

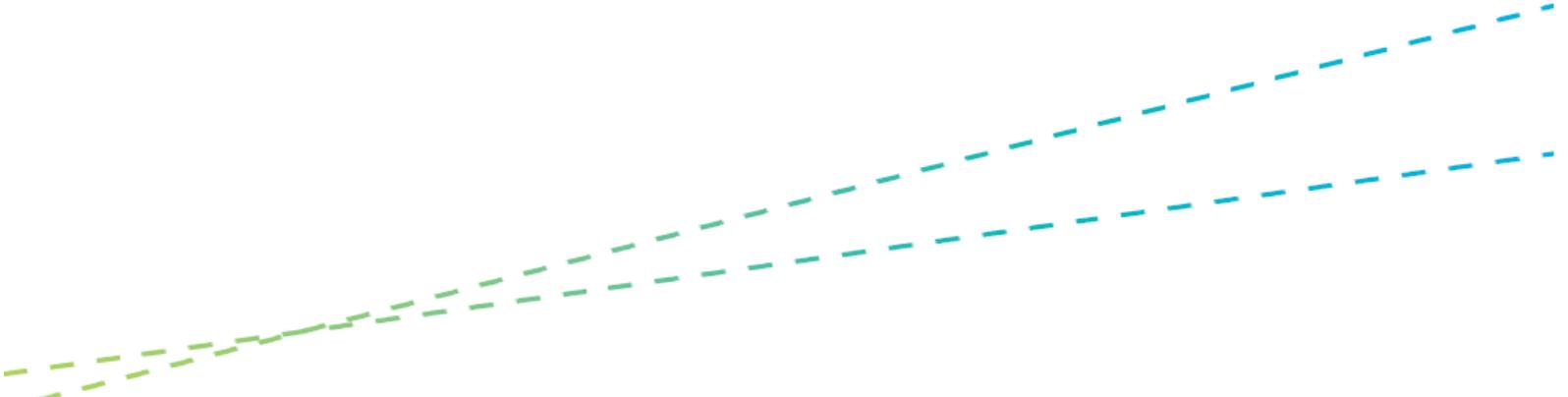


An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	059
Year:	2017
Lead inspector:	Mary Flaherty

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Misty Croft
Registered Capacity:	6 young people
Dates of Inspection:	25th and 26th of July, 2017
Registration Status:	Registered from 31st of May 2017 to 31st of May 2020 with no conditions attached
Inspection Team:	Mary Flaherty Linda Mc Guinness
Date Report Issued:	21/9/2017

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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 Methodology

This inspection was un-announced took place on 25th and 26th of July 2017, over a two day period.

This inspection was themed and based on the framework of Standards two Management and Staffing; Standard five Planning for Children and Young People; Standard eight Health and standard ten Premises and Safety of the National Standards for Children's Residential Centres 2001'. 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 ongoing operation of the centre in line with its registration.

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

- ◆ An examination of the questionnaires completed by:
 - Nine of the care staff team
- ◆ An examination of the centre's files and recording process.

