of care to the young people.

The team were all qualified and most had experience in social care, several had been with this company for a few years. Inspectors were told that the staff induction process consisted of checklists, policies and procedures, fire safety, practice and paperwork induction along with completion of two shadow shifts. The deputy manager and the social care leader supported the completion of inductions. There were records maintained of inductions but the format was unfinished in key areas on those reviewed with the new personnel files inspectors examined.

Inspectors reviewed three sample personnel files; two were for staff shortly to start and one for a staff with an induction date of the end of July 2019. The files required completion in order to fully comply with the existing vetting guidelines; all three did not have a copy of their qualifications on file and two required verification of qualification. One required additional action on seeking a reference from the most recent employer. Inspectors also recommend that when verbally verifying references that the person doing so clearly sign and date their work.

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 manager must ensure that all inductions are completed in full and recorded for the personnel file.

- The manager must ensure that all personnel files have a copy of the relevant qualification on file and that it is independently verified with the awarding institution.
- The manager must keep a tracker of use of agency staff, changes in core team and assignment of key workers in order to ensure good quality delivery of the model of care to the young people.

3.5 Planning for Children and Young People

Standard

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

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

The centre had a policy and a set of procedures for admissions to the centre. The policy named planned admissions as a key characteristic of successful therapeutic placements. The policy also named that a planned admission will be utilised to maximise opportunities for early positive planning. All referrals were sent to the directors in the first instance and if deemed suitable they were then discussed with the manager. The manager identified that implementation of the policy and its procedures had been reviewed following a brief and unsuccessful admission in early 2019. The admission was subject to a full internal review as the young person involved moved in without a transition and concluded in an emergency discharge. An admission completed after this complied with the policy requirements and this was evidenced on the young person's file. Both of the young people living at the centre at the time of this inspection had a pre admission risk assessment on file and a transition plan tailored to their individual needs. A collective risk assessment was done where another young person was resident. The pre admissions risk assessment process was intended to advise the through placement risk planning for the placement. The director of operations stated that the risks are rated, actioned and placed on a risk register maintained by them for oversight.

The young people were provided with a booklet and a copy viewed on one file was 41 pages long, it also had no record of the young person reading it or taking on the information. This booklet would benefit from being made more accessible. One young person during interview gave inspectors a good insight into life at the centre and had good knowledge of their rights and daily routines at the centre. They were also aware of why they were living there given its location compared to their previous placements and this was an important factor in them trying to settle into the placement.

Contact with families

The young people had family and significant person's information recorded on their file. There were arrangements in place for staff to support contact and there was evidence that staff talked to the young people and supported them around emotional as well as practical aspects of their contact with family and extended family. It was clear that staff made themselves available before and after visits.

Supervision and visiting of young people

There was evidence on file of the social workers having visited at the centre but not a dedicated visit log and one should be established. The visits as identified in the centre contact records indicated that the social workers had visited in compliance with the recommended guidelines. One young person stated their wish to see their social worker more and they have contacted a young person's advocacy service to assist with this.

Emotional and specialist support

There was evidence of the staff team being aware of the individual therapeutic needs of the young people and putting actions in place in accordance with the model of care to support the young people. The changes in the staff team had impacted on consistent assigned key workers and in the gender balance on the team which mattered a lot to one young person. One young person had five different key worker names recorded on their file in eight months. Staff interviewed spoke knowledgably about the goals for young people and about their needs. Inspectors found that the team strove to be alert to low mood or suicidal thoughts and were promoting referral onward for supports. At the time of the inspection no external counselling was being availed of by the young people and the manager should keep regular oversight and review with social workers to make arrangements for additional suitable supports where needed.

Preparation for leaving care

The centre had an aftercare co-ordinator role assigned to a member of staff and a template for a leaving care skills assessment was being introduced. There was some evidence of life skills work and preparation and the placement plans need to reflect this more effectively. There was an awareness of the different needs and age range of the young people and the timeframes involved. There was also evidence of an awareness of the need to prioritise support in order to facilitate progression on life skills work.

