



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 138**

**Year: 2018**

Alternative Care Inspection and Monitoring Service  
Tusla - Child and Family Agency  
Units 4/5, Nexus Building, 2<sup>nd</sup> Floor  
Blanchardstown Corporate Park  
Ballycoolin  
Dublin 15 - D15 CF9K  
01 8976857

## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2018</b>
<b>Name of Organisation:</b>	<b>Solis MMC Ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>7<sup>th</sup> and 8<sup>th</sup> November 2018</b>
<b>Registration Status:</b>	<b>Registered from 20<sup>th</sup> July 2018 to 20<sup>th</sup> July 2021</b>
<b>Inspection Team:</b>	<b>Lorna Wogan</b>
<b>Date Report Issued:</b>	<b>23<sup>rd</sup> January 2019</b>

# Contents

<b>1. Foreword</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
<b>2. Findings with regard to Registration Matters</b>	<b>9</b>
<b>3. Analysis of Findings</b>	<b>10</b>
3.2 Management and Staffing	
3.5 Planning for Children and Young People	

## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

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

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

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on 20<sup>th</sup> July 2018. At the time of this inspection the centre was in their first registration and this was the first of two inspections to be undertaken in year one of the cycle. The centre was registered without attached conditions from 20<sup>th</sup> July 2018 to 20<sup>th</sup> July 2021.

The centres purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. The centre aimed to provide a high quality standard of care that was responsive to the individual needs of young people, within a child-centred, safe, supportive environment. The centre aimed to provide an individualised programme of care to assist each young person to develop resilience through the medium of positive and caring relationships. The relational model was informed by Erik K. Laursen's research that specific behaviours and beliefs are associated with caring relationships; - the core components of a caring relationship identified as trust, attention, empathy, availability, affirmation, respect, and virtue. The centre provided young people with the opportunity to develop relationships with caring adults who model appropriate ways of dealing with emotions and life challenges. The approach to working with young people was also informed by attachment and resilience theories and an understanding of the impact of trauma on child development.

The inspector examined standards 2 'management and staffing' and 5 'planning for children and young people' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 7<sup>th</sup> and 8<sup>th</sup>

November 2018. There were three young people in placement at the time of the inspection.

## 1.2 Methodology

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

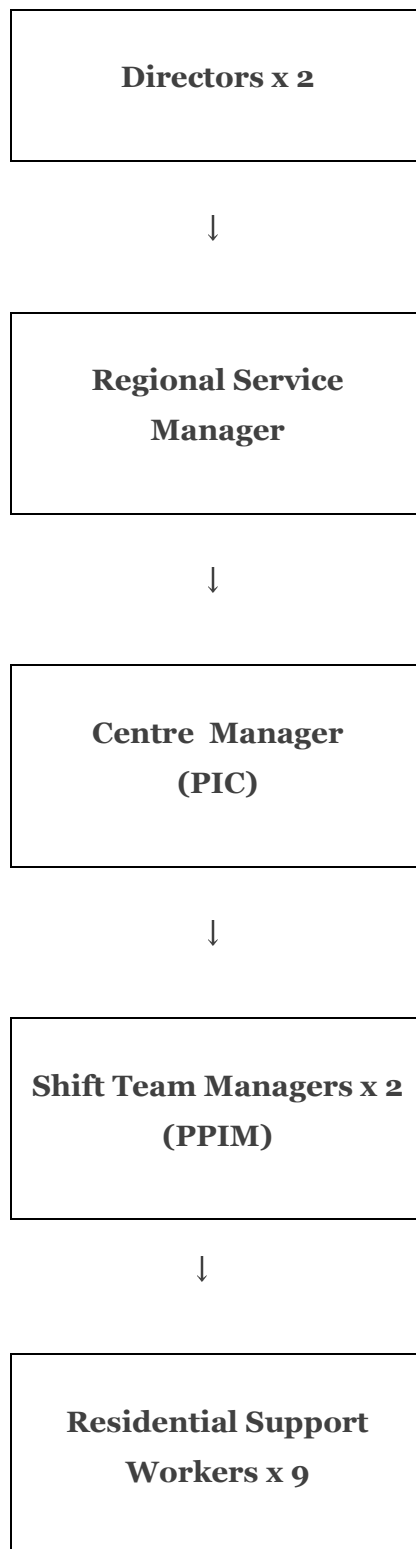
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
  
- ◆ An examination of the questionnaires completed by:
  - a) The regional service manager
  - b) The centre manager
  - c) Two shift team managers
  - d) Eight of the residential support workers
  - e) Two of the three young people residing in the centre
  - f) Three social workers with responsibility for the young people residing in the centre.
  
