



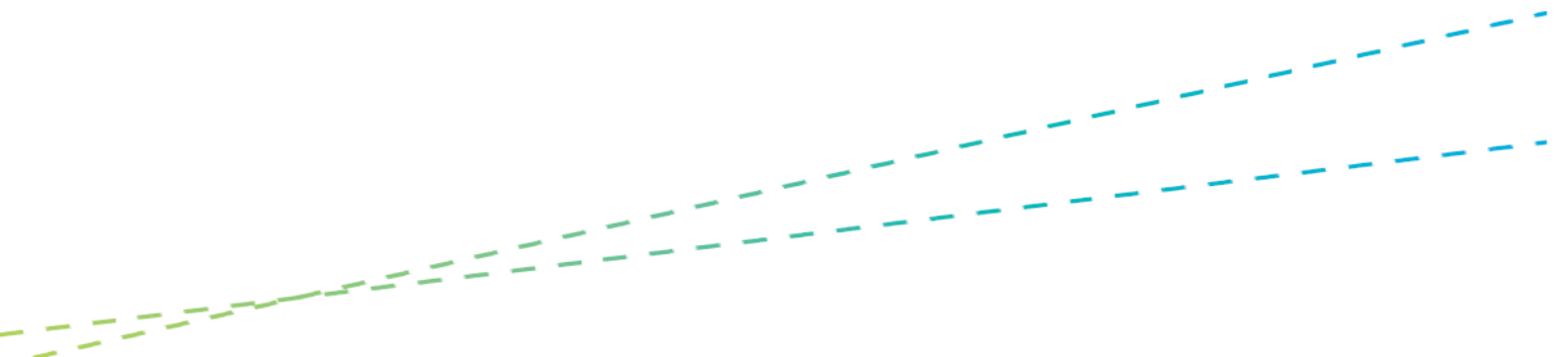
**An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency**

## **Alternative Care - Inspection and Monitoring Service**

### **Children's Residential Centre**

**Centre ID number: 122**

**Year: 2019**

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## Registration and Inspection Report

|                              |   |
|------------------------------|---|
| <b>Inspection Year:</b>      | <b>2019</b>   |
| <b>Name of Organisation:</b> | <b>Positive Care</b>  |
| <b>Registered Capacity:</b>  | <b>Four young people</b>  |
| <b>Dates of Inspection:</b>  | <b>06<sup>th</sup> and 07<sup>th</sup> August 2019</b>                                |
| <b>Registration Status:</b>  | <b>Registered from 18<sup>th</sup> November 2019 to 18<sup>th</sup> November 2022</b> |
| <b>Inspection Team:</b>      | <b>Anne McEvoy<br/>Linda McGuinness</b>   |
| <b>Date Report Issued:</b>   | <b>1<sup>st</sup> of October 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 ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

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

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

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 18<sup>th</sup> November 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.

The centre's purpose and function was to accommodate four young people of both genders from age seven to twelve years on admission on a short to medium term basis. There were two children in placement at the time of this inspection. Their model of care was described as a theoretical approach based on four pillars: entry, stabilisation, planning and exit. It aimed to provide the young people with stability, security, self-awareness, independence, appropriate coping skills and education.

The inspectors examined standard 2 'management and staffing', aspects of standard 5 'planning for children and young people', standard 8 'education' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres, 2001. This inspection was announced and took place over two days on the 06<sup>th</sup> and 07<sup>th</sup> August 2019.

