



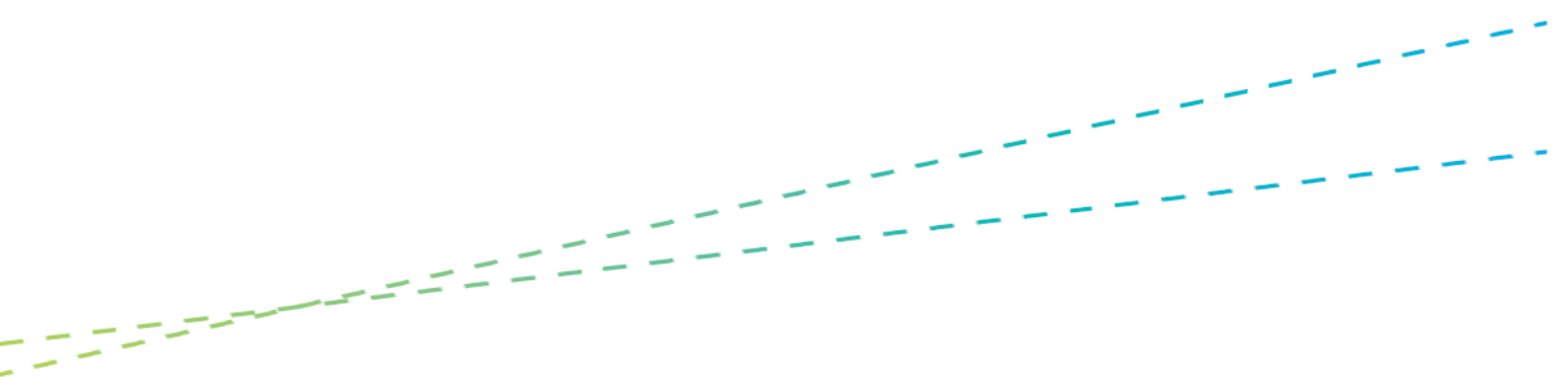
**An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency**

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

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

**Centre ID number: 132**

**Year: 2019**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Daffodil Care Services</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>10<sup>th</sup> and 11<sup>th</sup> September 2019</b>
<b>Registration Status:</b>	<b>Registered from 20<sup>th</sup> November 2017 to 20<sup>th</sup> November 2020</b>
<b>Inspection Team:</b>	<b>Anne McEvoy Joanne Cogley</b>
<b>Date Report Issued:</b>	<b>2<sup>nd</sup> December 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 and 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. This centre was granted their first registration on the 20<sup>th</sup> November 2017. At the time of this inspection the centre was in their first registration and was in year two of the cycle.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. At the time of inspection, there were four young people resident. A derogation from the Alternative Care Inspection and Monitoring Service was in place to allow one young person under the age of 13 to be placed there. The centre's model of care was described as STEM (Systemic Therapeutic Engagement Model). STEM aims to provide a framework for positive interventions with young people to develop relationships focused on achieving strengths based outcomes through daily life interactions. STEM aims to draw on a number of complementary philosophies and approaches including Circle of Courage, Response Abilities Pathways, Therapeutic Crisis Intervention and daily life events.

The inspectors examined standard 2 'management and staffing', standard 5 'planning for children and young people' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres, 2001. This inspection was unannounced and took place on the 10<sup>th</sup> and 11<sup>th</sup> September 2019.