- ◆ 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.
  - centre governance report
  - individual care files
  - daily logs
  - handover records
  - centre register
  - significant event register
  - centre induction pack
  - visitors book
  - complaints register
  - register of child protection and welfare concerns
  - staff supervision schedules
  - supervision records
  - personnel file
  - team meeting records
  - staff training records

- house meeting records
  
- ◆ 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 regional service manager
  - b) The centre manager
  - c) Two shift team managers
  - d) One residential support worker
  - e) One of the young people residing in the centre
  - f) Leaving and aftercare worker allocated to one of the young people in placement
  - g) Two social workers
  
- ◆ Observations of care practice routines and the staff/young people'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, service manager and the relevant social work departments on the 24<sup>th</sup> December 2018. The centre provider was required to review the report for factual inaccuracies and return it to the inspection service by the 10<sup>th</sup> January 2019. The centre manager returned the report on the 10<sup>th</sup> January 2019 and one inaccuracy identified was amended accordingly.

The findings of this report and assessment by the inspection service 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: 138 without attached conditions from the 20<sup>th</sup> July 2018 to the 20<sup>th</sup> July 2021.

## 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 inspector found there was a good management structure in place and management provided effective leadership to the staff team. There were robust systems in place for external oversight of the centre. The inspector found there were clear lines of accountability within the organisation and staff members were familiar with the internal and external management structure and the respective role and responsibilities of each manager within the organisation.

The centre manager had a relevant third level degree and a post graduate qualification in management. The manager was sufficiently experienced to undertake the role and had worked within the organisation for thirteen years. The centre manager was managed by the regional service manager who was appropriately qualified and experienced to undertake this role. The regional manager had oversight of the centre through regular visits, attendance at managers meetings, team meetings and regular review of the centre's recording processes including individual key-work and the individual placement plans. The regional manager completed written reports following visits to the centre and action plans were developed in response to these visits. The centre manager also completed centre specific monthly audit reports that were forwarded to the regional service manager and the company director.

The centre maintained a governance folder that evidenced regular senior management meetings, regional management meetings, centre manager and shift team managers meetings, quality assurance audits and significant events review meetings. There were systems in place to address any actions arising from these governance and management forums.

The inspector found there were systems in place to assess the quality and effectiveness of the centre through the statutory review process, regular review of key work and review of placement plans.

Communication was good between the centre manager and the regional manager. A record of fortnightly visits by the regional service manager to the centre was maintained on the governance file. In addition to the regional managers role another senior manager within the organisation provided a day-to-day mentoring role for the staff team during this initial phase of the development of the centre.

The organisation's quality assurance team complete announced and unannounced quality audits approximately six times per annum. The inspector examined one such audit that was undertaken in October 2018. The centre manager had completed an action plan to remedy deficits identified in this audit.

The centre had commenced a process to ensure the integration of policies and procedures into daily practice. This process was lead by the shift team managers who undertook policy supervision practice with individual staff members on a fortnightly basis. A record of these meetings was held on the staff supervision files.

Staff interviewed by the inspector stated that the centre manager was accessible to them on a daily basis and provided guidance, support and direction. The internal managers confirmed the support they received from their external managers and from the senior management team within the organisation.

### **Register**

The centre manager maintained a register outlining the required information relating to the admission and discharge of young people from the centre. The inspector found it was completed in line with the regulations and was up to date. The register showed that three young people were admitted since the initial registration of the centre. To date there were no discharges from the centre.