## 1.2 Methodology

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

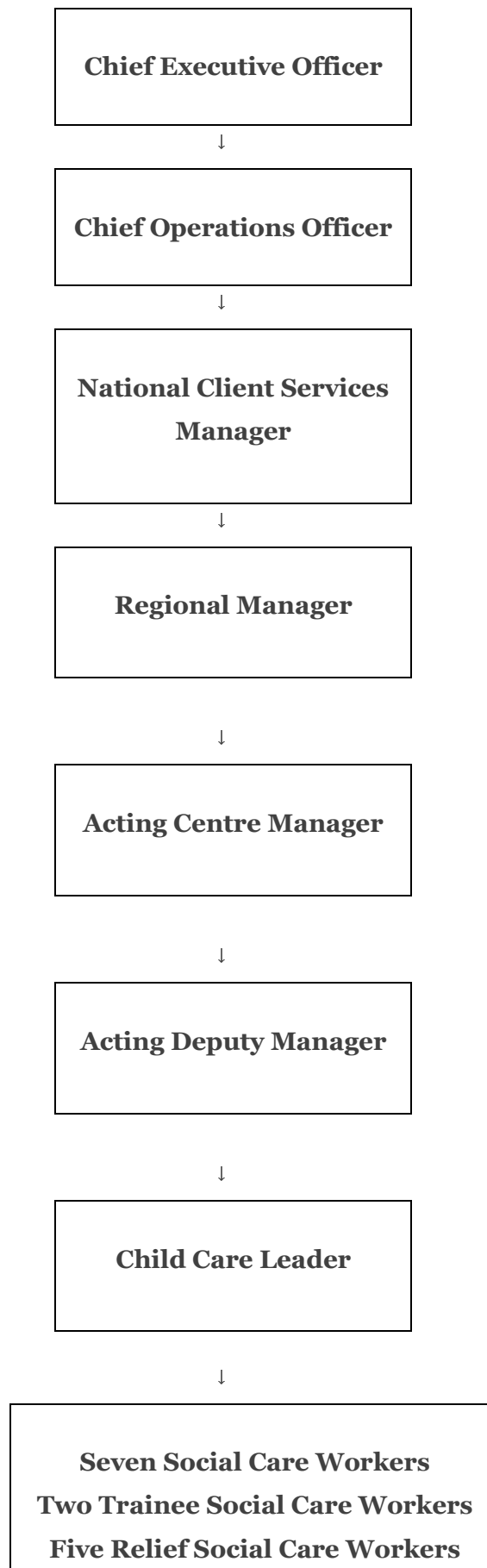
- ◆ An examination of the pre-inspection questionnaire and related documentation completed by the acting centre manager
- ◆ An examination of the questionnaires completed by:
  - a) Ten of the care staff
  - b) One young person residing in the centre
  - c) Two social workers with responsibility for the young people residing in the centre
  - d) Regional manager
- ◆ An examination of the centre's files and recording process including:
  - Personnel files
  - Specific sections of the young people's care files
  - Supervision records
  - Handover book
  - Maintenance log
  - Centre audit reports
  - Health and safety folders
  - Fire safety folders
  - Team meeting records
  - Significant event register
  - Team meeting minutes
  - Management meeting minutes
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre manager
  - b) The deputy centre manager
  - c) The regional manager
  - d) Two staff members
  - e) Two young people
  - f) The social workers for two resident young people
  - g) The social worker for one young person recently discharged
  - h) The tutor for young person not in education
  - i) The mother of one young person

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

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

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

## 1.3 Organisational Structure





## 2. Findings with regard to registration matters

At the time of this inspection the centre was registered from the 18<sup>th</sup> November 2016 to the 18<sup>th</sup> November 2019.

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 12<sup>th</sup> 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 19<sup>th</sup> September 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre 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: 122 without attached conditions from the 18<sup>th</sup> November 2019 to the 18<sup>th</sup> November 2022 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**

A register of all those who live in the centre was maintained by the acting centre manager. The inspector found that the register complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995; Part IV, Article 21. All details of the young people admitted and discharged from the centre were accurately recorded. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

##### **Notification of Significant Events**

The inspectors found that there was a written policy and appropriate guidelines in place regarding the recording and notification of significant events in the lives of the young people resident in the centre. The centre maintained a significant events register which recorded incidents for the young people, including positive events. Social workers for the young people placed confirmed that they were notified promptly when significant events happened and they were satisfied with the detail recorded on the documents.

##### **Staffing**

The inspectors found that the centre had adequate levels of staff to fulfil its purpose and function. At the time of inspection due to one young person being discharged, the centre was overstaffed and they were redeploying some staff to other centres until another young person was admitted. As staff were taking annual leave, this redeployment was minimal at the time of inspection. There was a core of six staff who were working in the centre since it opened and the inspectors found a balance of experienced to inexperienced staff on duty when the roster was reviewed. The majority of staff employed had a qualification in social care and two staff had qualifications in psychology. There were two trainee staff studying social care at the time of the inspection. All staff members were appropriately vetted, with past

employer references and criminal record checks completed before taking up their duties.