Discharges

The centre had a policy and procedure for discharges, this included procedures for planned and unplanned discharges. There had been one unplanned discharge from the centre in 2019. The procedures for a young person experiencing difficulties in a placement were put in place with the social work department and the Tusla private placement team being made aware of escalating difficulties and risk. The directors and the manager stated that the placement had been reviewed internally with a written analysis taking place a number of months later. The review acknowledged that the placement had started as an emergency admission. The review also named the impact from this for planning, and that the most recent and detailed risk information regarding their needs was not available pre admission. The manager and director of operations generated a number of actions from their review related to the overall placement. All staff completed a debrief following the emergency discharge also in order to share learning with the goal of safeguarding against emergency discharges taking place.

Aftercare

One young person had an aftercare worker allocated by Tusla; they had met the young person twice at the time of this inspection and was due to complete the aftercare plan for the file. This referral for an aftercare worker took place at age seventeen.

Children's case and care records

Inspectors found that the young people files were well organised with copies of birth certificates, their passports and other important documents on file. The company provided report writing training to their staff and records maintained by staff were overseen internally and externally for suitable expression and content. Inspectors noted that some feedback given by the director of operations had not been fully implemented on behaviour management plans and this must be acted on by the new manager.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

One young person had a signed copy of their care plan on file and a child in care review had been held. The minutes for the review were pending at the time of this inspection visit. A referral had been made to aftercare services for the young person and an aftercare worker assigned. The second young person moved to the centre with a care plan for a previous placement. The young person's child in care review had been held within a short time after admission but neither the Tusla child in care review minutes nor an updated care plan were on file at the centre. It was not clear how extensively this had been followed up by the manager but this must be pursued. The centre had been utilising their own minutes from the child in care review six months prior to inform placement planning.

The system for placement planning at the centre was three monthly core plans with monthly goal setting accompanied by a monthly plan and a monthly review. A young person's weekly/daily planner sat alongside this. The system as set up identified three goals at a time; agreed with the young person and delivered by the key workers. Inspectors found that the placement plan system was elaborate in places resulting in unfilled aspects and poor detail in places. The positives of the existing system were the inclusion of the young person and their ideas and wishes. Where the plans were detailed they were of good quality in those areas. The system did not allow for detail from the key working and the individual work to then fully inform the planning and this should be reviewed. The placements plans were appropriately reviewed and discussed at team meetings and at supervision with staff.

Inspectors were informed by the directors that they had noted improvements were required in the placement plan system. They had started a process of placement plan change to take place effective immediately. The review intended to remove some steps to allow for better mapping, enriching of the goals and to align the placement planning with the working model of care more clearly. Inspectors also recommend that the team review the holistic elements of the homeliness and the food routines as part of the delivery of the model of care.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

One social work department must provide the statutory review minutes and an updated care plan for this placement which has been pending since February of this year. One young person experienced a difficulty in developing communication with their social worker and was being assisted in addressing this. One of the social workers had been noted as having read the daily logs when visiting the centre. Both social workers were sent regular reports as well as significant events and the manager stated that they had responded to these.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency have met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995***
-Part IV, Article 23, Paragraphs 1 and 2, Care Plans
-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan
-Part V, Article 25 and 26, Care Plan Reviews
-Part IV, Article 24, Visitation by Authorised Persons
-Part IV, Article 22, Case Files.

The centre have met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) 1996***
-Part III, Article 17, Records
-Part III, Article 9, Access Arrangements
-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- The relevant Tusla social work departments must provide the child in care statutory review minutes and copies of updated care plans for the young

people at this centre. Social workers must read the young person's daily log at the centre from time to time.

- The manager must work with the team to ensure that detail from individual work informs the development of key working and addressing areas young people request support with.