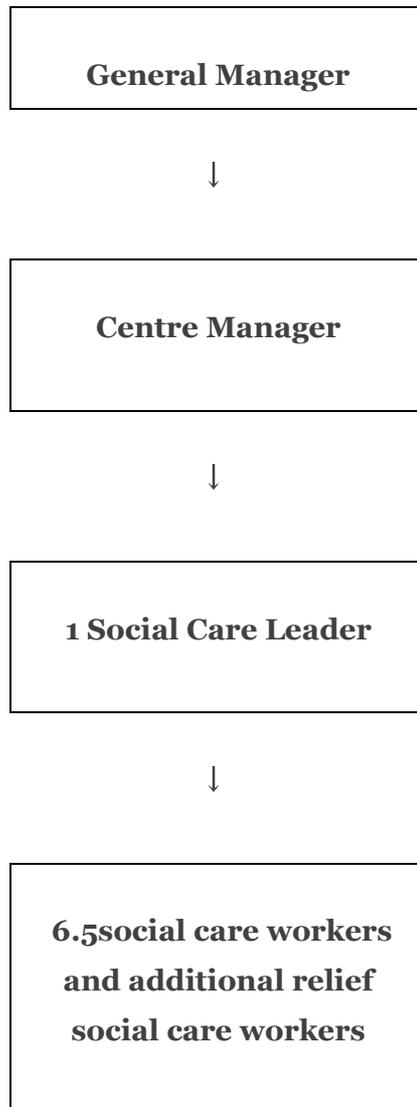
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The general manager
 - c) One young person
 - d) One social care worker
 - e) The social work team leader for separated children seeking asylum
 - f) Two social workers allocated to four young people placed in the centre at the time of this inspection
 - g) The inspector with responsibility for oversight of significant events from the centre.
 - h) The inspectors met over shared lunch on the first day of inspection with three young people in placement and care team members on shift

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

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration.

As such the registration of this centre remains from 31st of May 2017 to 31st of May 2020 with no conditions attached.

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 centre has a management structure in place that is well established, the centre manager reports to the general manager who in turn reports the board of directors. The current manager has almost twenty years relevant experience and holds a recognised qualification in social care, with nine years service working in this post at the time of the inspection.

The centre manager identified to the inspectors that they held the responsibility for care practices and oversight of same within the centre. During interview, the centre manager identified the internal quality assurance systems in place include management meetings, fortnightly team meetings and child in care review meetings, all of which they attend. Alongside the monthly managers meetings there is a quarterly provider's report completed by the organisation. The centre manager provides a monthly report to the general manager and a monthly provider report to the Principal Social Worker and the General Manager.

These monthly provider reports are then in turn reviewed on a quarterly basis by the Director of Service and the Principal Social Worker.

The inspectors found the centre manager had a thorough understanding of the young people and had developed positive relationships with each young person in placement. In interview, the centre manager displayed a good insight into each young person's individual needs. The centre manager completes regular quality assurance checks on each case file to ensure they meet the required standard. Daily handovers between staff, staff supervision, young peoples' meetings and the oversight of key-workers supervision are also mechanisms in place to assess the quality and effectiveness of the services provided. The inspectors found evidence that the centre manager reads the young people's individual records on a consistent basis.

In interview, the general manager stated they visited the centre regularly (weekly) and reviewed centre records and case files at this time. The general manager described they had responsibility for the external oversight of all operational practices within the centre and for external oversight of all care practices to include the review of significant events and complaints, daily logs and individual care files and staff supervision processes. The inspectors found evidence of the general manager's consistent oversight and guiding practice across centre records and on case files. The general manager provided the inspectors with sample audit tools, based on the national standards of residential care, 2001; which they have developed and intended to implement across the service, in the near future as an additional component of their internal quality assurance method.

This centre is one of three centres operated by Misty Croft services. The organisation has bi-monthly management meetings that are attended by the three centre managers and the general manager. Alongside monthly managers meetings there is a quarterly provider's report completed by the organisation. Issues discussed in this report include rushed transitions for young people and the impact on young people in placement, tender submission, delays with social work responses on outstanding documentation, and specific health issues the young person may require and how this is financed.

The inspectors reviewed the minutes for the management meetings from May 2016, to date. In total there were records of five management meetings provided to the inspectors. The records of the meetings reviewed by inspectors reflected attention to issues including governance, practice recommendations from the company, recording practices, staff retention, training and maintenance. It was observed that these meetings focused on policy and procedure review, documentation review, HR, staffing issues and recruitment, changes to registration and inspection service and responses to monitoring reports environmental health audits in centres, concerns in relation to trafficking of young people and safeguarding actions regarding same, staff training development and staff performances. There was comprehensive evidence from these records of decisions being made and recorded. The inspectors found that the recordings of management meetings evidenced the care team's attention to basic care of the young people to include their cultural, religious and ethnic backgrounds. There was a comprehensive plan in place to support and facilitate arrangements for Ramadan for four young people, whilst also respecting the views of the other two young people in placement. The inspectors noted that whilst the organisation completes exit interviews (with young people upon their discharge from the centre), this information was not included as an agenda item on the management meeting

minutes and it is unclear as to how this information was used to inform service planning.

