



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 115

Year: 2017

Lead inspector: Lorna Wogan

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Gateway Organisation Ltd
Registered Capacity:	Two young people
Dates of Inspection:	13th and 14th of November 2017
Registration Status:	Registered from the 17th of June 2016 to the 17th of June 2019
Inspection Team:	Lorna Wogan
Date Final Report Issued:	21st of August 2018

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1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in June 2016. At the time of this inspection the centre were in their first registration and were in year two of the cycle. The centre was registered without conditions attached from the 17th of June 2016 to the 17th of June 2019.

The centre was subject to a full inspection under the National Standards for Children's Residential Centre in September 2016 and this report can be accessed on the Tusla.ie website. The inspector was satisfied that the recommendations and actions required following the last inspection were met.

The centre's purpose and function was to accommodate two young people of both genders from age thirteen to seventeen years on admission. The centre's purpose and function was altered in January 2017 and the centre currently provided a special arrangement placement for a specific child who was placed from another jurisdiction. Consent to place the child was secured in accordance with the requirements of Article 56 of EC Regulation 2001/2003 from the competent authority in Ireland, that is, Tusla the Child and Family Agency. The purpose of the placement was to provide medium-term care within a therapeutic care environment. The child was nine months in placement at the time of the inspection.

The centre aimed to help young people and children recover from adverse life experiences and its work was based on a team approach to assessment and provision

of care. The centre's approach to working with children was informed by attachment and resilience theories with the over-arching approach based on positive behaviour support. The attachment-based approach was supported and guided by an external specialist in the area of attachment disorders. The centre offered an evidence-based approach to 'What Works' in residential care and the assessment identified both protective and risk factors. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment and belonging.

An external psychologist and the attachment specialist provide external guidance and support for the centre manager and the staff team to develop assessment and recovery plans based on individual needs.

In the course of this inspection the inspector examined standards 2 'management and staffing', 5 'planning for children and young people' 6 'care of young people' and 7, safeguarding and child protection of the National Standards For Children's Residential Centres (2001). This inspection was unannounced and took place on the 13th and 14th of November 2017.

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 centre manager.

- ◆ An examination of the questionnaires completed by:
 - a) Director of services
 - b) Centre manager
 - c) Deputy manager
 - d) Six of the care staff
 - e) The young person residing in the centre

- ◆ An examination of the centre's files and recording process.
 - Individual care file
 - Daily logbook
 - Centre register
 - Supervision records

Handover records
Team meeting records
Training records
House meeting records
Petty cash records
Significant event logbook
Physical intervention logbook
Records of child protection concerns
Complaint register
Staff rosters
Three personnel files
Visitor's logbook

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 service director
 - b) The centre manager
 - c) The deputy manager
 - d) Two social care staff (including key worker)
 - e) The young person in placement
 - f) The social worker
 - g) The lead inspector
- ◆ Observations of care practice routines and the staff/young person's interactions.
 - ◆ Attendance at staff handover meeting

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, chief executive officer, company director and the relevant social work departments on the 23rd of July 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 7th of August 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 115 without attached conditions from the 17th of June 2016 to the 17th of June 2019 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The company structure comprised of the company director and a director of services. At the time of the inspection the director of services had resigned from their post. The company director had recruited a new chief executive officer who was due to commence operations in the coming weeks.

The inspector found there was a clear management structure in place and there was evidence that management provided good leadership and external oversight of the centre. The centre manager reported to the director of services who in turn reported to the managing director. The director of services was responsible for the oversight of six residential centres in the region and for recruitment, training and development of staff. The director of services reported to the managing director on a monthly basis.

The inspector found that the director of services had good knowledge of all operational aspects of the centre. The director of services had oversight of the centre through weekly written progress reports on the child, monthly returns from the centre manager, formal supervision of the centre manager, management meetings and regular telephone contact and occasional visits to the centre.

The director of services chaired management meetings on a monthly basis with all centre managers across the organisation. The inspector examined the records of these meetings. There was evidence that the director visited the centre periodically, met with the staff and child in placement and reviewed the registers and daily logs. The company director had visited the centre during the year and the centre manager confirmed that the company director occasionally met the team at team meeting forums.