There was evidence that all staff received an induction. This was confirmed by staff in interviews. The induction was facilitated through two strands: a company induction and a centre specific induction. The company induction was facilitated by the trainers employed by the company and was comprehensive, however, the centre specific induction required improvement. From reviewing personnel files, it was difficult to get a clear understanding of what was included in the centre specific induction as different checklists were being used with varying compliance on these being signed. The inspectors recommend that the regional managers formulate a standardised centre specific induction which will clarify what is covered. Completion of all aspects of this programme should be evident on all staff files.

### **Training and development**

The inspectors found that all staff had received mandatory training, including fire safety, first aid and child protection training during induction and there was evidence to support that on-going training and refresher courses were completed as required. The centre had a training component to their organisation and training was sought through the company when needed. The inspectors found through an examination of a sample of supervision files that training and development is discussed in supervision and needs identified and remedies sought. At the time of inspection, there were concerns from staff that they were required to carry out training on their own time. Staff expressions of dissatisfaction about this issue was evident through interviews and review of records. The regional manager explained that staff are not required to carry out training in their own time but a misunderstanding of the working time act has contributed to this issue. Unless this issue is adequately addressed it is likely to impact on staff retention and contribute to high staff turnover. The inspectors recommend that this policy be reviewed by the regional managers and explained to staff.

### **Administrative files**

The inspectors examined a range of administrative files and records and found that they were well maintained, organised and easily accessible. Each young person had comprehensive, individual care files, which held a daily record of the life of the young person and individual key working sessions completed. There was evidence on file that the records were regularly reviewed by the acting centre manager and the regional manager and guidance provided as necessary. There was clear financial management systems in place which involved the use of petty cash and receipts.

Petty cash expenditure was discussed at handover each day and formed part of the standing agenda of staff team meetings. There was evidence in the audit sheets of the regional manager, that petty cash use was reviewed and guidance provided. The inspector found these systems ensured accountability in relation to expenditure in the centre. In interview the staff confirmed they had access to adequate financial resources to meet the needs of the young people in placement.

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

#### **Management**

The inspectors found that the centre was managed by a suitably qualified person. The centre manager was on leave and the acting centre manager was in position for four months at the time of inspection. The acting centre manager was the deputy manager prior to taking up position as acting centre manager and was employed in the centre since its opening. The acting centre manager was directly supported by the regional manager and client services manager. There was evidence that both the regional manager and the client services manager visited the centre and had regular contact with the acting centre manager. There was evidence of audits conducted by both the regional manager and the client services manager of documents including key working records, files, significant event notifications, supervision files, health and safety and fire safety registers. Issues of concern were highlighted in an audit conducted in January 2019, particularly in relation to supervision files. Concerns regarding gaps in provision of supervision and quality of supervision records were noted. Inspectors found that subsequent audits, in April 2019 and June 2019 once again noted non-compliance with organisational policy and the previous recommendations had not been addressed. The last inspection report also noted concerns regarding supervision. Inspectors found obvious deficits in governance and oversight when internal and external processes repeatedly made the same recommendations. The acting manager must ensure that all recommendations from centre audits are implemented and that this process is subject to robust review by the regional manager.

A review of a sample of the significant event records on the young people's files provided evidence that the records were read and guidance provided by the centre manager and regional manager. The inspectors found that while the significant event records had been signed and commented on, the significant event log had not been signed by the acting centre manager in the preceding eight weeks. The inspectors recommend that the acting centre manager sign this log to evidence that they have reviewed it to determine patterns and address as appropriate.

A review of the minutes of regional managers meetings evidenced that they were held weekly with a standing agenda including staffing, audits, risk management, health and safety and child protection. Action plans were agreed at the end of each regional meeting and these were revisited at the next meeting. The minutes of these meetings were comprehensive and demonstrated awareness of operations within the centre, however the inspectors question the effectiveness of this forum given the inaction noted on audits completed. In addition attendance was not always recorded. The inspectors recommend that an attendance record is maintained for each regional manager meeting.

### **Supervision and support**

The centre had a policy on staff supervision and support. There was evidence that staff were receiving supervision, however the frequency of supervision was not in line with the centre policy. Centre policy records that supervision sessions should be held every four to six weeks. In some instances gaps of 8- 10 weeks were noted.