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 found that significant events were notified to the relevant persons and there was robust oversight of all significant events relating to the young people in placement. The staff interviewed were clear on the thresholds for reporting significant events. The social workers were satisfied they received prompt notification of significant events. The social worker interviewed stated they would follow up on notifications if clarification was required or where follow-up with the young person was necessary.

All significant event notifications were forwarded to Tusla registration and inspection office. The lead inspector for the oversight of significant event reports arising within the centre found that incidents were competently managed by the staff team with appropriate follow up and oversight by the centre manager.

A register of all significant events was maintained at the centre and the centre also maintained an electronic database of all significant events that assisted managers in tracking trends and patterns of events. There were good systems in place for tracking significant events across the centre records through the daily logs, significant event register, monthly reports on the young people, care file records and centre audit tools.

There was evidence that significant events that arose within the centre were subject to review and analysis at significant event review meetings within the organisation, at team meetings and with the relevant staff in formal supervision. Feedback to the team was evidenced from the significant event review meetings.

## **Staffing**

The inspector found that the centre manager and the staff team were committed to providing a safe, caring and nurturing environment for the young people in placement. There was a consistent stable team in place with no staff changes since the initial registration. Staff were suitably qualified to undertake their role and the inspector found they had the required training, experience and guidance to enable them to communicate effectively with the young people. The inspector found there was a good balance of experience, expertise and gender within the team and this benefitted the young people in placement. The inspector found that staff had confidence in their manager and in the wider management team and found them to be accessible, supportive and diligent in their approach.

The staff personnel files were subject to inspection at the point of registration and were found to contain the required vetting documentation. There was one additional member on the team since registration and the inspector reviewed this personnel file. This staff member transferred from another centre within the organisation and the required vetting documentation was evident on file.

Following interviews with staff, observations of practice and review of inspection questionnaires completed by staff the inspector found the team to be well motivated in their work and committed to providing a high standard of care for the young people. Despite being a relatively new team there was evidence the team was consistent and cohesive in their approach and were well informed of the principles and practices of their agreed care approach. The inspector found that members of the staff team had developed significant and appropriate relationships with the young people in placement over the previous three months.

All staff members participated in a two week induction process prior to commencing operations and there was evidence the induction training programme was relevant, informative and contributed to individual development and team development. The inspector reviewed the centre induction training pack and found staff received a comprehensive induction training programme that included core training and training in the care approach and relational model.

There was evidence of a consistent mentoring programme in place for staff that was lead by the shift team managers. The inspector found that communication within the team was good and there were effective systems in place to ensure relevant information was shared across the team and between the managers. The organisation issued a monthly newsletter to keep staff up-to-date on developments within the wider organisation. The young people also had an opportunity to contribute to this newsletter.

There was a sufficient number of staff in place to deliver the service. There was a shift team manager and two residential support staff on duty each day. The inspector reviewed the staff roster and found that there was good balance of skills and experience across the roster. The centre manager was based at the centre and worked five days a week. Relief staff was not a feature of the staff roster and the core team members where feasible covered sick leave or annual leave as it arose to maintain consistency of care.

## **Supervision and support**

The centre had a written policy in relation to staff supervision the inspector found that supervision practice was in compliance with centre policy. The inspector found that the centre manager placed a lot of value on supervision practice and its importance in terms of accountability, staff development and support. There was a supervision schedule set out for staff and there was an expectation that staff prepared for their supervision. There were systems in place to ensure the centre manager and external managers could track and monitor staff supervision.

The centre manager was supervised on a monthly basis by the regional service manager and the supervision records were available for inspection. The centre manager had completed supervision training and supervised the members of the staff team including the shift team managers on a monthly basis. Staff also received policy and procedure supervision every two weeks which was undertaken by the shift team managers. The inspector found that staff supervision was regular and robust.

Supervision records were of a good quality with evidence of focus on issues relating to the young people, individual and key-work, placement plans, organisational and team issues, key policies and training needs. Clear goals and decisions were evidenced on the supervision records. Supervision contacts were on file and the inspector found that staff used the supervision process effectively. Staff interviewed informed the inspector they found supervision supportive and that it provided them with clear guidance and feedback in relation to their work.