The previous centre manager resigned from their post in November 2016. A new centre manager was appointed in November 2016 and had been in post for twelve months at the time of the inspection. The centre manager had the required minimum of five years post qualifying experience and was suitably qualified. The centre manager was able to identify systems in place to ensure good standards of care practice were maintained for example, regular review and planning meetings with the deputy manager, robust recording and communication systems, oversight of centre records, attendance at meetings and handovers, regular checks to ensure staff have completed work assigned to them. The inspector found that the centre was efficiently and effectively managed.

The centre manager participated in monthly management meetings where issues pertaining to staffing, policies and procedures, training and report writing were discussed. The minutes of the management meetings confirmed this. The monthly management meetings also afforded the centre manager an element of group supervision. The centre manager was satisfied they received good support and guidance from the director of services and from other experienced managers within the service.

There was evidence the centre manager was present in the centre Monday to Friday during office hours. Staff interviewed stated that the centre manager was accessible to them on a daily basis and provided guidance, support and direction.

A deputy manager post was developed within the centre in August 2016 and the appointed person was suitably qualified and experienced to undertake this role. There was evidence of regular communication between the centre manager and the deputy manager.

The inspector found evidence that policies and procedures were periodically updated as required and staff had been fully consulted in this process. There had been a considerable focus on the child protection policy to ensure it met the requirements of the placing agency and Children First: national guidance for the protection and welfare of children (DCYA 2011)

Register

The centre manager maintained a register that outlined the required information relating to the admission and discharge of young people. The inspector found it was completed in line with the regulations and was up to date and complete. The register

showed one previous admission and subsequent discharge of the young person from the centre since commencement of operations. The details in relation to the admission of the current child in placement were complete.

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

Significant event notifications were reviewed by the Tusla registration and inspection service. The lead inspector for the oversight of significant event reports arising within the centre informed the inspector that incidents were well managed by the staff team with appropriate follow-up and oversight by the centre manager. They reported that the centre manager had a good understanding of what was required to be notified and was aware of their role in terms of quality assuring both practice and recording in relation to significant events.

Significant events were found to be appropriately notified to the relevant persons. The social worker told the inspector they were satisfied they were notified of all incidents in a timely manner.

There was evidence that the significant event logbook was maintained and up-to-date and was signed off by the director of service. This logbook corresponded to the significant event reports on file. The records evidenced a decrease in the number of significant events over the past three months. Significant events could also be cross referenced with the weekly progress reports that were forwarded to the referring agency.

At the time of the inspection there were fifty five significant event reports for 2017 in respect of the child in placement. The majority of these events related to behaviour that challenged and physical interventions and restraint.

A review of significant events during the inspection evidenced that incidents were managed in line with agreed responses outlined in behaviour management plans and in line with the centres care approach. The inspector found there was clarity in relation to the thresholds for reporting such events. The centre manager stated they regularly monitor the thresholds for reporting significant incidents. Risk assessments and safety plans were updated as required following significant events. External oversight of significant events was undertaken by the director of services and all

physical restraint interventions were reviewed by an experienced in-service trainer in the behaviour management approach. There were clear procedures in place to inform the child's mother of all significant events and physical restraint interventions.

Staffing

The inspector found the team was stable and consistent since the initial registration in June 2016. The inspector reviewed the duty rosters over the past nine months. The centre manager had confidence in the team and stated they were committed to the young person in placement and were open to learning and on-going development. The inspector found that the staff members used reflective practice to analyse their work practice. At the time of the inspection the centre manager indicated they were currently recruiting additional relief staff that was required as a priority to ensure adequate cover for sick leave and annual leave. The centre staff comprised of the centre manager, deputy manager, six core social care staff and one relief social care worker. Staffing levels were approved and agreed with the placing authority. As part of the placement agreement the staff /child ratio was 2:1. A 'rolling roster' was introduced in early 2017 and staff generally undertook ten sleep-over duties per month. Two care staff slept over in the centre with on-call support.