Supervision was provided to staff by the acting centre manager, the acting deputy manager and the child care leader who had all received appropriate training. The manager stated they had oversight however inspectors noted significant deficits across the system of supervision. The inspectors found that the supervision records were not comprehensive in nature. There was insufficient link on supervision records to the young people and their placement plans. There was evidence supporting that placement plans were drawn up but no evidence that these were discussed in depth at supervision or tasks agreed to achieve the placement goals. A review of the regional manager audits and client service manager audits demonstrated that these gaps were identified but the issues were still on-going. The regional manager and acting centre manager need to ensure that the frequency of supervision is provided in line with the company policy. The centre manager must ensure that there is an effective link between supervision and placement planning, that this is evident through the records and subject to appropriate oversight. The inspectors found that one relief staff member had not received any supervision despite having completed regular shifts at the centre. This did not adhere to company policy and must be addressed.

There was evidence that team meetings were held regularly, with a standing agenda that included placement plans, petty cash, training, key-working plans, health and safety and child protection. The team meeting minutes recorded that the company psychologist had attended meetings to offer support and guidance around behaviour management as well as support to staff around the impact of work on the emotional well-being of staff. The team meetings were well attended and during interview staff advised that there was an expectation to attend. From a sample of team meeting

minutes reviewed there was evidence that action plans were drawn up following meetings and these were addressed at the beginning of the next meeting. The inspectors noted that while minutes were recorded of team meetings, some of these minutes were not comprehensive enough, with no detail recorded under the item discussed. The acting centre manager must ensure that minutes of staff team meetings recorded are comprehensive and provide details of the discussions which inform decisions.

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

None identified.

### **3.2.4 Regulation Based Requirements**

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

The centre 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 acting manager must ensure that all recommendations from centre audits are implemented and that this process is subject to robust review by the regional manager.
- The regional manager and acting centre manager must ensure that the frequency of supervision is provided in line with the company policy.
- The acting centre manager must ensure that there is an effective link between supervision and placement planning, that this is evident through the records and subject to appropriate oversight.
- The acting centre manager must ensure that minutes of staff team meetings recorded are comprehensive and provide details of the discussions which inform decisions.

### 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**

##### **Statutory care planning and review**

Both young people placed had up to date written care plans on file, in line with regulatory requirements. There was evidence that these were formally reviewed as required by regulations. The care plans reviewed were comprehensive and took into account all aspects of the lives of the young people. A review of the key working sessions demonstrated that there was monthly key working tasks identified and key working sessions facilitated to achieve the placement plan. There was evidence of placement plan goal trackers noting whether goals were partially or fully achieved. However where goals were not fully met, the follow up on how this was to be achieved was not recorded. The inspectors recommend that the centre manager review the tracker and include an action plan to follow up where placement goals were not achieved.

Young people confirmed to the inspectors that they were asked about the decisions in their lives and explanations were given when they did not agree with the decisions made. There was evidence in the young people's files that they completed the child in care review forms for their reviews. There was evidence of arrangements for contact with family being discussed and the centre facilitated contact with the young people's families as agreed in the care plan. The centre confirmed that they had a good working relationship with the social workers and care plans were forwarded promptly upon completion. As each of the young people placed was 12 years and under, child in care reviews were held monthly, in line with the National Policy in relation to the Placement of children aged 12 years and under in the Care or Custody of the Health Service Executive. It was noted that some of these monthly reviews took place by teleconference. In interview with the supervising social worker, it was explained that this was due to the volume of professionals involved and distances to be travelled.



## **Contact with families**

The staff in the centre recognised the importance of contact with families for the young people and they demonstrated a good understanding of the impact of access and contact with family on the emotional well-being of the young people. Contact with family was discussed as part of the child in care review and written into the care plan. Staff in the centre facilitated transport and supervised contact in line with the care plan. There was evidence in key-working sessions, both structured and opportunity led, demonstrating key work being completed around contact, managing its impact on the young person and providing coping skills. There was evidence in care plans of opportunities provided to family members to discuss their child's care and updates with regards to their child's progress. The mother of one young person placed confirmed that she was updated about the progress of her child in care and upcoming plans. A record of family contact was held on file.

## **Supervision and visiting of young people**

There was evidence in the file that the social workers for both young people visited at least monthly. A record of every visit to the young people by their social workers was recorded in their care files. Records of visits by Guardian Ad Litem, EPIC, and other appropriate professionals such as occupational therapist were also recorded.

### ***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.

## **Social Work Role**

There were social workers assigned to the young people placed in the centre. There was evidence that the social workers visited the young people in the centre. Social Workers had provided background information prior to the placement of the young people to facilitate the referral and pre-admission risk assessment process. Comprehensive impact risk assessments were on file for each young person covering areas such as bullying, allegations, verbal and physical abuse, dysregulation, sexualised behaviour and assault. Preventative measures and strategies were noted under each heading and included involvement from the social workers assigned to the young people.