The inspector found there were effective communication systems in place between the centre manager, the shift team managers and the regional service manager. The centre manager received a verbal and written handover every day and daily planners assisted staff to keep track of tasks identified. The handover records were structured to ensure all areas of work and all tasks were completed or handed over to staff coming on duty. Team meetings took place on a fortnightly basis and the centre manager and the shift team managers met separately prior to team meetings. Team meetings were chaired by the centre manager and staff attendance was good. The minutes of these meetings showed good discussion about issues including care practices, teamwork, health and safety, review of significant events, and other operational matters. Decisions taken at team meetings were evidenced in the minutes of these meetings.

Staff interviewed by the inspector were clear what they would do if they had concerns about practice in the centre. They were aware of their responsibilities to raise

concerns about a colleagues practice and were aware of the centres ‘whistle-blowing’ policy. There was evidence on the supervision records that this policy was reviewed with staff in their second supervision session. The centre managers within the organisation attended ‘disciplinary training’ to ensure they were competent to address and implement the organisations disciplinary procedure.

The centre manager provided an out of hours ‘on-call’ service to the centre. The centre manager had appropriate access to guidance and support if matters relating to employment law arose. There were no disciplinary procedures initiated against any staff member at the time of the inspection. The organisation had recently developed a new staff handbook that provided staff with appropriate information and guidance in relation to their employment.

Managers and staff interviewed by the inspector identified the support mechanisms in place for staff, particularly for those who have suffered stress or injury in the course of their work. Staff had access to an external supervisor if they required this support mechanism. A structured debriefing process was in place for staff members where they experienced a challenging or stressful event in the centre. The organisations external consultant was available to individual staff members or the staff teams if they experienced a stressful event. Staff questionnaires and interviews reflected a positive and supportive working environment.

### **Training and development**

There was an effective on-going staff development and training programme for the care and education of staff. An employee training record was maintained by the centre manager and the inspector found that core training for the team was up to date. Supervision records also identified additional staff training requirements. A training schedule for 2019 was developed and staff interviewed confirmed that management would support and facilitate them to undertake relevant training to further enhance the skills base within the team. Training for the team on understanding self harm was scheduled to take place in November 2018.

### **Administrative files**

The inspector examined a range of administrative files and records including daily logs, complaint register, training and supervision records, handover records and minutes of staff meetings and meetings with the young people. The centre’s record keeping systems were organised and maintained in a manner that facilitated effective management and accountability. Records were stored in a manner that maintained appropriate levels of privacy and confidentiality about the young people’s

circumstances. The organisation had facilities in place to archive records that were no longer required to be stored in the centre. The centre manager was aware of the requirement to maintain all records relating to the young people in perpetuity. The inspector found that records were written in an appropriate professional manner. Staff had received appropriate training in relation to the centre's recording systems and had received guidance on report writing.

There was evidence that the centre manager and external manager monitored the centre registers, logbooks and the centre filing system on a regular basis. The inspectors found evidence that appropriate action was taken by managers to remedy deficiencies and safeguard the interests of the young people in placement and the staff working in the centre.

Staff interviewed stated that they had sufficient financial resources to care for the young people and to provide recreational and educative programmes. There were clear financial management systems and records in place. Petty cash records evidenced the day-to-day expenditure at the centre and were balanced at the staff handover meeting. Records were also maintained of monies provided to the young people for pocket money and other expenditure.

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

None identified.

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

None identified.

### **3.2.4 Regulation Based Requirements**

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

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

- Part III, Article 5, Care Practices and Operational Policies
- Part III, Article 6, Paragraph 2, Change of Person in Charge
- Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
- Part III, Article 16, Notification of Significant Events.



### 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 written policy and agreed procedures describing the admission process. Referrals to the centre were considered by the organisations external consultant, the centre manager and the regional manager. The centre manager consulted with the team prior to any admission. Following the centres initial registration there were three admissions to the centre. Pre-placement risk assessments were evident on the young people's care files. There was a matching process completed prior to accepting referrals to the centre with impact risk assessments undertaken. The inspector found that transition plans were developed by the centre manager and the social workers to support the young person with their move to the residential placement. Young people, their families and social workers visited the centre prior to admission and met with the staff team. The inspector found that there was careful and considered planning and preparation for each admission to the centre. There was evidence the young people's views and opinions were considered in the development and progression of transition plans.

