



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

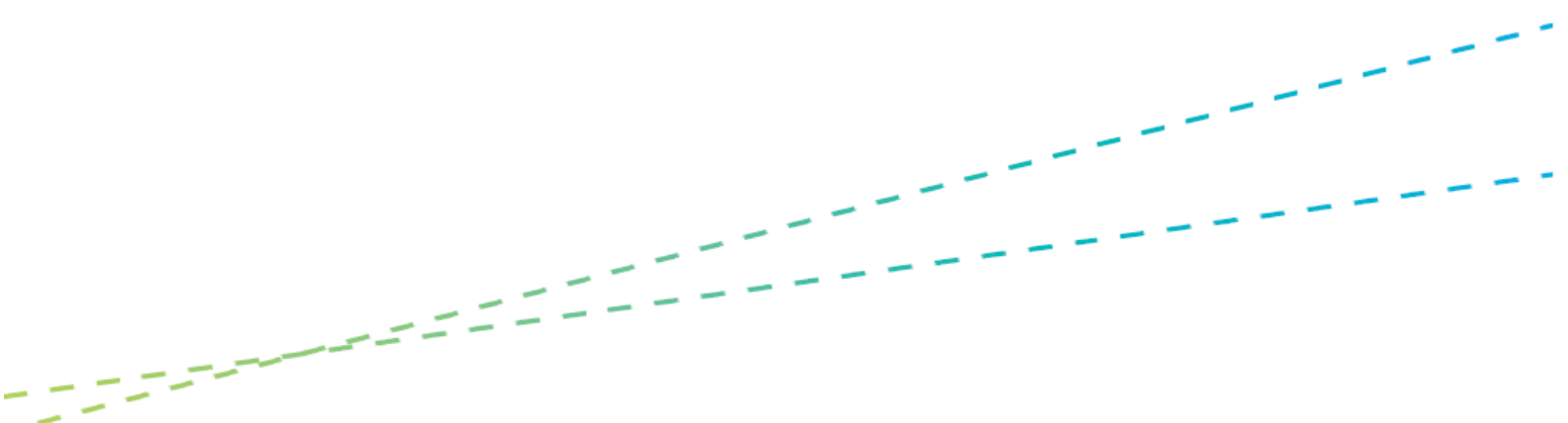
Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 131

Year: 2018

Lead inspector: Lorna Wogan

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Inspection and Monitoring Report

Inspection Year:	2018
Name of Organisation:	Compass CFS Ltd
Registered Capacity:	Two young people
Dates of Inspection:	13th and 14th August 2018
Registration Status:	Registered from 15th September 2017 to 15th September 2020
Inspection Team:	Lorna Wogan John Laste
Date Report Issued:	27th November 2018

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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 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 in September 2017. At the time of this inspection the centre were in their first registration and were in year one of the cycle. The centre was registered from 15th September 2017 to 15th September 2020. This was the second inspection visit following the registration of the centre in September 2017. The inspectors were satisfied that the required actions identified in the previous inspection were met.

The centre's registered purpose and function was to accommodate two young people of both genders from age thirteen to seventeen years on admission. At the time of this inspection the centre were providing a specialised placement for one young person specifically. The centre was established to provide short to medium-term care for young people that required a low occupancy setting in order to stabilise problematic behaviour. The centre's care approach was underpinned by the principles of social pedagogy with a focus on learning, teaching and providing consistency of care from key adults. A primary focus of the work with young people was informed and guided by the understanding of attachment patterns observed in young people. The adults also focused on the existing strengths of each young person and sought to develop their sense of internal control and self-efficacy.

The inspectors examined standards 2 'management and staffing', 4 'children's rights', 6 'care of young people' and 7 'safeguarding and child protection' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 13th and 14th August 2018.