There was evidence of monthly statutory care planning meetings and in date care plans were completed and on file for each young person. Both young people



confirmed they had contributed to their child in care review and their child in care review forms were on file. In interview young people confirmed that they were made aware of the reasons for decisions even when they were not in agreement with those decisions.

Both social workers for each young person were interviewed subsequent to the inspection and they confirmed that they were made aware of all significant events relating to the young people and stated that they had a very good relationship with the centre. They felt that the placement was suitable and meeting their needs and that the centre was advocating effectively for the young people placed. Both social workers accessed the files of their respective young person. The centre forwarded copies of daily logs to the social workers if significant events took place for the young people such as family contact.

### **Emotional and specialist support**

The emotional and psychological needs of the young people were assessed and staff were aware of these needs. The young people had access to specialist services such as family therapy, Eye Movement Desensitisation and Reprocessing (E.M.D.R), tutoring, play therapy and specialist sensory attachment support. There was a therapeutic plan on file for both young people completed by the psychologist attached to the service. The psychologist provided ongoing support to the team in implementing these plans. There was evidence from team meeting minutes and confirmed by both supervising social workers that specific training was sought around behaviour management issues for the two young people placed.

### **Children's case and care records**

The staff in the centre established and maintained a comprehensive care file on each of the young people placed. These care files, on examination contained all relevant information about the child's history, admission to care and progress in care to date. The inspectors found that the records were written to a good standard, using non-judgemental factual language. Most of the relevant documentation was on file, copies of the most up to date care order for one young person was available to view on the centre's laptop. The centre was awaiting the release of the other young person's care order from the court. The inspectors recommend that these care orders are printed and placed on file with immediate effect. There was evidence on the care files that the views of young people with regards to their experience in care and future planning was sought and brought to the attention of the supervising social worker. There was evidence that the care files were monitored regularly by the acting centre manager and the regional manager.

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

#### **Suitable placements and admissions**

The inspectors reviewed the centre's admission policy. Referrals to the centre were assessed based on information supplied by the placing social work team. The acting centre manager and the regional manager commented that the admission and subsequent discharge of one young person in the two months prior to the inspection did not comply with their admissions policy. The young person was admitted without having visited the centre and the admission was facilitated by An Garda Síochána. This was not in line with the centre's admission policy. It was noted that the lack of information resulted from the placing social work team's lack of access to the young person prior to admission. Risk assessments were carried out with regards to the impact of the young person's admission on the other two young people; however these risk assessments were based on behaviours known and information supplied to and by the referring social work team. Following discharge, the placing social worker commented that the young person's admission via An Garda Síochána, without having visited the centre first was detrimental to the placement. The acting centre manager needs to ensure that the centre's own policy on admissions is followed to reduce the possibility of placement breakdown.

The pre-admission risk assessments for the other young people were in line with the centres policy and both social workers were very satisfied that the centre was meeting their needs and advocating appropriately for the health, development and well-being of the young people.

#### **Discharges**

The centre's discharge policy was reviewed by the inspector. The register recorded there were four discharges since the last inspection. Three of these discharges were planned and in line with the centre policy and young people's care plans. The admission of one young person two months prior to inspection resulted in an unplanned emergency discharge one month later. The centre was in regular communication with the placing social worker and advised that the placement was not sustainable and they issued a 28 day notice to the placing social work team. When an emergency situation arose, the centre engaged in protracted discussions with the duty social worker of the placing team, the out of hours social work service, An Garda Síochána, the guardian ad litem and the young person's mother in efforts to find suitable accommodation for the young person that day. The inspectors reviewed the comprehensive significant event notification completed and noted the frustrations of the centre staff in achieving a suitable outcome for the young person given the number of agencies involved and the lack of clarity around decision making.

This was due to the supervising social worker/ social work team leader and principal social worker being on annual leave and the social worker designated to responding to the situation was not working on the day the crisis occurred.

The centre's discharge policy stated that an unplanned discharge warrants a review. At time of inspection, the staff were not aware of a review being under way. The regional manager advised that a review was taking place at senior management level. Senior management must conduct a formal review of any unplanned discharge for learning purposes.