The social workers with responsibility for the young people in placement confirmed they were satisfied the young people were well cared for in the centre and the young people's needs were well met. The social workers outlined the progress the young people had made throughout their time in placement. The social workers were satisfied that the staff had good knowledge and understanding of the young people's needs and had the skills and capacity to meet these needs. The social workers confirmed that they had assisted the young people to understand the reason for their placement in care and the social workers confirmed the young people were settled and stable in their placement and continued to benefit from the care they received.

The centre had user friendly information booklets describing all aspects of centre-life and key-workers helped the young people understand this information when they were initially placed. The centre also had an information booklet for parents and social workers that described the service provided.

There were comprehensive social history reports and assessment reports on file that provided staff with adequate information on the young people and this was made available to the centre at the point of referral.

The supervising social workers and the centre manager were satisfied that the placements were safe and secure and the staff team had to date provided a high standard of care and had the capacity to meet the needs of the young people in placement.

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

The inspector found that the statutory care plans were developed in accordance with the requirements of the legislation. Placements were supported by a comprehensive care plan developed by the supervising social workers and the care plans on file for each of the young people were up to date. The inspector found that the care plans were subject to review in accordance with the timeframes set out in the legislation. The care plans addressed all the key areas in the young people's life such as educational, social, emotional, behavioural and health requirements. The care plans identified how the placement would support and promote the welfare of each young person. The centre prepared written reports for all statutory meetings and these were maintained on file.

There was evidence that social workers consulted with parents and significant others in the development of the statutory care plans. The young people were invited to attend their statutory review however two of the three young people declined the opportunity to attend their statutory review however they had opportunities to contribute to the care plan reviews through consultation forms and staff representation of their views. The inspector found that the staff team were good advocates for the young people and the young person interviewed by the inspector confirmed this.

The centre had developed comprehensive placement plans for each of the young people in placement. The placement plans set out the areas of work to be undertaken by the staff to support the young person in placement. The placement plans were subject to regular review and evaluation within the team. There was an evident link

between the key-work and individual work undertaken by staff and the targets set out in the placement plan. Key-workers reviewed the placement plans with their manager in supervision and the plans were updated every three months. Social workers confirmed they received a copy of the young people's individual placement plans.

### **Contact with families**

Family contact was promoted, facilitated and supervised where required by either centre staff or social work staff. Where contact was supervised the reason for this had been explained to the young person. Staff facilitated, encouraged and supported direct contact visits and telephone contact with family members. Family contact was reviewed at statutory review meetings and set out in the statutory care plans. The care files contained a record of all family contact and outlined the outcome of such contact. There was evidence that parents and or significant family members were invited to attend the care plan reviews and were consulted with and kept informed of their child's progress in placement.

There was evidence that social workers and staff members sought to re-establish and maintain contact with family members and key people within the young people's extended families.

The centre manager ensured that, where appropriate, parents and significant others were kept informed about events in their child's life and open communication with parents or significant family members was promoted by the centre manager .

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

The three young people in placement had an allocated social worker and there was evidence they were appropriately supported by their social workers. The social workers visited the young people at the centre on a regular basis, generally once a month. The centre staff maintained a record of all social work visits and the outcome of such visits and the social worker confirmed they maintained a record of every visit to the young person on the case file. The date of social work visits to the centre was also recorded in the centre's visitor book. There was evidence that the social workers had access to the centre records and read and signed the relevant records from time to time.

## 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.

The social workers confirmed that they had the opportunity to meet with the young people in private at the centre. The social workers interviewed confirmed that they always enquired if the child was satisfied with their care and if they had any complaints about their care.

The social workers scheduled the statutory reviews and other planning meetings as required and forwarded the updated care plans following the statutory reviews. The social workers were satisfied they were informed of all relevant and appropriate information relating to the young person they were supervising. The inspector found that the centre staff were aware of the statutory responsibilities of the social workers. There was good communication between the social workers and the centre staff and social workers received monthly written progress reports from the centre in respect to the young person they supervised in placement. They stated they were satisfied that the young people were safe and well cared for in the centre by a consistent stable and committed team. The social workers were satisfied the young people had made good progress to date and benefitted from the care they received. There was evidence that the social workers read the centre records from time to time.