Register

The centre has a register of admissions and discharges, as required and the first recorded entry was 5/11/2015. This is the second register for the service since opening in June 2008. The current register contains fifty two admissions. The inspectors noted all of the relevant information in line with the Child Care (Placement of Children in Residential Centres) Regulations, 1995. The Inspectors noted evidence of the centre manager's oversight on each young person's entry and regular oversight by external management.

Staffing

This centre has a staff compliment of one social care manager, one social care leader, 6.5 social care staff and three relief social care staff. The centre manager works office hours, Mondays to Thursdays generally. The inspectors found the centre manager is supported by the suitably qualified and sufficiently experienced social care leader. The social care leader had responsibility for regular supervision of key working, additional to the centre manager's supervision structure, which had clearly focused on the implementation of the placement plan and the process facilitated the development and implementation of the placement plan.

The inspectors reviewed of a sample of personnel files for the care team members (and including the centre manager) and noted this was an established team and most members had considerable experience in working with separated children seeking asylum. All staff members are qualified in areas relating to social care.

The centre manager advised the inspectors that five staff members have left the service in the past eighteen months, due largely to personal circumstances and/ or finding a permanent post elsewhere. The centre manager advised the inspectors that exit interviews are not routinely completed as part of procedure currently and that this may be considered in the future as a mechanism to inform the recruitment and retention of staff.

There is a policy in place for induction for new staff. New staff members are introduced to the organisations' policies and procedures and complete 3 shadow shifts as part of their induction process. The inspectors noted that a record is kept on staff files evidencing their participation in the induction process. Staff confirmed to inspectors through their interviews that they received induction prior to taking up

duties and that they found the induction helpful, informative and that it assisted them in preparing to take up full time duties.

Samples of staff personnel files were reviewed as part of the inspection and they were found to comply with the requirements in respect of Garda vetting and references from previous employers. All staff files reviewed contained a copy of their qualifications on file and there was evidence of verbal verification in all instances. The inspectors noted that certificates for training completed by staff members were held in a training folder and this was up to date for all staff files reviewed. The inspectors noted that the service was awaiting updated Garda vetting for one staff member-(they did have a record of Garda vetting on file before taking up their post in the centre). The updated Garda vetting had been applied for in and there was evidence centre manager and general managers contact with the Garda vetting unit to progress the applications. The inspectors should be informed in writing when this is received.

Administrative files

Inspectors reviewed the young people's files and the administrative paperwork at the centre and found they were well organised and structured to facilitate ease of access.

All centre registers were found to be completed and contained evidence of consistent oversight by the centre manager and external manager (general manager).

3.2.2 Practices that met the required standard in some respects only

Notification of Significant Events

The centre has a policy of significant events and all events are standardized and notified within a prompt timeframe. The allocated social workers who completed interviews as part of this inspection process advised they were satisfied with the centre's notifications of significant events and management of incidents in the centre.

The centre has a register of significant events that record the date, the young person's name, detail, who was informed, follow up completed and signatures. The inspectors noted that some pages from the register were loose and needed to be bound to ensure the records were kept in perpetuity.

Since 22/6/2016, the inspectors noted that all significant events have a reference number attached. Since this date there have been 265 significant events recorded. The centre does not have a significant event review system in place. To note, this is a

short to medium term centre and all admissions and discharges are notified as significant event.