## 1.2 Methodology

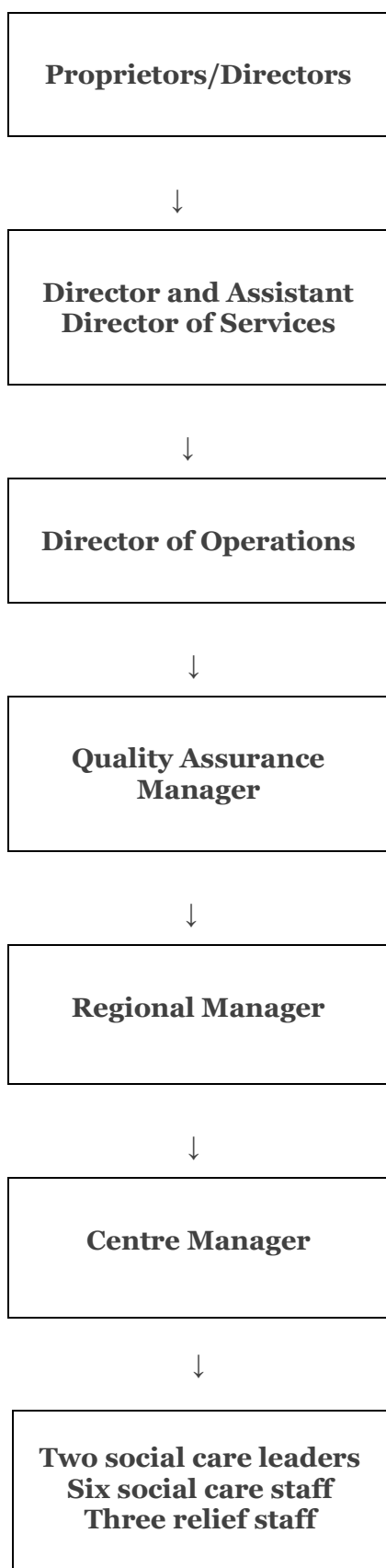
This report is based on a range of inspection techniques including:

- ◆ An examination of inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
  - a) Nine of the care staff
  - b) Four young people residing in the centre
  - c) Regional manager
  - d) Quality assurance manager
  - e) Assistant director of service
  - f) Director of service
  - g) Director of operations
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf
- ◆ An examination of the centre's files and recording process including:
  - Management meeting minutes
  - Audits conducted by regional managers and quality assurance officer
  - Handover logs
  - Centre registers
  - Children's care files
  - Maintenance log/ health and safety folder/ fire and general register
  - Staff supervision files
  - Staff personnel files
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre manager
  - b) Two social care leaders
  - c) Three social care staff
  - d) One young person in placement
  - e) The regional manager
  - f) Four supervising social workers for the young people in placement
- ◆ 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, director of services and the relevant social work departments on the 9<sup>th</sup> October 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 23<sup>rd</sup> October 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 132 without attached conditions from the 20<sup>th</sup> November 2017 to 20<sup>th</sup> November 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**

##### **Register**

A register of all young people who live in the centre was maintained by the centre manager. The inspectors found that the register complied with the Child Care (Placement of Children in Residential care) Regulations, 1995, Part IV, Article 21. There were no discharges and one new admission since the time of the last inspection. 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 inspector interviewed all four supervising social workers and examined the centre records and found significant event reports were promptly notified to the social workers. The centre manager was reviewing the incident reports and they were being managed effectively. Social workers noted that the reports were received promptly, were comprehensive and contained appropriate detail.

##### **Administrative files**

The range of administrative files were examined by the inspectors and found to be well organised, accessible and easily read. The centre had a system for archiving files on a yearly basis and when young people moved on from placement. The young people had a secure individual care file which maintained appropriate levels of privacy and confidentiality about the young person's history and circumstances. The centre manager stated that they read all documents in the centre and made amendments prior to the documents being printed. This course of action does not allow for evidence of oversight. The inspectors recommend that the centre manager reviews documents, and leaves comments as appropriate, so as to promote learning and evidence oversight.

The centre had a petty cash system in operation. Petty cash was replenished on a weekly basis and was designated for day to day centre specific expenses such as groceries, pocket money, postage, and some recreational activities. This was managed by the staff team with the centre manager primarily responsible for appropriate use of petty cash. The centre also had access to an emergency fund should additional monies be required at very short notice.

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

#### **Management**

The centre manager had an appropriate qualification in social care and had the required level of experience to undertake this role. They had been employed by the service for ten years and had been manager of the centre for two years. Inspectors found that there was oversight on significant event notifications and there was evidence of management comments on these documents. During interviews with staff, each spoke highly of the centre manager and stated they were well supported in the centre and an atmosphere of growth and appropriate peer challenge was encouraged. The centre manager advised that they satisfied themselves with regards to care practices by reviewing care plans, progress reports, providing regular supervision and speaking with the children. One young person who was interviewed confirmed that the manager was friendly and approachable should they have an issue to discuss.

