An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 140

Year: 2019

Alternative Care Inspection and Monitoring Service
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Registration and Inspection Report

Inspection Year:	**2019**
Name of Organisation:	**Solis MMC Ltd**
Registered Capacity:	**Four young people**
Dates of Inspection:	**09th and 10th September 2019**
Registration Status:	**Registered from 03rd August 2018 to 03rd August 2021**
Inspection Team:	**Lorna Wogan**
Date Report Issued:	**15th November 2019**

Contents

1. Foreword **4**

1.1 Centre Description
1.2 Methodology
1.3 Organisational Structure

2. Findings with regard to Registration Matters **10**

3. Analysis of Findings **11**

3.2 Management and Staffing
3.4 Children's Rights
3.6 Care of Young People
3.7 Safeguarding and Child Protection

4. Action Plan **26**

1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 03rd August 2018. The centre was initially registered as a respite care service however in January 2019 the registered proprietor made an application to the Alternative Care Inspection and Monitoring Service to alter its purpose and function to provide medium to long term residential care. This application was approved and the centre commenced operation under its amended purpose and function on 01st February 2019. At the time of this inspection the centre was in their first registration and in year two of the cycle. The centre was registered without attached conditions from the 03rd August 2018 to 03rd August 2021.

The centre's 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 approach to working with young people was informed by attachment and resilience theories and an understanding of the impact of trauma on child development.

The inspector examined standard 2 'management and staffing', standard 4 'children's rights', standard 6 'care of young people' and standard 7 'safeguarding and child protection' of the National Standards For Children's Residential Centres, 2001. This

inspection was announced and took place on the 09th and 10th September 2019. 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 registered proprietor/director
    b) The regional manager
    c) The centre manager (PIC)
    d) Two shift team managers (PPIM)
    e) Ten residential support workers
    f) One social worker
    g) One young person
- An examination of the centre's files and recording process:
    - centre governance file
    - individual care files
    - daily logs
    - handover records
    - centre register
    - staff rosters
    - significant event register
    - record of sanctions/consequences
    - visitors book
    - house meeting records
    - complaints register
    - register of child protection and welfare concerns
    - eight staff supervision files
    - personnel files
    - team and management meeting records
    - staff training records
- 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 regional manager
    b) The centre manager (PIC)
    c) The shift coordinator (PPIM)
    d) Three residential support staff

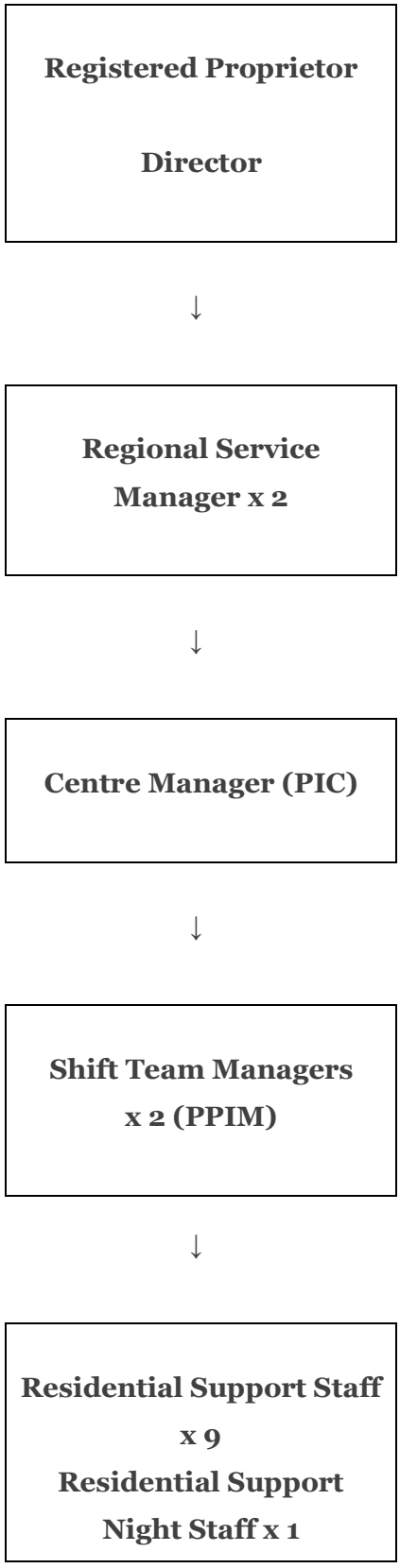
e) Two social workers
f) Two young people