1.2 Methodology

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

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) A member of the board of directors
 - b) The chief executive officer
 - c) The regional residential services manager
 - d) The residential centre manager
 - e) The young person in placement
 - f) Seven of the eight care staff
- ◆ An examination of the centre's files and recording process.
 - six supervision files
 - visitors book
 - centre register
 - house meeting minutes
 - team meeting minutes
 - complaint register
 - significant event logbook
 - restraint logbook
 - five personnel files for new staff employed since last inspection
- ◆ 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 regional residential services manager
 - c) Three members of the core team
 - d) One staff member from another centre who assisted in transition plan
 - e) A former staff member
 - f) The social work team leader
 - g) The Guardian *ad litem*
 - h) The young person in placement

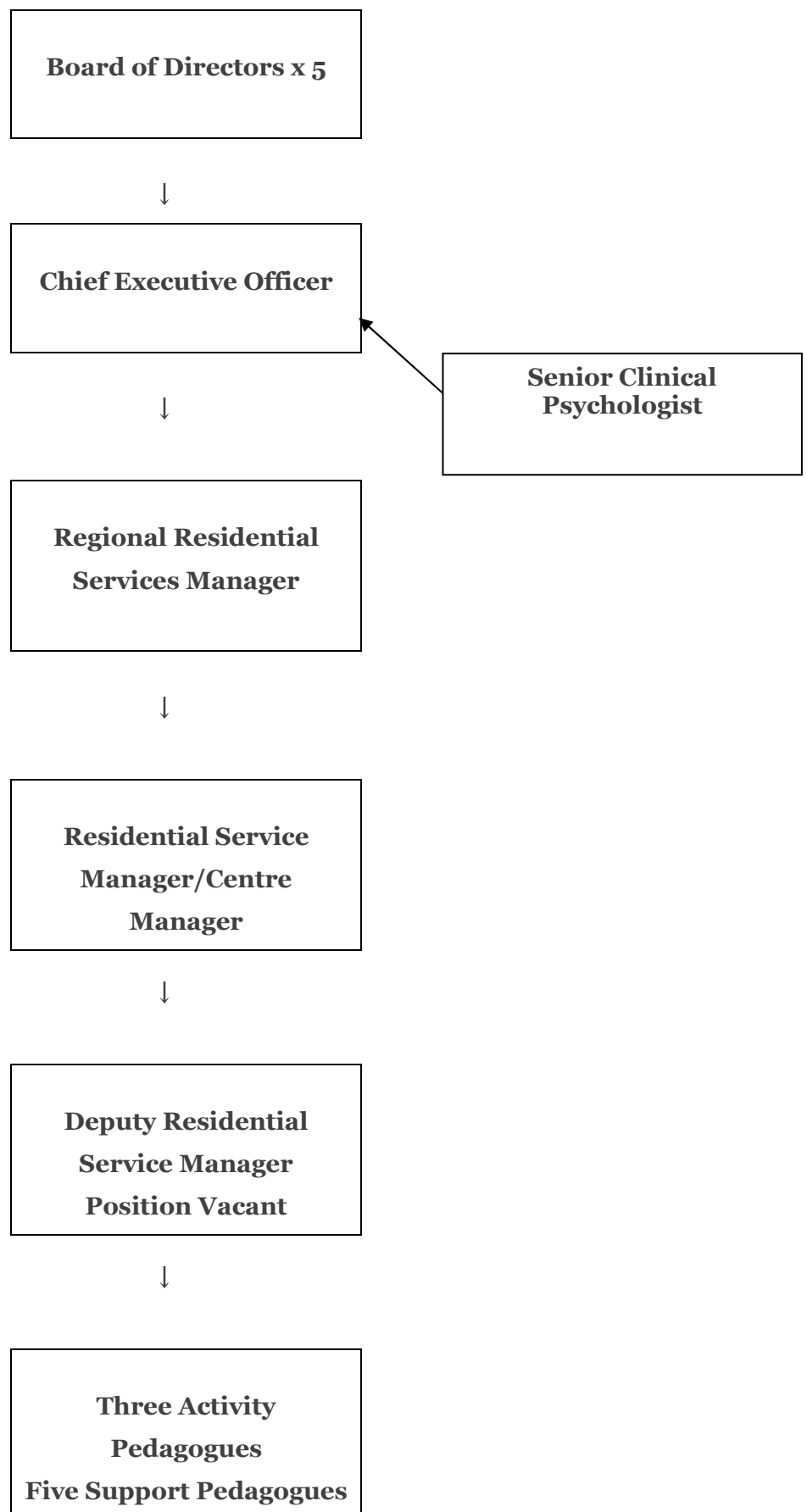
- i) The lead inspector for oversight of significant events

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

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, regional services manager, chief executive officer and the relevant social work department on the 5th November 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 16th November 2018 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 continue to register this centre, ID Number: 131 without attached conditions from the 15th September 2017 to the 15th September 2020 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The organisational structure for the centre comprised of a board of directors, a chief executive officer, a regional services manager, a residential service manager, a deputy manager and activity and support pedagogues. A board comprising of five directors was elected by the members of the organisation and last met in June 2018. The directors met five times per annum and the chief executive officer attends part of these meetings. The board had oversight of all activities of the organisation to ensure it operated in accordance with its constitution and complied with the code of governance for charities in Ireland. The chief executive officer had regular contact and communication with the chairperson of the board in relation to the operational activities of the organisation. The chief executive officer met twice monthly with the chairperson of the board. The chief executive officer also visited the centre periodically the last visit being July 2018. The inspectors found there were clear lines of accountability within the management structure and external oversight and governance arrangements were robust.