Two staff members had resigned from their post since the centre's initial registration in 2016. Three new staff members were recruited since the last inspection. Staff personnel files for the newly recruited staff were inspected. The inspector found that staff files included the required information including Garda vetting, three written and verified references and evidence of qualifications. All staff were appropriately qualified and there were no trainees on the team. An exit interview was undertaken with one of the staff that had left the service and the other staff was recently provided with an exit interview form to complete and the manager planned to schedule a meeting with them.

Following interviews with staff, observations of practice and review of inspection questionnaires completed by staff the inspector found the team were well motivated in their work and committed to providing a high standard of care for the child in placement. The staff members interviewed by the inspector were aware of their roles, responsibilities and the reporting structure. Communication within the team was good and handover records, daily log books and 'working folders' supported the communication systems.

There was evidence on personnel files that structured on-site induction was undertaken with new staff members. Newly recruited staff also participated in a group induction process covering aspects corporate policies and procedures. There were no disciplinary procedures initiated against any staff member at the time of the inspection.

Training and development

There was an effective on-going staff development and training programme for the care and education of staff. The centre manager maintained a training log that was examined by the inspector which outlined the training undertaken by staff and assisted in tracking the status of core training. An audit tool on staff files also recorded training undertaken. Supervision records also identified additional staff training requirements. Core training in the management of behaviour that challenged, child protection, fire safety training and first aid was completed by the team and was up-to-date. Four staff members were currently undertaking a leadership and management module in the local third level college and this training was due to be completed in December 2017.

There was an evident therapeutic approach to working with the child that included a strong focus on an attachment based approach combined with sensory integration work with the child. The service's attachment specialist met the team on a monthly basis to review and evaluate their approach to working with the child. Key guidance and direction arising from this training was recorded in the centre and the training dates were evidenced on file. The attachment specialist was accessible to staff should they require additional clarification or guidance in relation to their therapeutic approach. All but two members of the team had completed the two-day core attachment training facilitated by the attachment specialist. There was evidence from centre records and interviews with staff that attachment training and the attachment based responses were central to the care approach. Staff interviewed by the inspector were able to identify how the child had made progress in placement.

Staff members were also facilitated to participate in relevant HSE training programmes such as applied suicide intervention skills training and understanding self harm.

Administrative files

Administrative records were well organised and maintained to facilitate effective management and accountability. There was evidence of good internal oversight of records and commentary on staff practice by the centre manager. The inspector examined a range of administrative files and records including daily logs, petty cash records, visitor's logbook, sanctions logbook, physical intervention logbook, handover records and minutes of staff meetings and house meetings. The centre manager attended handover meetings, team meetings, care planning meetings and reviewed all care and administrative records generated at the centre.

There were clear financial management systems in place in the centre which involved the use of petty cash and receipts. Petty cash records evidenced the day-to-day expenditure at the centre. Records were also maintained of monies provided to the child for pocket money and other expenditure. The inspector found that these systems ensured accountability in relation to expenditure in the centre. The centre manager and staff interviewed stated that the budget was adequate for the purpose and function of the service.

The centre manager was aware that care files and relevant records relating to the children and young people must be kept in perpetuity. The care records relating to the previous resident were stored at the centre in an appropriate medium.

3.2.2 Practices that met the required standard in some respect only

Supervision and support

The centre had a written policy in relation to supervision. The centre manager received regular and robust supervision from the director of service in line with the service supervision policy and a record of the supervision process was examined by the inspector. Supervision with the manager included a review of the child in placement, staffing requirements, focus on management skills and support for the team. The centre manager stated they felt well supported in their work by the organisation and by their line manager.

Supervision records of five staff members were inspected. The supervision records evidenced that the centre manager and deputy manager (who supervised two staff members) provided regular supervision to all staff members in line with the timeframes set out in the policy. The centre manager and the deputy manager were

previously trained in the provision of supervision practice. All staff members had supervision contracts on file that were subject to annual review. The staff supervision schedule was displayed in the staff office.

The supervision records evidenced a focus on learning, team work, self care, debriefing and support. The centre manager stated that key-work and individual work was discussed and reviewed in the context of supervision however the supervision records inspected did not consistently evidence this. Supervision records must evidence an effective link between supervision and the implementation of the individual placement plan. Annual appraisals were undertaken with staff members and were evidenced on the supervision files.