The centre manager stated that they provided oversight on all documents generated within the centre however no documents were printed until the centre manager read and amended them so evidence of oversight could not be demonstrated. During interview the centre manager struggled to explain the model of care used in the centre. They were not aware of additional support services in place for the young people and stated that the social care leaders were the case managers. While staff spoke highly of the manager, the manager did not appear to have sufficient understanding of the young people's care files and of the operation of the centre. The centre manager must familiarise themselves with the centre's model of care and with the care files so that they can better assess the quality and effectiveness of the services provided by the centre.

The centre manager advised that they were supported by the regional manager, who had daily phone contact, weekly visits to the centre and provided supervision. Weekly service and governance reports were provided by the centre manager to the regional manager. These provided details of centre management meetings, team meetings, young people's meetings and placement planning meetings. A log was kept

of all mandatory training dates. Inspectors noted that significant delays occurred in delivering on actions that were agreed in action plans on centre audits and issues were still outstanding. Tusla child protection e-learning training was identified as part of an audit and an action plan was agreed that this would be completed by the 28<sup>th</sup> July, a further review of this agreed it was to be completed by the 19<sup>th</sup> August and following a third review it was agreed it was to be completed by the 2<sup>nd</sup> September. At the time of this inspection, this training was still outstanding. The regional manager and centre manager must agree a process for ensuring that the action plans agreed are followed up within the specified time frame.

There was evidence on young peoples' files and on personnel and supervision files that external audits were conducted by the regional manager, the director of quality assurance and by the regional manager of another area. Audits conducted focused on quantitative information as opposed to qualitative information. There was no evidence of the voice of the young people being sought by external management, or the condition of the house being checked. The inspectors recommend that the regional manager speak to the young people on occasion, walk through the premises along with conducting audits of administrative files.

There was evidence of regional management meetings held monthly. There was a standing agenda including personnel, working time act and supervision. Minutes from previous meetings were reviewed and action plans agreed. There was evidence that operational and care practices were discussed in depth at management meetings.

### **Staffing**

Inspectors found that the centre had adequate levels of staff to fulfil its purpose and function and a balance of experienced to inexperienced staff. At the time of the inspection there were eight full time staff and three relief staff. Two of the staff were social care leaders with relevant post qualifying experience to hold this position. The supervising social workers each stated that the staff were very effective at communicating with the young people and understanding the perspective of each young person and establishing a rapport. The young person interviewed stated that they had a very good relationship with their key worker and felt they could approach any of the staff if they had an issue or complaint.

A sample of personnel files inspected displayed that all staff had up to date Garda vetting completed. All personnel files showed that references were taken up prior to the staff being appointed. Curriculum vitae were on file of all personnel files examined. Records demonstrated that references were taken up and verified prior to

appointment. Qualifications were on file, however inspectors noted that of the sample of four personnel files inspected, two only had transcripts of their results and three of the results had not been verified with the awarding institutions. The centre manager and regional manager must ensure that staff qualifications are received in writing and verified with the awarding institution.

Staff interviewed stated that they received an induction including training, shadow shifts, a tour of the centre and opportunities to read young peoples' files; however one personnel file viewed had no evidence of an induction having been completed. The staff member advised that they did receive an induction. The inspectors recommend that the centre manager and regional manager audit files to ensure that supporting evidence is stored on the personnel file.

### **Supervision and support**

Supervision to permanent staff was provided by the centre manager. Supervision to relief staff was provided by the social care leaders. All those in a supervisory capacity had a level seven qualification from a recognised institute of technology in the provision of supervision.

A sample of supervision records were inspected. Most supervision sessions were held in line with the company policy timeframe of four to six weeks, however one record showed gaps of seven and ten weeks between supervision sessions. The inspectors recommend that the centre manager be mindful of arranging supervision in line with the company policy.