- Observations of care practice routines and the staff/young people's interactions.
- Attendance at handover meeting

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

The inspector 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, the regional services manager and the relevant social work departments on the 29th 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 01st November 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: 140 without attached conditions from the 03rd August 2018 to the 03rd August 2021 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

There were no changes in the management structure since the last inspection in April 2019. 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 registered proprietor was assured that appropriate and suitable care practices were in place through chairing senior management meetings, receipt of twice daily updates, service manager's reports and quality assurance audit reports and action plans. The proprietor periodically visited the centre and had visited the centre on two occasions since the last inspection. The director had confidence in the team's ability to meet the complex and challenging needs of the young people which in their view was reflective of the stable workforce, their strong value base and a committed manager.

The centre manager had a relevant qualification in a related field to social care and many years of experience working with young people in residential care services. This person was present during normal office hours and had overall responsibility for the day-to-day running of the service. The manager was supported in their role by two shift team managers who provided a management presence at the centre from 10am to 9.30pm seven days a week. The shift team managers were responsible for leading each shift and were delegated responsibility for a number of managerial tasks. Shift team manager meetings were held fortnightly and a record of these meetings was maintained. Both shift team managers had relevant qualifications in

related fields to social care, were experienced practitioners and were provided with the opportunity to undertake leadership and management training.

There was evidence that the centre manager reviewed young people's daily logs, care files and centre registers as part of their governance. They also chaired staff team meetings, attended handovers, child in care reviews and other professionals meetings. There was evidence that since the last inspection the manager supported the growth and on-going development of members of the team. This was evidenced and confirmed through interviews with staff and completed staff questionnaires.

The centre manager maintained a governance folder that evidenced senior management meetings, regional management meetings, centre manager and shift team manager's meetings, quality assurance audits, governance reports and significant events review meetings. There were systems in place to address actions arising from these governance and management forums. There was evidence that service policies were discussed with staff in supervision and reviewed externally by the quality assurance officer and senior managers across the service.

The centre manager reported to the organisation's regional managers and the inspector found evidence of robust governance in the centre and good oversight of the planning of care for young people. The inspector found there were systems in place to assess the quality and effectiveness of the care afforded to the young people through the statutory review process, regular review of key work and review of placement plans and risk assessments.

The manager completed a monthly governance audit tool that was forwarded to the regional managers and the registered proprietor. The regional managers also completed monthly service manager's reports following a review of operations, placement planning and care practices. There were systems in place to address any actions arising from these governance and management practices. There was evidence of the regular presence of a regional manager in the centre and this person signed registers, met with staff and young people informally on visits to the centre and periodically attended staff team meetings. The inspector found there was effective and regular communication between the centre manager and the regional service managers. Staff interviewed confirmed the centre manager provided feedback to the team following all service audits and reports.

The organisation's quality assurance officer had an audit system that was designed to focus on compliance with the new HIQA National Standards for Children's

Residential Centres, 2018. Two comprehensive quality assurance audits were undertaken since the last inspection one announced in April 2019 and an unannounced audit in July 2019. Six themes within the standards were subject to auditing and action plans were on file to address the audit findings.

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 four young people were admitted since the initial registration of the centre and there was one unplanned discharge and one admission since 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 centre had a system for the prompt notification of significant events. Social workers for young people confirmed to the inspector they were satisfied they were notified in a prompt manner of all significant events.

A register of all significant events was maintained at the centre that assisted managers in tracking trends and patterns of events. This register was up to date and information held on the register was consistent with significant event reports on file. An electronic database of significant events was also maintained by the centre manager and forwarded to external managers.

There was evidence of robust oversight of all significant events relating to the young people at team meetings, regional meetings and within individual supervision. Learning outcomes identified were discussed at team meetings and in individual supervision. The inspector found that very complex and challenging incidents were competently managed by the staff team with appropriate follow up and oversight by the centre manager.