Team meetings were undertaken every three weeks and the records of team meetings were subject to inspection. The records showed that these meetings were well attended by the core team and relief staff. Handovers took place on a daily basis and the records evidenced good communication, co-operation and consistency between staff in implementing daily plans, providing consistency of care and maintaining safety.

The staff interviewed were familiar with the service policy on the prevention and management of stress in the workplace and staff supports were outlined in the staff handbook. The staff interviewed stated that there was good support within the team and from the centre managers. Staff questionnaires and interviews reflected a positive and supportive working environment. The centre manager had access to an external advisor where issues arose relating to employment law.

On-call support was delivered to the staff team on a rotational basis outside of office hours by the centre manager and other managers within the organisation. The on-call roster was displayed in the staff office. Staff members had access to the directors contact details should they wish to engage with them directly on any matter.

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.

Required Action

- The centre manager must ensure that supervision records evidence an effective link between supervision and the implementation of the individual placement plan.

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. The organisation had systems in place to ensure pre-admission risk assessments and placement mix assessments were undertaken prior to accepting referrals for admission. The centre was registered as a special arrangement and was not open to referrals at the time of the inspection. The centre manager informed the inspector that any decision to accept a new referral in the future would be done in consultation with the placing agency for the child currently in placement.

This special arrangement was developed in response to the assessed needs of the child in placement following a comprehensive social work assessment. It was felt the child’s interests was best served being cared for by a team of professionals in a residential setting who would implement a specifically designed care programme to

address their specific care and therapeutic needs. There was evidence that the child's parent, social worker, social work manager and guardian *ad litem* visited the centre and met with members of the staff team prior to their child's admission to the centre.

The social worker with responsibility for the child in placement confirmed they were satisfied the child was well cared for in the centre and had made steady progress to date and continued to benefit from the care they received.

The centre had a child-friendly information booklet describing all aspects of centre-life and there was evidence on the care files that key-workers helped the child to understand this information when the child was admitted initially. There was evidence that the social worker and key workers had assisted the child to understand the reason for and the purpose of their placement and of the future care plan.

There were social history reports, care planning and assessment reports on file that provided staff with adequate information on the child prior to admission. A medical report on file was secured following their admission to the centre.

Statutory care planning and review

The inspector found that the care plan was subject to formal, systematic and regular reviews in accordance with the legislation. There was scheduled monthly care planning meetings with the social worker, centre manager and key staff. The initial statutory review meeting was undertaken on admission and the subsequent statutory review meeting was held within six months of placement. The date of the following statutory review meeting was identified on the care plan document.

The placement was supported by a comprehensive written care plan developed by the placing authority. The care plan was up to date and of a good quality and addressed key areas in the child's life such as educational, social, emotional, behavioural and health requirements. The care plan identified how the placement would support and promote the welfare of the child. There was evidence of parental attendance at the statutory reviews. The care file contained comprehensive key worker reports presented to each statutory review meeting. Minutes of care planning and statutory review meetings were evident on the care file.

There was evidence that the social worker consulted with the child in the development of the statutory care plan. The child did not attend their care plan reviews due to their age however the social worker provided them with a consultation

form prior to review meetings to seek their views and opinions. The social worker and the key worker confirmed they provided verbal feedback to the child following their statutory review meeting. The child interviewed by the inspector confirmed they were afforded the opportunity to have a say in their care plan meetings and were provided with feedback from the meeting.

The children had two allocated key workers who ensured the placement plans were up-to-date and the goals identified in the placement plan were evaluated and achieved. The placement plans contained standard headings to include physical, emotional and communicative development, education, identity and attachment. There was evidence that key-work undertaken was linked to the tasks identified in the placement plan. Key work and individual work was recorded on the care file. The key worker interviewed was able to identify the skills the child learned through key work sessions. Key work meetings were undertaken with the child to check-in with them about how they felt they were getting on in placement and to address any concerns or issues for them. There was evidence that routines and daily plans were predictable and repeated consistently by all staff members. The placement plan was reviewed and updated every three months by the key workers and signed by the centre manager. Weekly reports to the social worker evidenced the individual work completed with the child.