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

The centre had a co-ordinated set of complementary and suitable policies and procedures for child protection and safeguarding. These included but were not limited to child protection and welfare reporting, safe practice and lone working, code of practice and protected disclosures. The child safeguarding statement, CSS, was in place and had been approved by the Tusla child safeguarding statement compliance unit, CSSCU. There was evidence of suitable policies and practices in recruitment and supervision of staff, internal auditing and promotion of young people's participation in the day to day decisions about their lives. External advocacy options and links to clubs and outside activities were supported and promoted for them. There was evidence that their social workers had visited them and that the young people knew how to contact them. The management had internal safeguarding arrangements in place and risk rating matrices and routines to help inform any high risk issues that may arise for young people. The manager provided on call alongside a roster of company manager and deputy managers.

Child Protection

Standard

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

The centre had policies and procedures in place completed in accordance with the Children First Act 2015 and the Children First: National Guidance for the Protection

and Welfare of Children 2017. As stated the centre had a child safeguarding statement approved by the national compliance unit and this was clearly available in the staff office.

The staff were recorded as completing the national e-learning in Children First, the centre was also availing of additional child protection and safeguarding training provided by the company. The new staff were pending completion of these at the time of this inspection visit. It is advised that the manager review all the personnel files to ensure that all e-learning certificates are present.

There were two active child protection referrals that had been made by the staff and these were done appropriately utilising the up to date child protection reporting system. These were recorded on the combined significant events register and highlighted. The centre should consider introducing a dedicated child protection reporting register which would allow for tracking through to outcomes. The records on the young people's files did not include the portal reporting number nor had they been updated regarding any progress and this must be done to ensure good quality records are maintained for the future.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

Maintenance and repairs

A maintenance log was in place with items included for repair and attention. On average repairs were done quickly with larger items such as the decking being delayed according to the records at the centre. There were other maintenance issues

that had to be processed through agreement with the landlord and these were still in process at the time of the inspection.

Safety

Inspectors were provided with an up to date signed copy of a safety statement, this was available at the centre. The records at the centre showed that the team completed safety and hygiene audits weekly. There were well organised health and safety records and evidence of manager oversight as well as external review of these. There was a system for oversight of the centre vehicles and these were in good working order. First aid training was provided for staff and booked as necessary by the manager on a rolling basis through the company training system. There were safe storage arrangements in place for medications; this was in the staff office.

Fire Safety

Inspectors were provided with a fire register and this contained evidence of the service contracts for fire alarm, emergency lighting and fire equipment maintenance. The fire escape plan was in place and the fire extinguishers and blanket were in their designated positions. There were records of fire drills completed, one per month was the company policy, and each was recorded. Other routine checklists supporting fire safety were completed daily, monthly and yearly. Since March 2019 a fault had been presenting on the fire panel, this was established as being due to a sensor needing to be replaced in a sitting room. The manager stated that this had been the case due to waiting for a replacement sensor in one area of the house. Delays in completing this repair by their fire servicing provider had led to the company changing providers. The panel was repaired the day after the inspection as had been planned and the certificate of service was provided to inspectors. The manager could not confirm if a bell test or a drill sounding the alarm had been completed since the fault. It is important that managers and staff are trained in how to complete a bell test and that all issues with fire safety are followed up urgently to a rapid conclusion when they occur.

3.10.2 Practices that met the required standard in some respect only

Accommodation

Inspectors found that the property which is located in its own grounds in a rural area was a suitable premises but one that required attention to ensure that it is made more homely. There were dirty gutters and the ground outside the house was littered with cigarette butts in places. There were areas within the house that presented as needing more attention to detail regarding decoration, soft furnishings and cleaning

or replacing of rugs and other items. Supplies for crockery and kitchen supplies should be reviewed also. A young person noted that some blinds and curtains had been replaced but that things like a breeze blocked fireplace stood out and that generally the house would benefit from more improvements. To the rear of the property there was an extensive deck with a surrounding balustrade that was unsteady and work on this had been slow to start and should be swiftly concluded before the autumn and winter sets in. There were issues with the lighting system and during inspectors visit there were many lights not working and a young person also pointed this out as an ongoing issue.