There was a standing agenda for supervision including placement planning, personal development plan, training and significant event review. Supervision sessions facilitated to the relief staff were to a good standard. They addressed inconsistencies; there was a clear action plan and follow through at the next supervision. The sample of permanent staff supervision records inspected were of a poor quality. There were supervision contracts on file for all staff and appraisals of staff performance were completed. However, personal development plans were dated and signed by the supervisor and the staff member but had no content. Sentences were incomplete and the records were lacking in context. There was evidence that supervision records were copied and pasted from one session to the next and from one staff member to another. Supervision records dated 26/01/2019 and 15/03/2019 for one staff member were the same record with different dates and two minor handwritten changes. Supervision records did not demonstrate a sufficient link to placement planning. The centre manager must ensure that supervision sessions are held and recorded accurately. Supervision meetings must contain a detailed discussion of the

placement plan for the young people. The regional manager must ensure that audits of supervision files are cognisant of the content being discussed.

Handover meetings took place on a daily basis. There was very little information recorded on the handover minutes. The handover meeting attended by the inspector was very brief. The centre manager informed the inspectors that they do not encourage staff leaving to talk too much as it may prejudice the incoming staff. The handover meeting was attended by two staff members, one coming on shift and one leaving shift. One other staff member on duty was in supervision at the time of the handover. This prevented the manager from being a part of handover to provide guidance and direction to oncoming staff if necessary. The handover sheet and daily logs from the previous day were read. A brief discussion took place around each young person and the meeting was concluded. The centre manager must ensure that handover meetings provide a detailed account of the activities to be undertaken for the coming day and issues that presented the previous day.

The centre manager stated that team meetings occurred every two weeks. Staff were expected to attend three out of every four meetings. A review of team meeting minutes demonstrated that in the previous six team meetings, between five and eight staff members attended meetings with a range of between three and six staff not attending. The inspectors noted that there was very little discussion recorded on the minutes, with some minutes recording no detail under manager's agenda or young person's agenda. While issues affecting the young people were noted, there was no guidance offered on how to manage these issues. No action plans or follow up were noted on the minutes. The centre manager must ensure that minutes of staff team meetings recorded are comprehensive and provide details of the discussions which inform decisions. Action plans must be recorded and these reviewed at the next team meeting.

### **Training and development**

There was evidence of an induction programme in the centre which provided some mandatory training for staff. A review of a sample of personnel files showed a record of training completed. Of the four staff members whose personnel files were reviewed, two staff members had no training in the model of care implemented in the centre, two had the organisational child protection training completed but had not completed the Tusla child protection e-learning programme. The first aid training for one staff member was out of date and one staff member had no fire training certificate on file. The centre manager and regional manager must ensure that all mandatory training is completed and refreshers provided before the expiry date.

Staff commented during interviews that they had opportunities to pursue additional training and this was supported by the company.

### **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 regional manager and centre manager must agree a process for ensuring that the action plans agreed on audits are followed up within the specified time frame.
- The regional manager must ensure that governance and audit mechanisms in the centre address deficits in care practice and care planning and assess outcomes for young people

## **3.5 Planning for Children and Young People**

### ***Standard***

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

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

### **Suitable placements and admissions**

The centre had a clear policy and an agreed procedure describing the process of admission, citing the importance of planning and relationship in enabling successful therapeutic support. There was evidence in each young person's file that this policy was adhered to. Pre-admission risk assessments were on file and transition plans were put in place for incoming residents. The centre had a booklet to give to young people about the centre. One young person was interviewed and they stated that they knew why they were going to live in residential care. The social workers were satisfied that the placements were meeting the needs of the young people placed.

### **Contact with families**

There were clear access arrangements in place for all young people resident in the centre. Each supervising social worker agreed the access plans for their respective young person and the reasons for the access plans in place were clear and evident. Each social worker commented positively on the volume of work being completed by the centre around contact with family, family relationships and assisting the young people to have positive contact with members of their families. There was evidence in young people's files around key-working sessions on the issue of positive family interaction. Social care staff facilitated contact for young people with friends and members of extended family and offers were routinely made to facilitate access. For those young people who had siblings in care, access was facilitated when it was agreed by the professionals and the young person that this contact was beneficial and positive for them.