The centre manager reported to the regional residential services manager who reported to the chief executive officer. The inspectors found that the centre was well supported by the regional residential services manager and there was good oversight and governance of the centre by the regional manager. Staff interviewed confirmed this in their interviews with the inspectors.

The service employed a senior clinical psychologist who was a member of the management team. The psychologist had a broad clinical remit that included facilitation of monthly meetings with the staff team, attendance at internal placement planning meetings with managers and individual assessment and review of young people where requested by the referring agency. The clinical psychologist also

reviewed referrals and advised on the suitability of the programme for young people referred to the service. The clinical supervision of the model of care and oversight of staff practice had commenced since the last inspection and staff interviewed stated that these processes were beneficial to them in terms of their practice and their professional development.

There were systems in place to ensure policies were reviewed and developed as required. The board of directors had a specified role and function to approve all policies within the organisation.

The regional manager informed the inspectors they had daily telephone contact with the centre manager, reviewed logbooks, centre reports and care practices at the centre and chaired internal care planning meetings in respect of the young person in placement. There was evidence the regional manager visited the centre every two weeks and met with the centre manager, the young person and staff on duty. A quality assurance checklist was completed at the centre by the regional manager in July and August 2018 and was available for inspection. A quality assurance plan was developed by the regional manager in conjunction with the centre manager with clear timeframes for completion of tasks identified. The governance and management of the centre was further enhanced by the attendance of the regional manager at team meetings, in-house care planning meetings and monthly management meetings.

The inspectors found that the governance structures were more robust and were strengthened since the last inspection however the deputy residential manager resigned from their post in May 2018 and this post had not been replaced at the time of the inspection. Following this inspection the external managers identified additional supports for the centre manager to support them in their governance and management of the service. At the time of writing this report a team leader post was established within the centre to assist the centre manager in the overall management of the centre. The inspectors were satisfied with the mechanisms identified to ensure the internal management team was robust and effective and there was additional external management and monitoring arrangements in place.

Register

The register showed that there was one discharge and one admission to the centre since the last inspection. The placement of the young person discharged broke down and they were transferred to a more appropriate care facility.

Issues identified during the previous inspection in relation to the maintenance of the register were resolved to the satisfaction of the inspectors.

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 lead inspector who provided oversight of the significant event reports generated from the centre was satisfied that the practice of providing prompt notification of such events had improved since the last inspection. There was a clear procedure in place for the prompt notification of significant events to the social worker and other relevant parties. There were systems in place to monitor and review significant events at team meetings, supervision and management meetings. There were forty two significant event reports on file relating to the young person in placement between May and August 2018 and there was evidence of a decrease in the number of significant events on a month by month basis.

3.2.2 Practices that met the required standard in some respect only

Staffing

There were issues identified at the last inspection in relation to the experience and adequacy of staffing levels. The inspectors found there were continued issues in relation to recruitment, staff retention, stabilisation of the team and team development. This issue impacted on the ability of the centre manager to meet the requirements of their overall management role.

The inspectors also found that some prospective employees were interviewed informally by the centre manager. Prospective employees must be interviewed by a properly constituted interview panel in compliance with the requirements of the DoHC circular of Sept 1995 to ensure robust practices are in place for staff recruitment interviews. This matter must be addressed by the external managers within the wider organisation.

Four new staff members were recruited to the team in the past two months. Two of the four recently recruited staff had some previous experience in residential care. There was evidence that the centre manager and the former deputy manager provided additional support to the team throughout weekends over the past number

of months. At the time of the inspection there was two staff on extended leave from the centre resulting in reduced staffing levels and additional demands on the core team and the centre manager to cover the duty roster.