Contact with families

The inspector found that the team and social work department worked together to support agreed contact arrangements for family. Regular parental and sibling visits and telephone contact was promoted and facilitated by staff. The centre manager and attachment specialist focused on the quality of parental contact to support and develop the parent/child relationship. Telephone contact was monitored by staff and the reasons for this were explained to the child. This practice was subject to on-going review at the statutory meetings.

The care files held a record of all family contact and outlined the outcome of such contact. The mother of the child in placement was satisfied their child was making progress and the centre staff had developed a positive working relationship with the child's parent.

The social worker confirmed that the child's parent was kept informed about events in their child's life.

Supervision and visiting of young people

Young person had a named social worker on admission. The child had weekly visits from the social worker for the first four weeks of placement and monthly statutory visits thereafter. A record of these visits and the outcome of the visits were maintained on the care file. In interview with the inspector the child confirmed they got to meet their social worker in private when they visited the centre.

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 worker stated that they always asked the child about their welfare and happiness living in the centre. To date the child had not indicated to the social worker that they were unhappy with the care they received. There was evidence that the social worker received weekly progress reports and had signed the behaviour management plan and the absence management plan.

The social worker received weekly reports from the centre that provided a comprehensive outline of the child's weekly activities, key work, progress and matters of continuing concern. There was evidence the child could discuss issues or concerns with their social worker. The social worker was of the view that child had to date made good progress in placement. There was evidence of good communication between the centre staff and the social worker.

Emotional and specialist support

The main providers of the therapeutic experience for the child were the staff team. There was evidence the work of the staff team was supported and overseen by the attachment consultant, the forensic educational psychologist and the therapeutic team attached to the referring authority. The provision of emotional support from the staff team was informed by external consultants employed by the service who provided guidance and recommendations for practice in training/meetings with the centre manager and staff team. The care staff interviewed found the impact of these

consultations to be beneficial in their work in responding the child's presenting emotional and developmental needs. There was evidence that the child in placement was responding well to this approach.

In interview staff demonstrated a good awareness of the child's past history and circumstances that would impact on their emotional well-being. Key work records evidenced staff assisting the child to understand and appropriately express their feelings and emotions. There was a strong focus on the use of child friendly language in staff communications with the child. Staff displayed a knowledge and awareness of the sensory needs of the child and provided appropriate specialised interventions to meet these needs. There was evidence from the records that demonstrated efforts of the staff team to engage with the child and interact with them in supportive ways towards building positive relationships. The placement plan included the work to be undertaken in relation to emotional development and building attachments. Key workers had plans in place to create a memory book with the child in the coming weeks. Play therapy was planned as a possible intervention in the coming months. The child had also participated in equine therapy.

There was evidence of good inter-disciplinary working and well informed therapeutic interventions were established in particular the attachment based responses to the child.

There were relevant assessment reports from external specialists on file to inform staff about the child's presentation and required psychological needs.

Preparation for leaving care

The child was not at an age for preparation for leaving care. The social worker confirmed that there were no plans to discharge the children in placement in the immediate future. A long term care plan was identified and the anticipated duration of the placement was two years.

There was evidence on the placement plan and in key work/individual work records that staff taught the child a range of life skills appropriate to their age and stage of development.

Discharges

The centre had a written policy on discharges indicating its commitment to ensure that young people leave the centre in a planned and structured way in accordance with their statutory care plan. There was one discharge from the centre since the previous inspection. The young person left the centre earlier than set out in their care plan however they were discharged to their identified through care placement.

Aftercare

Tusla, the Child and Family Agency recently published a new national aftercare policy for alternative care along with a range of supporting documents to inform relevant professionals of the supports available to children on leaving care. Due to their age the child in placement was not yet eligible for aftercare services.

Children's case and care records

Records were stored in a manner that maintained appropriate levels of privacy and confidentiality about the child's circumstances. The child had an individual care file that was stored in secure fire retardant cabinets. Key-workers had responsibility for maintaining the care records. The key-workers maintained an 'active' key-work file that contained a copy of the most up to date care plan, placement plan, absence management plan, risk assessment and individual crisis management plan. This file was used as the working file for ease of access to the relevant information for key-workers and centre staff. The inspector examined this file and found it was a useful resource and an efficient way to support and manage key-work. The records of house meetings evidenced that the child's views were sought and recorded. Daily logs were maintained by staff and the three primary aims of the week in relation to the child's care were identified on the daily logs.