Staffing

The inspector found there was a consistent stable team in place. The centre had maintained the full staff compliment without resignations that provided consistency of care for the young people. The team comprised of the centre manager, two shift team managers and ten residential support staff. There were three staff on duty each day including the shift team manager. The roster was well organised to meet the

needs of the young people and provided opportunities for the shift team managers to undertake their assigned management tasks. The staff/child ratio was 1:1 at all times during the day and two waking staff throughout the night. The inspector found there was a sufficient number of staff in place to deliver the service and a staff member qualified to social care leader level on shift each day.

The staff team had a range of qualifications such as youth and community work, psychology and social work. Three members of staff had a recognised qualification in social care practice. The inspector found there were a balance of experience and a range of expertise within the team. The internal managers were satisfied that confidence and experience was growing within the team. Staff received guidance and support from the organisation's clinical psychologist to support them in their care approach and further develop their capacity to meet the needs of the young people in placement. The centre manager facilitated a team building day in July 2019 and the young people were included in this day.

All personnel files and induction records were examined during the previous inspection thus were not subject to examination during this inspection. The inspector found that staff performance appraisals were completed in accordance with organisational policy and were evidenced on staff supervision files.

Supervision and support

The centre had a written policy in relation to staff supervision. The policy outlined that staff received supervision monthly and fortnightly for new employees. Eight staff supervision files were inspected and were found to be well maintained with all the relevant records accessible and well organised. The centre manager provided formal individual supervision to all members of the team. A supervision folder was maintained for each staff member and was kept in a secure location. This folder held a range of records relating to individual staff induction, training, supervision contracts, minutes of meetings and debriefing. The inspector found that supervision was carried out in line with the centre policy. The records examined by the inspector evidenced that placement plans, individual work and key work was discussed in the supervision process. There was a 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, monitor and review staff supervision. The inspector found that the centre manager and staff interviewed placed a lot of value on supervision practice and its importance in terms of accountability, staff development and support.

Handover meetings were undertaken twice a day at 10am and 10pm when staff came on duty. Written handover records were maintained that were reviewed by the inspector. These records evidenced good communications systems for planning and reviewing purposes. Team meetings were held fortnightly and there was evidence of good attendance by staff. Minutes of these meetings were held on file and evidenced a structured and comprehensive meeting forum that was valued by staff and contributed to effective planning and safe care.

The shift team managers undertook an 'end of shift analysis' with staff where they had experienced a stressful event in the course of their work. Where staff required additional support in their work the organisation's clinical psychologist was available to them. Staff interviewed outlined their confidence in the centre manager and the shift team managers. Staff members interviewed confirmed they were provided with an employee's handbook.

Training and development

The inspector found there was a good investment by the organisation in staff training and a schedule of training was set out for the year ahead. Mandatory training in behaviour management, first aid, manual handling, fire safety and Children First and associated refresher training was up-to-date for staff members. All staff had completed the three modules on the TUSLA e-learning Children First programme and safe administration of medication training. Staff members were also provided with additional training relevant to their work and the needs of the young people since the last inspection. Supervision training for shift team managers was scheduled for September 2019. The centre manager maintained a record of all staff training and training needs were identified within the staff supervision process.

Administrative files

The inspector reviewed a number of the administrative files in the centre and found these to be in order and evidence of oversight by external line managers. It was observed that files in the centre were maintained in line with the Freedom of Information Act, 2014 and stored securely. The organisation had systems in place for archiving records relating to the care of the young people. There was evidence of good oversight of all records by the centre manager and the regional managers.

The inspector found that there were adequate financial arrangements in place and sufficient resources to meet the need s of the young people in placement. There were systems in place to evidence monies given to the young people for clothing and pocket money.

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.