A staff/child ratio of 3:1 was approved by the placement team in May 2018 however the team had recently requested a review of this requirement based on the young person's needs and the social worker confirmed this with the inspector. The team were of the view that 2:1 staffing levels were more appropriate at this time. However, at the time of the inspection the centre manager was providing the cover for a third staff member as the centre did not have adequate levels of staff within the core team to provide the approved cover. The inspectors found that this practice impacted on the centre manager's time to attend to his own management tasks. The inspectors highlighted this concern with the regional manager. There was two staff on sleep over duty at night time.

The inspectors found that the core members of the team were in the early stages of their development in terms of their cohesiveness and confidence in practice. The team comprised of eight staff, five support pedagogues and three activity pedagogues. There were five staff on permanent contracts and three staff on relief contracts. All staff members were appropriately qualified to undertake their role in the centre. The deputy manager and an activity pedagogue had recently resigned from their posts and the organisation was currently recruiting new staff. Three staff members of the core team remained working at the centre since the last inspection. The organisation and external managers must continue to support the development of this team going forward and to ensure the centre can fulfil its purpose and function. The centre manager and the regional manager identified the organisational supports in place to support the future development of this relatively new team.

Staff interviewed confirmed they received induction training in the organisations head office and a further two-day induction on site. Staff interviewed stated this was sufficient to their requirements at that time. There was evidence of staff induction on staff files. The inspector examined personnel files where there were identified issues at the last inspection and was satisfied that the outstanding documentation was secured. Personnel files for the four newly recruited staff members were inspected and the inspectors found they contained the required and relevant vetting documentation.

There was a system in place to undertake exit interviews with staff following their resignation. The inspectors found these were undertaken in most cases and the

regional manager confirmed that exit interviews with staff had been used to inform staff recruitment and retention policies.

Supervision and support

The centre had a policy on staff supervision and there was evidence on the six supervision files inspected that staff had received supervision from the centre manager. The inspectors found that the frequency of supervision for all members of the team was not in line with the centre policy or sufficient to support and monitor staff well-being. There were significant gaps in the frequency of supervision for some staff due to extended leave. The inspectors advise that the centre manager should evidence when supervision is deferred or rescheduled and ensure robust tracking systems are in place to monitor staff supervision schedules. The frequency of formal staff supervision should also be considered based on experience and length of time in the centre. The inspectors recommend that newly recruited staff and less experienced staff require more frequent supervision than outlined in the supervision policy particularly during their probationary period and most especially in their initial first few weeks of employment.

There was evidence that the centre manager received formal supervision every six to eight weeks from the regional residential services manager. The regional residential services manager informed the inspectors that they received formal supervision from the chief executive officer every eight weeks approximately and also had daily contact with the chief executive officer.

Handover meetings took place on a daily basis and there were structured records to evidence the handover process. Staff meetings took place on a fortnightly basis and a more structured team meeting process had been introduced since the last inspection. Staff members are expected to attend the staff meeting and the records evidenced that attendance was generally good. Staff questionnaires indicated that staff found the team meeting to be beneficial and informative in terms of reviewing their practice to ensure consistency of care, sharing of information and planning.

The staff interviewed informed the inspector that the centre manager was accessible to both the staff and the young person and provided additional support to staff on duty where required. Staff stated that they received regular feedback both individually and as a team from the centre management. Staff reported there were systems in place to provide on-call support for staff on duty. Staff were aware of their

access to a staff helpline should they require additional support or if they are impacted by stress.

The inspectors found there were well structured and professionally- led forums to assist staff in their approach to working with the young people and to reflect on the impact of the work on the staff and the team. Staff interviewed found these forums effective for their on-going development and for their own self-care and education.

The senior managers and the centre manager had access to expert advice in relation to employment law to ensure that all statutory provisions in relation to employment law were adhered to.

Training and development

The inspectors found that the organisation supported and encouraged staff to attend relevant training events. There was a focus within the organisation to support staff to be reflective in their practice and to support staff to use their individual skills and training when engaging with the young people. Staff members received required core training and this training was up to date at the time of the inspection. The centre manager had a system in place to track and monitor staff training.

Training in the principles and practices of the social pedagogy was scheduled for the new staff members later in the month. However the service managers must ensure that staff are fully trained in the specific model of care prior to taking up duties in the centre.

All staff had completed behaviour management training and child protection training. Certificates held on personnel files evidenced the training undertaken by staff.