### **Emotional and specialist support**

On admission to the centre, each young person was allocated a key worker and a co-key worker, whose roles were to work with the young person around identified issues and support them with challenges they faced. The staff members interviewed demonstrated a genuine caring approach to the care of the young people. The key workers were strong advocates and had a good insight into the young people's emotional needs. Supervising social workers identified additional supports such as psychology services and counselling, which were provided for the young people.

### **Preparation for leaving care**

Immediate planning was underway for one young person who was due to leave the centre in the weeks following the inspection and move into their own aftercare accommodation. A leaving care needs assessment had been undertaken with another young person who is aged over 16 years. The supervising social workers for these young people stated that care staff were undertaking key-working sessions focused on



maintaining educational places, living independently and managing family relationships outside the security of the centre.

### **Discharges**

There were no discharges from the centre since the time of the last inspection. The centre had an appropriate discharge policy.

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

The care files of the young people were maintained in a standardised format and were accessible and easy to follow. The key documentation required was present on the files. Records examined were written to a good standard and were free from colloquialisms and stereotypes. Each care file had a birth certificate, care order or parental consent attached. One parental voluntary consent form was out of date at the time of inspection and this must be updated immediately. The centre manager confirmed that the care files are stored securely on site.

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

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

There were four young people living in the centre at the time of inspection and inspectors found that two young people had up to date care plans. Both of these care plans described the aims and objectives of the placement, access arrangements and supportive services required. The arrangements to review one care plan were significantly out of date with a number of preceding care plans noting a date in February 2019 as the next review date. Social workers must ensure that these dates are changed and updated each time the care plan is updated. Supervising social workers for the remaining two young people advised that their care plans were currently being updated. One young person had no care plan on file since the time of their admission in April 2018. The respective social work departments must ensure that these care plans are completed and forwarded to the centre as soon as possible and the centre notify the inspectors that they are in receipt of them.

During interview three supervising social workers advised that the young people were invited to their reviews, their views and opinions sought in advance of the meeting and feedback was provided to them afterwards on decisions made. One supervising social worker stated that the young person was not routinely invited to any part of the review. This young person was subject to a derogation from the alternative care inspection and monitoring service, as they were under the age of 13 years and reviews were to occur monthly. Social workers must ensure that young people are aware

when child in care reviews are taking place and are invited to attend. The supervising social worker provided a list of review dates and inspectors were shown minutes from each review. However, these minutes were not present on the young person's file. Two supervising social workers were not aware whether minutes, or copies of decisions made were forwarded to the parents following review. The social workers advised that the parents were spoken to on the phone following reviews. Supervising social workers must ensure that copies of decisions made at review meetings are forwarded to parents, unless to do so places the young person at risk.

There was evidence of placement plans on each young person's file. While goals were identified for each young person's placement, it did not identify who was responsible for achieving these goals. Responsibility lay with "staff team" and timeframes were recorded as "on-going". This method of recording does not give rise to accountability or methods of measuring progress. The inspectors recommend that the centre manager amend the placement plans to record who is responsible and the timeframe within which it is expected to be achieved. This can then be discussed in supervision and progress recorded. Placement plans did not reference aftercare planning for those young people preparing to leave the centre and the centre manager must ensure that aftercare planning is evident.

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

There was evidence from reading the young people's care files and from viewing the visitors log that three supervising social workers were visiting their young people placed in the centre. The social worker for one young person stated that they had visited regularly but they were not aware they needed to sign the visitors log and no record was made in the young person's care file that the social worker had visited. The care staff confirmed that the social worker had visited the young person. On viewing the visitor's book, there is a record of only nine visitors having visited between 1/1/2019 and 1/5/2019. The centre manager must ensure that all visitors are required to sign the visitors log and a record is made of all contacts the young person has with their social worker together with details of any action taken as a result of the visit.

During interviews, all social workers stated that they read the daily logs for the young person placed, however two social workers stated that they did not sign the logs. The inspectors recommend that social workers sign the daily logs so as to evidence that they have read them.