The centre had a system in place to receive written feedback from the social workers in relation to the care placements. Feedback forms were provided to social workers every three months and the initial feedback forms from social workers were recently returned to the centre. The centre manager informed the inspector that the feedback to the centre was positive.

### **Emotional and specialist support**

The inspector observed that staff interactions with the young people were appropriate and that staff treated the young people with respect and warmth. There was evidence the services external consultant outlined for staff the emotional needs of young people who come into the care system and the inspector found that staff interviewed

were attuned to the emotional and psychological needs of the young people and displayed empathy and understanding of those needs.

Specialist services had been made available to the young people as and when required. The inspector found that staff supported and encouraged the young people to avail of external specialist supports available to them. The young people were allocated key workers who ensured the placement plans were up to date and the goals identified in the placement plan were evaluated and achieved. There was evidence of good inter-disciplinary working and well informed care approaches were established.

The organisations clinical psychologist was available to guide and support staff to respond to the emotional and psychological needs of the young people as and when required. The centre manager outlined that where specific events for the young people identified a significant emotional component the centre manager and team could consult with the organisations clinical psychologist.

### **Preparation for leaving care**

There was evidence across the centre records that the staff team supported the young people to learn and practice the required skills in preparation for independent living in the future. There was evidence that staff provided opportunities for the young people to learn a range of life skills appropriate to their age and stage of development. There were plans in place to provide the young people with opportunities to take responsibility for budgeting, cooking and learning a range of practical life skills. The staff interviewed confirmed that the young people undertake transactions in the bank and supermarket, are supported and expected to keep their bedrooms clean and tidy and have small chores to complete on a weekly basis.

### **Discharges**

The centre had a written policy on discharges outlining that the centre endeavour to ensure that young people do not leave their placement in an unplanned manner. There was a written policy in place to manage both planned and unplanned discharges. There were no discharges from the centre to date.

### **Aftercare**

Tusla, the Child and Family Agency had a national aftercare policy for alternative care along with a range of supporting documents to inform relevant professionals of the supports available to young people on leaving care. The centre manager was aware of the new aftercare policy and how to access the guidance documents on line. Two of the young people in placement were referred to the Tusla leaving and

aftercare service and had allocated aftercare workers. The aftercare worker allocated to the two children in placement had commenced their work with the young people and had completed the initial leaving care assessment in respect of one of the young people. The aftercare worker confirmed they had provided a copy of this initial assessment to the centre. The aftercare worker confirmed they would be exploring accommodation options when the young people reach seventeen and a half years of age as the current housing crisis was impacting on the availability of aftercare accommodation for young people leaving care. The leaving and aftercare worker attended the young people's statutory care plan reviews to ensure they were well informed of the young person's current care plan and progress in care.

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

The young people had an individual care file that was stored in a secure fire retardant cabinet in the centre. Records were written in an appropriate professional manner. The centre manager was aware of the requirement to keep care records in perpetuity and store them in a manner that maintained appropriate levels of privacy and confidentiality about the young people's circumstances. All staff received clear guidance on maintaining confidentiality during their induction process. The organisation archived care files and care records in their head office when young people were discharged from the centre.

The care file contained a copy of the young people's birth certificate, care order or evidence of voluntary consent to care. The care files were well maintained and information was easy to access on the files. The records were written in a professional manner and information about the young people was expressed in a clear manner. The inspector found evidence across the records that the young people's views were actively sought and recorded. There was evidence that the care files were subject to regular checks and audits by both internal and external managers.

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

None identified.

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

None identified.

#### **3.5.4 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 23, Paragraphs 1and2, Care Plans***

***-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan***

***-Part V, Article 25and26, Care Plan Reviews***

***-Part IV, Article 24, Visitation by Authorised Persons***

***-Part IV, Article 22, Case Files.***

The centre has 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).***