Administrative files

Overall the inspectors found there were improvements in the manner in which the recording systems were organised however the inspectors required more evidence of the managers' oversight of records and systems in place to monitor the quality of staff records and remedy deficiencies to safeguard the interests of residents and staff for example the visitors book was not maintained in a consistent manner and was not a reliable source of information about visitors to the centre. The centre manager must

also establish a system for tracking accidents and injuries sustained by young people residing in the centre.

The inspectors found that following the last inspection the centre manager introduced more robust practices in July 2018 in relation to financial procedures and records. The staff interviewed confirmed they had adequate resources to meet the needs of the young person in placement.

There was evidence that the centre manager and staff were aware of the requirements to keep in perpetuity relevant records relating to the young people, additional to their care files, and inspectors found that records were stored safely in an appropriate manner.

An external auditor had recently undertaken a general data protection compliance audit and the centre management were awaiting the outcome of this audit at the time of the inspection. General data protection training was being sourced by the organisation at the time of the inspection.

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 16, Notification of Significant Events.*

The centre has not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 7, Staffing (Numbers, Experience and Qualifications)*

Required Action

- The external managers must ensure a properly constituted interview panel is established to recruit staff in compliance with the requirements of the DoHC circular of Sept 1995 and ensure robust practices are in place for staff recruitment interviews.
- The external managers must ensure there are adequate levels of staff and a balance of experienced to inexperienced staff on the team to carry out their duties.
- The centre manager must ensure that newly qualified and newly recruited staff received regular formal supervision in line with the centre policy.
- The service managers must ensure that staff are fully trained in the specific model of care prior to taking up duties in the centre.
- The manager must provide more evidence of oversight of records and systems in place to monitor the quality of staff records and remedy deficiencies to safeguard the interests of residents and staff.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

The inspectors found there were opportunities and forums for the young person to be consulted about their views and concerns. Staff employed a consultative approach to working with the young people to facilitate a learning process for them. There was evidence through observations interactions with the young person that staff were open and honest in their communications. Staff evidenced in their practice how they listened to the young person's view and responded to their requests where possible and appropriate to do so. House meetings were held periodically with the young person and they engaged in this process. Consultation took place in relation to clothes they wished to buy, dinner menus, activities and weekly plans. The young person was provided with opportunities to choose their own clothes and to make choices about their personal appearance with support from the staff. The young person also participated in their care plan reviews and there was evidence that staff supported the young person to prepare for this statutory review meeting. The young person informed the inspector that staff did provide them with opportunities to have their views heard and they identified a number of staff that they could talk to if they were upset or had a concern. The young person was provided with information about EPIC (Empowering People In Care) an independent advocacy service for young people in care. The centre manager had extended an invitation to the regional EPIC advocate to visit the centre and meet with the young person in placement.

Complaints

The centre had a written complaints procedure in place. The centre's complaints policy also referred to the Tusla Child and Family Agency complaint policy 'Tell Us' that young people could access where they had a complaint about Tusla services or lack of a service. The centre manager maintained a complaint register at the centre that recorded details in relation to complaints and the outcome of an investigation into the complaint. There was one complaint recorded on the register since the last

inspection. There was evidence that feedback was provided to the young person and their family on the outcome of an investigation into their complaint.

The young person was aware of how to initiate a complaint and confirmed they had used this process in the past.

The social work team leader interviewed by the inspector confirmed they had been notified of all complaints made as they related to the young person's care, however in one instance they felt they should have been informed in a timelier manner about the complaint.

Staff members interviewed by the inspectors were aware of the purpose of a complaints procedure and managed complaints professionally however the inspectors advise that staff routinely and consistently record how the young person's individual and oftentimes daily concerns are resolved.

3.4.2 Practices that met the required standard in some respect only

Access to information

The centre had a written policy on young people's access to information and an information booklet available to young people to inform them of their rights to access information. The young person did not have access to their care file or to any written documentation relating to their care at the time of the inspection. Staff reported to the inspectors that access to such information was deemed not appropriate at this stage of their placement. The centre manager and the social worker must give due consideration to the young person's right to access written information about their placement and information recorded about them. The centre manager and key-workers must look at ways in which they can support the young person to appropriately access information about their placement plan and their care plan. This must be done in a well-planned and considered manner.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People*.