## Social Work Role

### **Standard**

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

Each young person had an allocated social worker. There was evidence on file that sufficient background information was provided prior to admission to the centre. During follow up interviews, all supervising social workers demonstrated an insight into the needs and challenges of the young people. There was good evidence that each social worker visited the young person, arranged to hold child in care reviews and were informed of all significant events taking place. Social workers spoke highly of the level of care afforded to each young person in the centre. As noted earlier in the report, inspectors found that there were inconsistencies in inviting young people to review, evidencing that the young person was visited in the centre, evidencing that the young person's case file and daily diary were read. Supervising social workers must ensure that they are clear around their professional and statutory obligations and responsibilities for young people in residential care.

### **Aftercare**

Two of the young people resident were approaching 18 years of age. In interviews with the supervising social workers significant work was evident in helping these young people prepare for leaving the centre and living independently. Leaving care needs assessments had been completed and aftercare services had been sought for each young person. For one young person, the social worker confirmed that accommodation had been secured for them to move to following discharge from the centre. While this was evidenced from speaking to the social workers and there was evidence in the visitor's log of visits from aftercare workers, there was no record of planning for aftercare in the placement plans of these young people. The centre manager must ensure that aftercare goals are identified and included in the placement plans for all young people approaching the age of maturity.

### **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 respective social work departments must ensure that care plans are completed and forwarded to the centre as soon as possible and the centre notify the inspectors that they are in receipt of same.
- Social Workers must ensure that they are clear around their professional and statutory obligations and responsibilities for young people in residential care.
- Supervising social workers must ensure that copies of decisions made at review meetings are forwarded to parents, unless to do so places the young person at risk.
- The centre manager must ensure that all visitors are required to sign the visitors log and a record is made of all contacts the young person has with their social worker together with details of any action taken as a result of the visit.
- The centre manager must ensure that aftercare goals are identified and included in the placement plans for all young people approaching the age of maturity.

### **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**

This centre was a two storey house located on the outskirts of a town. Overall the property was in good structural repair and decorated to a standard which created a pleasant ambience. The centre had two large communal areas for relaxation in addition to their kitchen. This allowed for the four young people living there to have space and freedom to watch different programmes or engage in different activities suitable to their ages. It also allowed for the young people to meet with social workers, family or friends in a homely environment. The inspectors found at the time of this unannounced inspection that the furniture and fittings were sufficient for the number of young people living there and had suitable facilities for cooking and laundry. Each young person had a room to themselves and had space within their room for their clothes and personal belongings. One young person showed the inspectors their room and it was decorated according to their taste. The three male residents were all accommodated downstairs and the female resident was accommodated upstairs. There was a large garden to the rear of the centre. The staff and young people had built a set of goalposts for use in this garden. At the time of this inspection there was an incentive for each centre to reduce their utility costs and the inspectors found that the hallway leading to the bedrooms for the three male residents was quite dark as the light was turned off. The inspectors recommend that if any of the residents are present in the centre, that the light in this hallway remain on. The inspectors also recommend that gardening work be carried out to improve the appearance of the outside of the centre, including weeding and work on the entrance driveway to give the centre a more homely setting.

The inspectors were provided with a copy of the centre's insurance to confirm that it was adequately insured including employer's liability, public liability, malpractice and professional indemnity.

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

#### **Maintenance and repairs**

During interviews, staff noted that repairs were carried out promptly, however the maintenance register was not completed routinely and no maintenance issues were noted for a period of five months. It was recorded that smoke detectors were broken and this took five weeks to be resolved. Mould on bathroom walls and ceiling was recorded as a substantial issue. However, at the time of inspection this issue was still not completely resolved, a period of nine months after it was first recorded. It was

also recorded that the toilet in the upstairs office was leaking through into the light fittings in the kitchen. There was a two-month delay in resolving this issue. The centre manager and regional manager must ensure that all matters requiring urgent attention such as those relating to fire safety, electrical safety or presenting a danger to health of those resident in the centre are addressed immediately. The centre manager and regional manager must ensure that the mould in the bathroom is addressed immediately and any necessary preventative works to avoid its recurrence are implemented as soon as possible.