3.4 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

There was evidence that young people were provided with written information about the centre and about their rights on admission to the centre. There was also written information about the centre made available to parents on their child's admission to the centre. Staff supported the young people to understand and exercise their rights through key work/individual work and in the course of daily living. A review of the care files, observations of staff practice and meeting with young people in placement provided evidence to support that consultation with young people was a regular feature of staff practice. Young people were invited to complete a monthly feedback form to staff about their care and a number of feedback forms were evident on the care files inspected. There was evidence that young people were offered

opportunities to read their daily logbooks. Monthly progress reports were completed by key staff and the young people received verbal feedback on their progress. Monthly house meetings were scheduled and staff worked hard to encourage and support the young people's participation in these meetings despite the reluctance of young people to engage in these forums. A record of the house meetings was maintained on file. Issues raised by the young people were discussed by staff at team meetings and evidenced on the records.

Young people were consulted as part of their statutory care plan review process and had an opportunity to participate in statutory planning meetings. Young people interviewed felt staff listened to their views and opinions. In July 2019 two young people in the centre met with the children's advocacy group, EPIC (Empowering Young People in Care) and there was EPIC literature available in the centre.

Access to information

The centre had a written policy on young people's access to information and this was reflected in the young person's booklet provided on admission. Records maintained by the staff team recorded that young people were offered access to their files on a monthly basis. All young people had signed a form stating that they had been made aware of their right to access information on their file. The young people who spoke with inspectors confirmed that they had been offered access to their records on a regular basis and had chosen not to avail of this option.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre had a written complaints policy in place and written information for young people and their parents on their right to make a complaint about any aspect of their care. Information on TUSLA's complaint procedure was outlined in the centre's written policy. The staff interviewed had a clear understanding of the purpose of a complaints procedure as a safeguarding practice and to provide learning for the organisation. The inspector found that there were a number of avenues open to the young people to raise complaints and dissatisfactions that they had. These included house meetings, key work sessions, regular contact with their social workers and there was evidence of a culture to promote the young people to voice their views. The centre maintained a register of complaints and the centre manager was responsible for overseeing all complaints. The inspector examined the register and noted there were no complaints on the record. The centre manager stated that no formal complaints had been made by the young people. In the course of interviews

with staff and with one young person the inspector found that a number of issues of dissatisfaction raised by the young person were not recorded on the centre's complaint register. The young person in placement was offered support to make a complaint through the TUSLA complaint's procedure 'Tell Us' however they declined to pursue the complaint. The inspector found that the advice and support offered by staff to resolve the young person's complaint was appropriate however was not recorded on the centre register and the issue remained unresolved for the young person. The centre manager must ensure that complaints and issues of dissatisfaction raised by the young people are recorded in the centre's complaint register in order to track and pattern complaints or issues of dissatisfaction raised by the young people. Centre staff must also routinely and consistently record how the young people's individual concerns are resolved.

The young people interviewed were aware of their right to complain and how to initiate a complaint and the two young people interviewed confirmed they had no complaints about their care in the centre to date. One young person stated this was their best placement and they found they had benefitted from the care they received in the centre.

The social workers confirmed they had not received any complaints from the young people in relation to their care and social workers stated that any issues of dissatisfaction raised by the young people were communicated to them by the centre staff.

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 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 must ensure that all complaints and issues of dissatisfaction raised by the young people are recorded on the complaint register in order to track and pattern issues of dissatisfaction raised by the young people.

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

The care approach was individualised and planning for the young people was child centred. Staff interviews and centre records evidenced the efforts and input by members of the team to encourage and build positive and trusting relationships with the young people. This was apparent in the daily plans, weekly plans and placement plans for each of the young people.

All young people had individual care programmes set out in their placement plan and each placement plan was up-to-date. The plans were set out for the six months ahead and when tasks were completed this was reflected on the plan. The shift team managers had responsibility to monitor key work and to ensure the individual care files contained all the required documentation. Each of the young people identified a staff member with whom they had a good relationship and these workers provided individual emotional support to them. Staff interviewed stated that the young people had opportunities to spend individual time with staff each week. The inspector found that key work undertaken was based on the assessed needs identified in the placement plans. Individual work was scheduled each month and was found to be meaningful and relevant and evidenced an open, honest and empathetic approach by staff.

The inspector found that staff made great efforts to facilitate the young people to participate in recreational activities with staff based on their individual preferences. Young people had an opportunity to be involved in decorating their bedroom in accordance with their own preferences. Feedback from parents was also sought from the centre staff in relation to their child's care.