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

None identified

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*  
*-Part IV, Article 23, Paragraphs 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 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 acting centre manager must ensure that the centre's own policy on admissions is followed to reduce the possibility of placement breakdown.
- Senior management must conduct a formal review of any unplanned discharge for learning purposes.

### 3.8 Education

#### ***Standard***

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

#### **3.8.1 Practices that met the required standard in full**

At the time of inspection, inspectors found that one of the two young people placed was in education. This young person had a difficult history in education and attendance had been very poor. The inspectors found that staff had prioritised education for this young person. There was an education timetable on file, along with a school support plan. There was evidence that letters were sought and obtained from the psychologist to support on-going special needs assistance hours in the school placement. At the end of this academic year, this young person achieved an award for attendance and this was celebrated in the centre. In interview, this young person's mother stated that she was very proud of her child and they had "come on brilliantly in school".

The second young person was not in a school placement. This young person had not attended an educational placement since being placed in the centre 13 months ago. In interview this young person stated that they wanted to be able to read. There was evidence that home tuition was approved in the last academic term. The inspectors spoke with the tutor assigned. The tutor advised that they completed 25 hours. The tutor noted some difficulties in the assignment. The tutor was a secondary school teacher and believed that the child required a primary school teacher to conduct the home tuition. In interview with the social worker regarding this matter, the social worker noted that this tutor had immediate availability, had prior experience in working with young people with challenging behaviours, was male and a determination was made that this tutor was the best match despite the fact they were for secondary level.

The social worker advised that significant efforts were made to identify and transition this young person into an educational placement. Significant difficulties were encountered in achieving co-operation from the various services needed to acquire an educational placement for a young person with additional behavioural needs. The social worker raised these issues at senior management level and the principal social worker was also attempting to gain co-operation and a joint responsibility to remedy

this situation. The guardian ad litem was actively involved in efforts to resolve this and the matter was addressed at each child in care review meeting. An educational psychology assessment was completed and the education and welfare service was involved. The centre had implemented an educational plan, which included book work, physical education, living history and practical learning. The inspectors recommend that these efforts are continued and consideration be given to facilitating this young person to make their own complaint to the ombudsman for children. The inspectors viewed the centre's education policy. A gap was noted in that there was no flowchart for those young people who had been refused an education placement and were still awaiting an educational plan. The inspectors recommend that the centre policy be reviewed and additional guidance provided for situations where the young person has no school placement.

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

None identified

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

None identified

## **3.10 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**

#### **Accommodation**

The centre was a large two storey house with basement. It was located on the outskirts of a town and had an extensive garden to the rear of the premises. The centre presented as homely, well maintained and very clean. The centre was decorated nicely and had photographs of the young people hanging on the walls. The facilities in the centre were adequate for the number of young people living there. The centre was well lit, heated and ventilated and had suitable facilities for cooking and laundry. Each young person had a room to themselves which they could decorate according to their choice. The centre provided evidence of their insurance policy for the premises. This included house contents, employer's liability and public liability.

## **Maintenance and repairs**

In interviews, staff confirmed that repairs and maintenance issues were dealt with promptly and satisfactorily. The centre had a maintenance log and records were kept detailing the date the issue was noted, the issue to be addressed, the date it was resolved and signature of maintenance person and acting centre manager. This was consistently filled in up to one month prior to inspection. No dates or signatures had been noted for four weeks prior to inspection. The inspectors recommend that the acting centre manager resume reviewing these logs and signing them as appropriate. The regional manager confirmed that there is a programme of works to ensure that the centre is maintained to a high standard. There was significant property damage by one young person who has since been discharged, these repairs were acted upon promptly. This was confirmed by staff in interview. The company employs a maintenance person who carries out routine maintenance and repair work.

## **Safety**

The centre had an up to date site specific health and safety statement and a dedicated health and safety officer. There was evidence of monthly health and safety audits conducted by the acting centre manager, the child care leader and acting deputy manager- these audits were reviewed and signed by the regional manager. There was evidence of comprehensive quarterly health and safety audits conducted by the regional manager with action plans attached. An additional health and safety audit was completed by an external consultant in the three months prior to inspection. An examination of a sample of personnel files demonstrated that all staff had completed first aid training and refreshers were provided when appropriate. There was evidence that the vehicles belonging to the centre were checked weekly for tax, insurance, NCT. A first aid kit contents checklist was completed once per month for both the cars and the centre. All staff except one had a full licence to drive the centre vehicles and therefore was not permitted to drive for the centre. The inspectors found that all medicines were stored appropriately in a locked cabinet in the office. Each young person had a hospital passport and the administering of medication was recorded appropriately.