In reviewing the audits conducted by external management, the inspectors did not find any record of management routinely monitoring the condition of the centre. The regional manager must ensure that audits encompass the physical condition of the house and grounds as well as the paper files.

### **Safety**

The centre had a dedicated health and safety officer. Each staff member interviewed was aware of who the health and safety officer was and was aware of their role. The inspectors viewed the health and safety statement. The centre manager must ensure that the health and safety statement is updated to make it a centre specific statement as opposed to a company statement. The inspectors undertook to walk through the premises and completed the health and safety checklist. A sample of personnel files were examined and these provided evidence that staff had been trained in first aid and had full driving licences. The first aid certificate for one staff member had just expired and inspectors recommend that refresher first aid training is completed as soon as possible. Two of the company vehicles were present and they were insured and taxed. All medicines were stored in a locked cabinet in the office. However there was nothing within the cabinet to differentiate each young persons' own medication. The centre manager must ensure that individual boxes be placed within the confines of the cabinet, labelled with each young person's name to ensure that the medication for each young person is kept separate. The inspectors observed that the cleaning products were locked away in a cabinet when not in use.

### **Fire Safety**

Inspectors found that fire detection and fire safety equipment in the centre met the required standard and most staff had received fire safety training. The centre manager provided a copy of the fire safety compliance certificate. The fire safety policy for the centre was read and signed by all staff in the four weeks prior to inspection. There was a fire safety register with daily checklists completed, and a log of weekly testing of emergency lighting and monthly testing of fire alarms and

monthly checks of fire-fighting equipment. The fire alarm and emergency lighting systems were both serviced by a registered company in the six months preceding the inspection. The centre conducted regular fire drills and recorded the date these took place, and the names of all those who participated. While testing was carried out on fire-fighting equipment within the centre, the delay of five weeks in replacing broken smoke detectors is concerning. The centre manager must ensure that issues regarding fire detection equipment are resolved urgently.

### **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.*

### **Required Action**

- The centre manager and regional manager must ensure that all matters requiring urgent attention such as those relating to fire safety, electrical safety or presenting a danger to health of those resident in the centre are addressed immediately.
- The centre manager and regional manager must ensure that the mould in the bathroom is addressed immediately and any necessary preventative works to avoid its recurrence are implemented as soon as possible.
- The regional manager must ensure that audits encompass the physical condition of the house and grounds as well as the paper files.
- The centre manager must ensure that individual boxes be placed within the confines of the cabinet, labelled with each young person's name to ensure that the medication for each young person is kept separate.

## 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 regional manager and centre manager must agree a process for ensuring that the action plans agreed on audits are followed up within the specified time frame.</p> <p>The regional manager must ensure that governance and audit mechanisms in the centre address deficits in care practice and care planning and assess outcomes for young people</p>	<p>The Regional Manager and Centre manager have agreed a process for ensuring that the action plans agreed on audits are following up within a specified time frame. This process will be supported by supervision, follow up from the Quality assurance Manager, and senior management with non-compliance flagged by recently appointed Compliance Officer.</p> <p>The regional manager will ensure that deficits in care practice and care planning are addressed through governance and auditing mechanisms. This will include; attendance at team meetings and case management meetings, attendance and involvement in child in care reviews, review of placement planning, meeting with YP, review of staff performance in supervision and meeting with staff</p>	<p>The senior management team have agreed a process to ensure that actions plans are monitored to ensure compliance with agreed timeframes. This function will be a key role of the newly Compliance Officer.</p> <p>Senior management will review current mechanisms with a view to ensuring that care practice, care planning, and assessment of outcomes are captured in governance and audit mechanisms.</p> <p>Date for review – 31<sup>st</sup> October 2019</p> <p>The Quality assurance focus has been reviewed and restructured to facilitate a better balance between qualitative and quantitative mechanisms.</p>