The manager had completed work with the team on report writing skills. The inspector found that records were written in an appropriate professional manner.

The care files contained the required information such as birth certificate and interim care order and relevant medical consent forms. Pre-admission medical was evident on file and a copy of the child's immunisation history was on file at the centre.

All staff signed a confidentiality agreement when they commenced their employment in the centre and this was held on their personnel file. All records relating to children who left the centre were kept in perpetuity by the service.

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/Health & Social Care Trust Northern Ireland 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).

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 child was living in a single occupancy centre at the time of the inspection. The inspector found that the staff team were committed to providing a high standard of care for the child and spoke about the child with warmth and affection. The inspector found that the staff team cared for the child in a manner that respected and took account of the child's wishes, preferences and individuality. The child was provided with opportunities to develop and maintain interests, talents and hobbies and engaged in a range of leisure and recreational activities of their choice. The child was engaged in activities such as horse riding, football, guitar lessons and drum lessons. The child was also involved in activities in the community such as skateboarding in the local park, going to the library and visiting friends and neighbours. Issues relating to personal hygiene were dealt with sensitively and with dignity and these were evidenced in the child's recovery plan that set out the daily routines. The child was supported and encouraged to participate and complete small household chores each week and was encouraged to invest in their living space. The centre celebrated festive occasions and birthdays in a special way with gifts and activities similar to their peers. There was storage space to maintain important memorabilia in a secure and safe manner. There was evidence through house meetings and key work records that the child was encouraged to make choices about their personal appearance and clothing with support and advice from their carers.

Provision of food and cooking facilities

The child was provided with a varied and nutritious diet. Food was varied and the child expressed their preferences regarding food. There was evidence that the child

had access to healthy snacks in between mealtimes. The child was encouraged to participate in shopping and meal preparation.

Issues relating to food and mealtimes were handled appropriately and sensitively by staff. The staff maintained a food diary for the child to track and monitor food intake and eating habits. The kitchen in the centre was clean, spacious and was maintained to a good standard.

Race, culture, religion, gender and disability

The service had a written policy on diversity and anti-discrimination. There was much evidence the child enjoyed similar opportunities as their peers in the community and was not subjected to any form of discrimination.

The staff displayed an awareness of the importance of family as a source of heritage and identity. Life story work was planned for as the placement progressed.

The child was facilitated in the practice of their religion and was actively involved in the church community. The child was well integrated into the local community and had a positive relationship with the neighbours and local children.

Managing behaviour

The centre had a written policy on managing behaviour that challenged. Staff consulted their attachment specialist on a monthly basis and explored ways to identify pain-based behaviour and the meaning behind such behaviour. The inspector found that staff occasionally employed natural consequences for poor behaviour and a record of all sanctions was recorded and monitored by the manager. Rewards for positive behaviour were also recorded on the logbook. In interview staff were able to give examples of how they responded to the child when they displayed pain-based behaviour.

Restraint

The centre used a method of physical restraint that was researched and was based on reputable practice. There was a written policy on the use of physical restraint and inspector found that it was applied in a way that was consistent with the requirements of the policy. There was evidence on the individual crisis management plan that staff had identified a range of alternative interventions to de-escalate

situations before employing a physical restraint. The behaviour support plan identified the specific restraints that had been agreed to be employed should the child require a restraint intervention. Consultation with the child's general practitioner was undertaken prior to implementation of physical restraint interventions. Staff interviewed were familiar with the individual crisis management plan. All staff were appropriately and sufficiently trained in the use of physical restraint and there was evidence the team practiced the restraint techniques regularly at team meetings. There was evidence of review of restraints interventions by the organisations trainer in behaviour management.