Required Action

- The centre manager and the supervising social worker must give due consideration to the young person's right to access and receive written information about their care plan and their placement. This must be done in a well-planned and considered manner.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

As this is a single occupancy placement the centre practices and care programme was solely focussed on the individual needs of the young person. The young person's placement plan was individually tailored to meet their needs in a structured and planned way. The young person had two allocated key-workers who undertook individual work with them as set out in the placement plan. Staff informed the inspectors that the team regularly reviewed the young person's emotional, psychological spiritual and physical needs in discussions about the overall placement plan.

The inspectors found evidence that the young person had opportunities to engage in leisure activities, was encouraged in their hobbies and interests and was facilitated to take part in activities in the community that would assist them develop their social and teamwork skills however the young person continued to struggle to maintain their interests and application to such activities. The young person participated in activities with staff members, including swimming, bowling, basketball and regular trips to the local park and the cinema. The young person was appropriately involved in the daily routines of the centre. The young person interviewed by the inspector identified the need to have friends of a similar age and to develop friendships within the community. Staff members interviewed were consciously aware of this need and were committed to exploring this matter at statutory reviews.

Staff informed the inspectors that birthdays and special events were celebrated. The young person had their own bedroom that the inspectors viewed and were given the opportunity to personalise it. The young person was able to identify staff members they would talk to if they felt sad or upset about something. The young person also

had strong links with her family members and contact was supported and facilitated by staff.

Staff were attuned to the principles of the model of care and strived to create a culture of love, learning and relationships and this was evident based on the observations of interactions between the staff and the young person over the two-day inspection.

There was evidence that key-workers advocated on behalf of the young person and the young person believed the staff acted in their best interests. Relationships and attachments between staff and the young person were forming and there was evidenced that staff treated children respectfully and warmly.

Provision of food and cooking facilities

The young person was provided with a varied and nutritious diet. The young person expressed their preferences regarding food and was encouraged to participate in shopping and meal preparation. Inspectors found the staff were vigilant to ensure the young person had healthy snacks and minimised their opportunities to eat sweet and sugary foods and snacks.

Race, culture, religion, gender and disability

The centre had a written policy on diversity and anti-discrimination. There was no evidence that the young person was subject to any form of discrimination. Staff helped the young person to find appropriate ways to explain where they lived and to deal with issues relating to living in residential care. The centre manager, staff and social workers facilitated and supported the young person to maintain positive contact with their family and community of origin.

Opportunities to attend formal religious occasions and events are offered to the young person however they currently do not observe their religious obligations. The staff should consider alternative ways in which they could support the young person in their spiritual development.

Managing behaviour

The centre had a written policy on managing behaviours that challenge. The young person had a written behaviour management plan that provided a functional analysis of the young person's high risk behaviour and outlined the approved and appropriate intervention strategies to employ should a crisis arise. This plan was subject to regular review and updated accordingly. The supervising social worker did not have a copy of the most up to date behaviour management plan and the inspectors advised they receive a copy of the behaviour plan each time it is updated. There was evidence that staff supported the young person to participate in reflective discussions following incidents where crisis/at risk behaviour was displayed. The inspectors found that consequences for unsafe or poor behaviour was reasonable, fair and age appropriate. Staff were aware of permitted and prohibited sanctions as outlined in their policy document. The centre had a written policy on bullying, sanctions and approach to managing behaviours that challenge. The main emphasis for the care staff was on care and building positive relationships with the young person. There was evidence that the staff helped the young person to understand the relationship between actions and their consequences to enable them to develop self control.

The inspectors observed the staff use their relationship with the young person to support them when their behaviour was escalating above baseline. Staff used a range of identified de-escalation techniques including humour and friendly banter which was observed as working to good effect with the young person.

Restraint

The centre had a written policy in relation to the use of restraint. The centre staff were trained in a method of physical restraint that had been researched and was based on reputable practice. The inspectors found there were systems in place to address issues arising from physical restraints interventions. Following the admission in May 2018 there were twenty two incidents to date where physical interventions were employed support the young person when their behaviour posed a risk to themselves and others. Staff informed the inspectors there was a notable decrease in the number of physical restraints interventions and the duration of restraint interventions. This was seen in a positive light by centre staff and external professionals interviewed by the inspector. Physical restraints were reviewed within the organisation and at team level and restraints were notified to the relevant parties including parents. Issues arising from restraint interventions were reviewed and actions implemented to address any concerns arising from such interventions. At the

time of the inspection the centre manager did not have systems in place to record, in a separate book, physical restraints employed by staff. Following the inspection the centre manager set up a system to record physical restraint interventions and the inspector advised that this record book is closely monitored by the centre manager and the regional manager.