Provision of food and cooking facilities

The kitchen in the centre was clean, spacious and was maintained to a good standard. The young people were provided with a varied and nutritious diet and had access to healthy snacks in between mealtimes. There were regular routines where staff prepared lunch and dinner for the young people. The inspector joined the staff and two young people for lunch and a main meal and these were sociable events where staff and the young people engaged in relaxed conversations.

The food planner was set out for the week ahead and the young people contributed to meal planning. Staff placed emphasis on healthy food and they promoted healthy lifestyles for the young people. This was evidenced in key work and individual work. The young people were involved in food shopping, menu planning and meal preparation.

Race, culture, religion, gender and disability

The service had a written policy on recognising diversity and anti-discrimination practice. There was evidence the young people were provided with similar opportunities as their peers in the community and were not subjected to any form of discrimination by their care status. The physical environment was homely and maintained to a high standard and provided the young people with a 'normal' living experience. There was evidence that staff challenged racist and other discriminatory comments made by the young people and encouraged young people to discuss prejudicial views they may have. The staff displayed an awareness of the importance of family as a source of heritage and identity and facilitated and supported the young people to maintain family contact. The inspector found that staff offered the young people the opportunity to practice their religion however the young people generally declined to practice their faith. The inspector found that the young person's religion was not recorded on the individual care file. The inspector recommended that the young people's religion is recorded on the individual care file.

Managing behaviour

The centre had a written policy on managing challenging behaviour. Each of the young people had a comprehensive placement support plan designed to respond to and manage behaviours. The placement support plan contained plans across five areas of management including routine, situation, crisis, absences and overall behaviour management. In interviews, the shift team manager and the staff members described the use of individual placement support plans and crisis management plans as informing this area of their practice. In addition, the relationship between staff and the young people was named as an important aspect of

behaviour management. There was evidence that the placement support plans were reviewed monthly and updated as required. De-escalation plans were well thought out and set out in the individual crisis management plans. Social workers confirmed they were consulted in the development of each placement support plan.

In interview with the inspector the young people were clear what was expected of them and how behaviour would be managed by staff. The team described their approach as firm, clear and consistent. Staff stated they helped the young people to reflect on the implications of their behaviour and helped them identify solutions. The inspector found that staff were confident in their communications with the young people. The behaviour management policy outlined sanctions that were permitted and those not permitted. Sanctions, consequences and positive rewards were decided by the team and discussed at team meetings, recorded in a separate book and were monitored by the centre manager and the regional managers.

Significant events were reviewed by the centre manager and the team both in team meetings and in supervision. There was evidence of reflective practice, direction and feedback to the team following reviews of significant events.

Restraint

There was a written policy on the use of physical restraint. The centre staff were trained in a method of physical restraint that was researched and was based on reputable practice. The inspector found that staff members were appropriately and sufficiently trained in the use of physical restraint. There was evidence on the individual crisis management plans that staff identified a range of alternative interventions to de-escalate challenging situations that were regularly reviewed and updated where required. Social workers were provided with a copy of the individual crisis management plan and were familiar with the centre's approach to managing crisis behaviour. Restraint interventions were not required for two of the residents. One resident was subject to five physical restraint interventions since the last inspection to prevent significant harm to themselves and others in accordance with the crisis management plan. The physical restraint interventions were agreed and approved by the social worker at the statutory review and were outlined in the individual crisis management plan. A separate report was completed on all restraint interventions and was reviewed by the organisation's behaviour management trainer and external managers. There were clear arrangements in place to inform the young person's parents when a physical intervention was employed by staff. The records evidenced a significant decrease in the level of physical interventions by staff since the last inspection. There was evidence that the team refreshed their training in physical restraint interventions in January and June 2019.

Staff felt well supported following crisis events through the provision of end of shift analysis and debriefing. There was evidence that the young people received a debriefing process also following crisis events through the life space interviews.