Inspectors found that the central heating system had been well maintained and that the water system had been upgraded and water tests done. There were issues regarding the previous impact of the water quality on the bath for example and there were plans being developed with the property owner for how to problem solve these. There were additional showers available that were in good working order. Each young person had their own room and privacy for their belongings; there were no complaints about the bedrooms.

Evidence of adequate insurance against accident or injury was provided for this centre.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

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

Required Action

- The manager must complete a full review of the property for repairs, cleaning and general homeliness inclusive of meal routines and co-ordinate a plan to address the matters outstanding.

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 manager must ensure that all inductions are completed in full and recorded for the personnel file.	All inductions are fully completed and signed off on by all staff members. Completed October 2019.	Director of Operations is currently in the process of developing a six month induction booklet and process that will coincide with the probation period.
	The manager must ensure that all personnel files have a copy of the relevant qualification on file and that it is independently verified with the awarding institution.	All staff member files are complete with relevant qualification and independently verified. Reviewed and completed October 2019.	Staff qualifications and verification will and must be completed prior to starting induction.
	The manager must keep a tracker of use of agency staff, changes in core team and assignment of key workers in order to ensure good quality delivery of the model of care to the young people.	SCM tracks use of agency staff through weekly timesheets submitted to senior management weekly. Changes of the core team are discussed at team meetings and are evident for staff through the roster. SCM completes a spreadsheet to track start, end dates and reason for leaving in line with registration and inspection format. Changes in staff team are also	SCM to continue to use the named mechanisms to ensure clarity of staffing and roles.

		notified through the weekly governance report, sent to senior management. A tracker of staffing is kept as a master copy for ongoing senior management oversight. Also updated through daily phone and email contact. New keyworkers and other roles are discussed in team meetings, management meetings and supervision.	
3.5	The relevant Tusla social work departments must provide the child in care statutory review minutes and copies of updated care plans for the young people at this centre. Social workers must read the young person's daily log at the centre from time to time. The manager must work with the team to ensure that detail from individual work informs the development of key working and addressing areas young people request support with.	All minutes of CCR and Care plans are now up to date and on file. SW will be prompted and given daily logs and other relevant information when they arrive to Hampton Lodge. A new placement planning system has just been implemented into this centre. This system incorporates prompting to demonstrate what work is completed or needs to be completed. It provides an analysis of hard and soft outcomes and areas for further development. This system is in process. SCM monitors all individual work reports and facilitates meetings with	SCM will continue to prompt SW to complete the relative documentation in a timely manner, reinforcing the need to reflect the care plan in the placement planning. SW will be prompted and given daily logs and other relevant information when they arrive to Hampton Lodge. SCM is guiding and monitoring staff in developing and completing placement and monthly plans in the new format. They are reviewed throughout the month to incorporate changes in placement circumstances and behaviours. The plans are gleaned from information from various sources including, care plans, referral information, SENS, young person's

		case managers, to oversee implementation of the planning process. October 2019.	meetings, keyworking sessions, professional and family contacts. The external management team will quality assurance these through the existing systems.
3.10	The manager must complete a full review of the property for repairs, cleaning and general homeliness inclusive of meal routines and co-ordinate a plan to address the matters outstanding.	SCM has reviewed all repairs of property and any outstanding issues are completed or in process. There is a template on the notice board that is completed by all staff as and when needed. The SCM has regularly contact with maintenance and is responsive to any requests for maintenance. Staff sit and have mealtimes with young people daily. Regardless of whether a young person wants to engage with the meal times routines they will be offered food and invited to sit with others. Young people are consulted in terms of meal times. There is an offer of a variety of healthy balanced food and a roast is available on Sundays. A set of crockery was purchased for the centre in August 2019. Former SCM purchased items for the centre to endeavour to make it more homely.	A SCL is a health and safety officer. A health and safety audit is completed both weekly and monthly and overseen by the SCM. All arising issues will continue to be responded to in a timely planned manner.