There was evidence on the individual behaviour management plans that staff had identified a range of alternative interventions to de-escalate situations before using physical restraint. There was evidence of good follow-up discussions with the young person following restraints. The safety of employing any physical restraint intervention was assessed by the young person's general practitioner on admission. The behaviour support plans identified the specific restraints that had been agreed to be employed should the young person require a restraint intervention.

Absence without authority

The staff were familiar with the national protocol for children missing from care and were aware of the reporting procedures should the young person go missing or absent themselves from the centre. The absence management plans outlined the procedure to be followed if the young person was absent without authority. The plan included who should be notified and within what timeframe.

The staff team had developed an absence management plan in respect of the young person in placement. There were no incidents where the young person had been missing from care. However there were a number of incidents where the young person left the centre without authority. There was evidence that staff followed the absence management plan to ensure their safe return to the centre. In most cases the staff remained in close proximity to the young person until there were able to negotiate their safe return to the centre. The inspectors found that the supervising social worker/social work team leader had not signed the most updated copy of the absence management plan. The inspectors advise the centre manager to ensure the social worker signs the most recently updated absence management plan.

3.6.2 Practices that met the required standard in some respect only

None identified.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 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 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

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

There were a range of measures in place to ensure the young person in placement was safeguarded. There were a number of safeguarding practices implemented within the centre that included vetting of staff, a lone workers policy, code of practice and professional relationships, personal care routines, staff supervision, protected disclosures policy and training in child protection.

The young person had told staff they felt safe living in the centre. This was confirmed to the inspector by the young person in their interview.

The centre had developed a protected disclosure policy. There was a culture in the centre where staff were aware of their responsibilities to monitor and question their colleagues practice and how to raise concerns about poor practice.

Staff members interviewed were conscious to ensure the young person had adequate privacy while living in the centre and they outlined ways in which they respected this privacy. The inspectors found that staff managed issues around hygiene and personal care with sensitivity and dignity.

The young person's telephone calls were supervised due to safeguarding issues and this practice was regularly reviewed at the statutory care plan reviews. The centre had a risk management policy. Where new high risk behaviours emerged these were assessed and control measures implemented to minimise the likelihood of the risk re-occurring. Safety plans were also developed in relation to managing identified risks and these plans were regularly updated. The inspectors found evidence of this on the care file.

The young person in placement had an appointed guardian *ad litem* that visited them at the centre. The guardian stated that they were satisfied the young person felt safe living in the centre.

3.7.2 Practices that met the required standard in some respect only

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.

Staff interviewed were aware of child protection reporting procedures and the measures to be taken in the event of an allegation of abuse or neglect. Staff interviewed were able to identify the centre's designated liaison person for the reporting of child abuse concerns. All staff members were trained in the principles and practices of child protection.

The inspectors found there were no agreed arrangements in place with the supervising social workers for bringing allegations of abuse to the attention of parents. The centre manager should ensure that such arrangements are in place and are set out in the care plan.

The centre manager had a system in place to monitor and track child protection and welfare reports submitted to Tusla and the responses/outcomes of such reported concerns. The inspectors advised that the status of reported child protection concerns and complaints should also be a standing item on the staff meeting agenda. There was one child protection report submitted to the relevant authorities at the time of the inspection. There was evidence on file that this concern was appropriately screened and subsequently closed. The social worker was consulted with prior to submitting the concern.

The inspectors found that the centre manager and staff interviewed were not familiar with the new electronic system established by Tusla for submitting a child protection concern. The centre manager and staff must be familiar with the new electronic system for submitting mandated reports through the Tusla portal.