Absence without authority

The centre had a clear policy and procedure for staff to follow in the event that a young person was absent without authority. Unauthorised absences were not a regular feature of the young people's care and there were no absences from the centre since April 2019. Previous missing from care episodes from the centre were dealt with in accordance with the requirements of the Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Service Executive Children and Families Services, 2012 and in line with the young people's absence management plans. Each young person had an absence management plan developed on admission in consultation with their social worker and the inspector found these plans were subject to regular review. The plan included who should be notified within specified timeframes.

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

The centre had a written policy on safeguarding and child protection that was reviewed in August 2019. The team had completed one-day training on the organisation's safeguarding and child protection policy on induction. Policies that supported good safeguarding practices in this centre included recruitment and vetting of staff, supervision, monitoring of standards, complaints processes for young people, access to family and advocacy supports outside of the centre to name a few. There were clear guidelines available to staff with regard to maintaining professional relationships with young people. The inspector found that overall the staff team had a good understanding of safeguarding and were aware of various aspects of their daily practice that contributed to a safe environment for young people.

The team used risk assessment processes and risk management plans where necessary to support the management of new, emerging or potential risks relating to behaviour. The inspector also viewed collective pre-admission risk assessments on care files that took issues of risk and safeguarding into account between young people when processing new admissions. Risk assessments were placed in the monthly folders and were accessible to staff.

The young people living in the centre had access to facilities to make and receive telephone calls in private. The centre had recently updated their mobile phone policy to ensure robust safeguarding and child protection.

The organisation had a policy on whistleblowing that was discussed with staff in their policy-induction training. Staff interviewed displayed an awareness of the centre's whistle blowing policy and were confident of their capacity to raise issues or concerns about a colleagues practice and their responsibilities in this regard.

The centre had a written policy to guard against bullying and to promote a safe environment for the young people. The inspector found that staff were vigilant to monitor the resident group and were alert to signs of bullying. The two young people interviewed by the inspector stated they felt safe living in the centre.

Child Protection

Standard

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

The centre had a child protection policy that was in line with Children First National Guidance for the Protection and Welfare of Children, 2017. Staff interviewed were aware of measures to take in the event that young people disclose current or past abuse. Staff interviewed were able to identify the centre's designated liaison person and deputy liaison person for the reporting of child abuse concerns. Staff were aware of the procedure to report all known or suspected concerns of abuse to the local social work duty team and report such concerns through the TUSLA portal. Staff were aware of their responsibility as mandated persons under the Children First Act, 2015.

The centre had a child protection and welfare register. The register was recently updated to include concerns that were discussed with the duty social worker but did not meet the threshold for submitting a mandated form. There were three child protection concerns reported since the last inspection. Two of the concerns reported did not meet the thresholds for submitting a mandated form and one reported concern was not yet concluded and this was noted on the register. There was evidence that parents were notified of the reported concern. Child protection was a standing item on the team meeting agenda to review and update the status of any identified or reported concern about a young person's safety.

Social workers interviewed by the inspectors were satisfied that staff were alert to signs of abuse and were thorough in their assessment of known or potential risks for the young people in placement.

The centre had a written child safeguarding statement displayed in a prominent place in the staff office in accordance with the requirements of the Children First Act, 2015. The inspector advised that the external manager forward the statement to the Tusla Child and Family Agency Child Safeguarding Statement Compliance Unit to ensure compliance with the guidelines set out for safeguarding statements and ensure the document sufficiently identified all potential risk of harm relating to young people living.

There was evidence on the training records that staff had completed three Children First e-learning modules: Introduction to Children First, Implementing Children First and Children First in Action. Staff in interview confirmed that the placing social workers would bring allegations of abuse to the attention of parents.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.4	The centre manager must ensure that all complaints and issues of dissatisfaction raised by the young people are recorded on the complaint register in order to track and pattern issues of dissatisfaction raised by the young people.	All issues of dissatisfaction and complaints will be tracked on the Complaint Register in order to track and pattern issues. Person in Charge (PIC) to oversee fully. This will be reiterated and reinforced with the team at upcoming team meeting 07/11/19 and via supervision with all staff throughout the month of November 2019 and further reiterated at regular intervals if needs be.	PIC to reinforce the tracking of complaints with the staff team via team meetings and supervision. PIC will ensure via daily oversight of all daily logs and individual work that all areas of dissatisfaction are recorded promptly on the Complaints Register.