## **Fire Safety**

The centre had an up to date statement on fire safety, fire precautions and emergency procedures. There was evidence of monthly fire safety audits completed and signed by the acting centre manager and regional manager. Quarterly fire safety audits were completed by the regional manager. There were action plans attached to audits. Inspectors observed additional audits completed by the client services manager, along with an action plan and comments noted. The inspectors found that all staff

had received fire safety training. There was evidence in the fire register that the staff conducted regular checks of fire-fighting equipment and checks on the premises to ensure escape routes were free from clutter and were not blocked. The centre kept a register of fire drills completed and recorded those who attended.

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

None identified

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

None identified

### **3.10.4 Regulation Based Requirements**

The centre 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.*

## 4. Action Plan

| Standard | Required action   | Response with time frames  | Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again   |
|----------|---|--|--|
| 3.2      | The acting manager must ensure that all recommendations from centre audits are implemented and that this process is subject to robust review by the regional manager. | Outstanding action plans were reviewed and timeframes and responsibility highlighted on same. A further regional audit took place and these actions have been confirmed to have been undertaken and completed with recommendations for training and oversight going forward. | Clear timeframes have been set in relation to audit actions plans and findings. Follow up is now embedded in this with Regional managers to not only review the action plan but to check this on site when completed to validate that this has been followed through and conducted. If a recommendation is not met then the regional manager will address this in a more formal way with the centre manager and ensure supports and training are offered in order to ensure effective follow up. |



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|  | <p>The regional manager and acting centre manager must ensure that the frequency of supervision is provided in line with the company policy.</p> <p>The acting centre manager must ensure that there is an effective link between supervision and placement planning, that this is evident through the records and subject to appropriate oversight.</p> | <p>Supervision has been prioritised in the centre and is up to date. The regional and acting centre manager have implemented a structure for pre-planning a concrete supervision schedule based on roster planning to ensure this is kept up to date and in line with policy and procedures within a 4week period.</p> <p>Training has taken place with the management and staff team in relation to placement planning and effective planning for young people through this document in conjunction with the care plans for the young people. This is part of the set agenda on the organisations supervision template to ensure that it is not omitted and that there is a clear link in relation to the staff team’s roles around placement planning and the effective implementation of the work needed with each young person.</p> | <p>A supervision schedule is now in place a month in advance in line with rostering to ensure that it is kept up to date and staff have prior notice in relation to same. Regional audits will review the frequency in line with policy and procedure. Supervision policy will be continuously reviewed as part of Unit Manager meetings weekly.</p> <p>Ongoing review is completed at regional manager level in relation to placement planning and the link being evident in supervision. This is also part of the set agenda for the Unit Managers supervision monthly to ensure this is evidenced and setting actions around this that may be required to maintain this standard.</p> |
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|            | The acting centre manager must ensure that minutes of staff team meetings recorded are comprehensive and provide details of the discussions which inform decisions.  | Team meeting minutes have been reviewed. There is a set template in place and a training piece has been completed with the management team in the centre in relation to accurate recording of the discussion in the team meeting minutes following the agenda and ensuring that decisions made are evident and followed up.   | Team meeting content is reviewed as part of the regional audit monthly for quality and accuracy. Regional managers attend at least 1 team meeting a quarter to ascertain if discussion and decisions on the day are reflected in the meeting minutes. Ongoing feedback and analysis of the content is also ongoing at a Client services manager level with a quarterly review of quality. |
| <b>3.5</b> | The acting centre manager must ensure that the centre's own policy on admissions is followed to reduce the possibility of placement breakdown.<br><br>Senior management must conduct a formal review of the unplanned discharge for learning purposes. | There was a placement breakdown in the centre prior to the inspection. In hindsight we did work outside our admissions policy in relation to the young person being admitted to the unit through the use of the Garda. A formal review of this young person's placement has been conducted with senior management, management in the centre and the staff team with learning evident in relation to same. The centre will ensure moving forward that admissions are in line with policy and procedure in order to reduce the likelihood of a placement breakdown in future. This was identified as one of the learning points as part of this review. | The organisation will adhere to the admissions policy in place – this has been reviewed as part of learning as senior management group and moving forward all admissions will be in line with the organisations admissions policy – this has been shared among all services and centre managers.  |