The inspectors found that the centre child protection policy was in line with Children First (2017) National Guidance for the Protection and Welfare of Children. A child safeguarding statement was developed for the centre in compliance with the Children First Act 2015. The child safeguarding statement outlined a number of potential risks for young people in general when they were placed in a residential setting. The

inspectors found that the child safeguarding statement was not accessible to staff or displayed in a known location in the office. There was no evidence that staff had read the child safeguarding statement. The centre manager must ensure that the child safeguarding statement is accessible to staff and must provide evidence that staff have read and understood the statement.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre manager must ensure there are agreed arrangements in place with the supervising social worker for bringing allegations of abuse to the attention of parents.
- The centre manager and staff members must be familiar with the new system for submitting mandated reports through the Tusla portal.
- The centre manager must ensure that the child safeguarding statement is accessible to staff and must provide evidence that staff have read and understood the statement.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The external managers must ensure a properly constituted interview panel is established to recruit staff, in compliance with the requirements of the DoHC circular of September 1995 and ensure robust practices are in place for staff recruitment interviews.</p> <p>The external managers must ensure there are adequate levels of staff and a balance of experienced to inexperienced staff on the team to carry out their duties.</p>	<p>All interviews since inspection have consisted of an interview panel comprising of the residential services manager and the regional manager. Records are available to evidence these interviews on staff files.</p> <p>Agreed staffing levels for the young person in residence are now 2:1 since 20.08.18 and this level is met. Recruitment for the service is focused on sourcing staff with greater experience. A new employee with 12 years experience in residential care joined the team on 04.11.18. Staff members are actively supported by the residential manager in developing their practice and through the use of forums for learning.</p>	<p>The recruitment process for the service will include an interview before a properly constituted panel drawn from the organisation's management team.</p> <p>Staffing levels are kept under review by the residential manager and regional manager. Recruitment for the service will continue to focus on sourcing staff with a greater level of experience. The residential manager continues to monitor the development and practice of the staff team with the aim of increasing their experience level.</p>

	<p>The centre manager must ensure that newly qualified and newly recruited staff received regular formal supervision in line with the centre policy.</p> <p>The service managers must ensure that staff members are fully trained in the specific model of care prior to taking up duties in the centre.</p> <p>The manager must provide more evidence of oversight of records and systems in place to monitor the quality of staff records and remedy deficiencies to safeguard the interests of residents and staff.</p>	<p>Supervision frequency has improved with a focus on providing newly qualified and newly recruited staff with up to 10 supervision meetings during their probation period, depending on their need and level of experience. The team leader has been trained in supervision and is taking responsibility for supervision of some staff.</p> <p>A comprehensive induction process includes and draws specific attention to the model of care and purpose and function of the centre. Within the first year of employment all staff members undertake formal and recognised introductory training in social pedagogy.</p> <p>The manager reviews care records weekly. Governance systems are kept under review by the residential manager and the regional manager. The visitor's book has been subject to daily review by the residential manager since inspection. An injuries book has been introduced to the service since inspection.</p>	<p>The supervision log is kept under review by the residential manager and team leader, and also by the regional manager on visits to the centre.</p> <p>Training in social pedagogy is a continuous process within both the service and the organisation. Further training in social pedagogy will be provided to staff on at least an annual basis.</p> <p>Oversight of records and governance systems within the service are kept under review by the residential manager and regional manager.</p>
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3.4	The centre manager and the supervising social worker must give due consideration to the young person's right to access and receive written information about their care plan and their placement. This must be done in a well-planned and considered manner.	The young person's child in care review will be held on 20.11.18 and the young person will attend. All decisions made at the review will be communicated with the young person at the meeting. The residential manager and social worker will liaise to provide the young person with a child-friendly written account of the decisions made and their updated care plan.	The young person's right to access and written information about their care will be kept under review by the residential manager and social worker and discussed at professionals meetings. The centre is following the National Standards for Residential Centres in ensuring that the child's right to information is adhered to. The young person has been provided with the new guide to children's residential care provided HIQA, 2018.
3.6	No required action		
3.7	<p>The centre manager must ensure there are agreed arrangements in place with the supervising social worker for bringing allegations of abuse to the attention of parents.</p> <p>The centre manager and staff members must be familiar with the new system for submitting mandated reports through the Tusla portal.</p>	<p>Arrangements were agreed with the social work department on 21.08.18.</p> <p>Training will be provided to the residential manager at the organisation's management meeting on 27.11.18.</p> <p>The residential manager will provide training to the staff team at the next team meeting following this, on 29.11.18.</p>	<p>This will be agreed at admission for any future residents.</p> <p>All new staff will be made familiar with the new system on taking up work in the service.</p>

	<p>The centre manager must ensure that the child safeguarding statement is accessible to staff and must provide evidence that staff have read and understood the statement.</p>	<p>The child safeguarding statement is on display in the staff office. All staff have signed that they have read and understood the statement and records are available in the centre.</p>	<p>The child safeguarding statement will form part of the induction process for new employees.</p>
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