		individually, which will gain additional qualitative oversight. Focused placement planning training is being rolled out at regionally at present.	
<b>3.5</b>	<p>The respective social work departments must ensure that care plans are completed and forwarded to the centre as soon as possible and the centre notify the inspectors that they are in receipt of same.</p> <p>Social Workers must ensure that they are clear around their professional and statutory obligations and responsibilities for young people in residential care.</p> <p>Supervising social workers must ensure that copies of decisions made at review meetings are forwarded to parents, unless to do so places the young person at risk.</p> <p>The centre manager must ensure that all visitors are required to sign the</p>	<p>Centre Manager will notify inspectors upon receipt of care plans.</p> <p>Inspection and monitoring service did not receive a response from the relevant social work departments.</p> <p>Inspection and monitoring service did not receive a response from the relevant social work departments.</p> <p>Inspection and monitoring service did not receive a response from the relevant social work departments.</p> <p>All staff will be reminded of the requirement to record all visitors to the</p>	<p>Centre Manager and Regional Manager will continue to ensure that as part of care planning process, that care plans are requested from the Social Work department.</p> <p>Senior management will ensure that visitors log is reviewed as part of auditing</p>

	<p>visitors log and a record is made of all contacts the young person has with their social worker together with details of any action taken as a result of the visit.</p> <p>The centre manager must ensure that aftercare goals are identified and included in the placement plans for all young people approaching the age of maturity.</p>	<p>centre. This will be addressed at a team meeting and individually in supervision. The Centre Manager will raise this issue regularly to ensure this is standard practice. The visitors log will be relocated to a room near the left in a locked room downstairs in the centre for easier accessibility. The Centre will continue to record all contacts the young person has with their social worker together with details of any action taken as a result of the visit.</p> <p>Centre manager will ensure that aftercare goals are clearly identified and included in the placement plan of all relevant young people. Placement planning documents designed for young people over the age of 16 years contain a section on self-care and independent living skills and the preparation for aftercare assessment. Centre Manager will ensure this template is in use. Action date; 1<sup>st</sup> November 2019</p>	<p>process to ensure compliance by centre in filling out same. Regional Manager will review compliance on a 4 monthly basis.</p> <p>Senior management will review current mechanisms with a view to ensuring that care practice, care planning, and assessment of outcomes are captured in governance and audit mechanisms. This review will capture the identification of aftercare goals where applicable Date for review – 31<sup>st</sup> October 2019</p>
<b>3.10</b>	The centre manager and regional manager must ensure that all matters	Centre manager and Regional Manager will ensure that all maintenance issues	Senior management have revised systems for alerting, responding to, and closing out

	<p>requiring urgent attention such as those relating to fire safety, electrical safety or presenting a danger to health of those resident in the centre are addressed immediately.</p> <p>The centre manager and regional manager must ensure that the mould in the bathroom is addressed immediately and any necessary preventative works to avoid its recurrence are implemented as soon as possible.</p> <p>The regional manager must ensure that audits encompass the physical condition of the house and grounds as well as the paper files.</p> <p>The centre manager must ensure that individual boxes be placed within the confines of the cabinet, labelled with each young person's name to ensure that the medication for each young person is kept separate.</p>	<p>requiring urgent attention are addressed immediately.</p> <p>A number of efforts were made to resolve the presence of mould. This has recently been fully addressed via the installation of external ventilation.</p> <p>Regional manager will ensure that the physical condition of the house and grounds are regularly monitored and reported on. This will be achieved via reviewed Weekly Governance Report and Monthly Health &amp; Safety report.</p> <p>The centre manager has placed individual boxes within the confines of the cabinet, labelled with each young person's name to ensure that the medication for each young person is kept separate. Completed</p>	<p>on health and safety issues/ maintenance. This includes real time communication with all relevant parties to ensure that issues requiring urgent attention are appropriately flagged and addressed.</p> <p>Senior management will review Weekly and Monthly governance reports to ensure inclusion of reporting on the physical condition of the house and grounds Action date; 31<sup>st</sup> October 2019</p> <p>Senior management team will ensure that as part of auditing process, deficits in medication storage will be highlighted and addressed.</p>
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