The centre maintained a record of all physical interventions and restraints. Restraint interventions could also be cross referenced in the significant event log, the daily log, and the weekly reports to the social worker. The records showed that between February and November 2017 there were fifty five incidents where staff employed a physical restraint intervention to prevent the risk of injury to the child involved. The inspector found the incidents were managed in accordance with the interventions outlined in the behaviour management plan. There was evidence of oversight of restraint interventions and the review of these interventions by the therapeutic team assigned to the placing area.

The social worker was notified both verbally and in writing about the restraint interventions employed by staff. The social worker was provided with a copy of the individual crisis management plan and was familiar with the centre's approach to managing the child's behaviour.

Absence without authority

The staff were familiar with the national protocol for children missing from care and were aware of the reporting procedures should a child go missing or absent themselves from the centre. An absence management plan was developed for the child in conjunction with their social worker and the inspector found this plan was subject to regular review. The absence management plan outlined the procedure to follow if the child was absent without authority. The plan included who should be notified and within what timeframe. There were no incidents whereby the child was absent without authority or missing from care.

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 child told the inspector that they felt safe living in the centre. There were a range of measures in place to ensure the child was safeguarded. There were a number of safeguarding practices implemented within the centre that included vetting of staff, a lone workers policy, personal care routines, staff supervision, whistle blowing policy and on-going training in child protection.

There was a strong focus on keeping the child safe and a good awareness amongst the team of safe care practices. 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.

Staff interviewed were aware of the child's right to privacy and respected this right. There was evidence that the staff regularly discussed issues relating to bullying and supported the child to understand the impact of bullying on children and how best to deal with issues relating to bullying. Given the age of the child access to the internet was restricted, supervised and monitored by staff. The young person had an appointed guardian *ad litem* who had visited the child on three occasions since their admission. The centre manager stated the guardian was satisfied the child was making good progress in placement.

The child had an individual risk assessment and safety plan on file. Strategies were identified to minimise known or potential risks. There was evidence that young people were previously provided with information about EPIC (Empowering People in Care), a national agency that advocates for children in care. A heightened awareness of the role of EPIC/VOYPIC would be of value to the team given that there were new staff members on the team and a new resident in placement.

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.

There was evidence that practices regarding the safety of children were governed by national policies and procedures in line with Children First (2011). The centre had a child protection policy and was in line with Children First 2011: National Guidance for the Protection and Welfare of Children. The centre manager and director of services, in consultation with the placing authority, updated their child abuse reporting procedures in July 2017 to ensure compliance with Children First and the requirements of the referring authority that was outside this jurisdiction. Allegations of abuse were forwarded to the local area child protection team and the placing social worker and both social work authorities liaised in relation to the reported child protection concern. There was a clear procedure in place that placed responsibility on the placing social worker to bring allegations of abuse to the attention of the relevant parent.

All staff including relief staff trained in child protection. The centre manager was aware of the requirement for all staff to complete Children First e-learning programme in December 2017 and the requirement to develop of a child safeguarding statement by end March 2018 to ensure compliance with the Children First Act 2015.

The centre manager had systems in place to monitor and track child protection concerns reported to Tusla the Child and Family Agency and the referring social work agency. The status of reported child protection concerns and complaints was a standing item on the staff meeting agenda. There were six concerns reported on the logbook with outcomes of three concluded. All of the concerns arose following incidents of physical restraint. Three of the six complaints were fully investigated with a clear outcome at the time of the inspection. There was evidence that centre

manager liaised with the referring authority to ensure there was a clear outcome reached in respect of all reported concerns.

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

The centre had developed a child protection statement that was displayed in the staff office outlining guidance to follow where person's had concerns about the welfare and protection of a child in the centre. The name and contact details for the designated liaison person and deputy designated liaison person were identified child protection statement.

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	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The centre manager must ensure that supervision records evidence an effective link between supervision and the implementation of the individual placement plan.	The centre manager will apply a specific focus to this area within supervision with each staff member. The placement plan will be brought to each supervision session and discussions relating to the implementation of the young person's placement plan as well as the staff members involvement in this will be recorded. This action will take effect immediately from 7 th August 2018.	The placement plan will be brought to each supervision session and the manager will pay particular attention to evidence an effective link between supervision and the implementation of the young person's placement plan.