Significant events are not reviewed as part of the organization's policy and procedure. The types of significant events notified include medical issues, aggressive behavior and property damage, sexualised behavior and intoxication, school issues and absences. Whilst there is evidence of follow up recorded on the SEN register and consistent oversight/ guiding practice by internal and external management on the register, there is no formal system in place to review significant events notified. The centre manager and general manager advised the inspectors in their interviews that they intended to implement a system for the formal review of significant events across the service and this is being planned by management team presently.

Child protection notifications are also recorded on the significant event register. The inspectors noted there is one child protection notification open on the register presently and this is in the process of investigation at the time of this audit.

Supervision and support

The centre has a written policy on supervision and support which sets the minimum frequency for formal supervision at once every 4-6 weeks. The manager, who had received training in a recognised model in the delivery of supervision, had responsibility for supervision of the staff team in adherence with the centres supervision policy. Inspectors examined a sample of the individual supervision files maintained for each staff member and observed that signed supervision contracts were in place and that supervision had not taken place at regular intervals in line with the organisation's policy stated above.

The centre manager is supervised by an external consultant and reports that this takes place every 4-6 weeks, in line with the organisation's policy. The inspectors reviewed copies of supervision minutes for the centre manager and noted that supervision was occurring regularly within the 4-6 week timeframe, however, there were issues with the quality of the records reviewed, as they lacked detail on the discussion; and there was limited detail of agreed actions / decisions in this supervision record.

The social care leader provides key-working supervision for staff members. The inspectors noted that the key-work supervision records contained comprehensive detail on the discussions on the planning of care for young people, reflections on staff

members care practice. Goals regarding key-working and placement planning are clearly set out and reviewed regularly within this process.

Team meetings are held weekly and the minutes reviewed evidence they take place regularly and with good attendance generally. All staff who attend the meeting sign the minutes to evidence they agree with the recordings. The inspectors reviewed the team meeting minutes from 26/1/2017, to date. The inspectors found the minutes of team meetings evidenced it as an efficient and effective forum for communication and planning. The team meeting minutes were reviewed for the previous year and the inspectors found they were structured with a clear agenda at the outset. There are records of discussion regarding young people, actions to be taken and those responsible for implementing actions were identified. There is evidence of regular review of these matters. Placement plans, key-working and Individual Absence Management Plans (IAMPs) are discussed and updated where necessary. Inspectors found that the care team paid good attention to primary care needs of the young people and decisions were made based on the individual needs of each young person taking into account their emotional and developmental stage and life experiences. The minutes reviewed showed a clear agenda to include staff reflection, update on young person's meeting, general update for each young person, minutes of previous meeting reviewed and agreed and AOB. Fire safety, premises and household operations etc are stand-alone agenda items discussed at each team meeting.

Exit interviews with young people and the outcomes of same are discussed within this forum and the information is used to inform future service planning. Team meeting minutes recorded staff discussions on gaps in centre records and the centre manager's oversight of same. The inspectors noted that staff members are assigned specific policies and procedures to review and discuss at next team meeting. A comprehensive review of the service's policies and procedures was completed by the care team in January 2017. All team meeting minutes are emailed to the general manager who returns a signed copy, to evidence their oversight. There is evidence of reflective practice within this forum, that staff are supported to be aware of the impact of the work on them and if additional supports are required to assist staff, this can be provided.

One inspector attended the handover meeting on day two of the inspection. This meeting was attended by the staff going off shift and those coming on duty. It was also attended by the social care team leader who was deputising for the social care manager who was on leave. The process was found to be child focused, facilitated effective planning and provided good detail on the events of the previous day.

Required actions for the day were communicated clearly and staff members were reminded to read updated absence management and behaviour support plans. The nurturing approach of the team was evident in plan made to support a young person who was due to move on, with a party and a photo album of their time in the centre.

Training and development

The centre manager provided the inspectors with a training and development plan updated in July 2017. The inspectors noted that the training and development plan provided included an analysis of the training completed and the staff team's training needs. The training and development plan evidenced that all staff members were up to date with their child protection training, therapeutic crisis intervention; (TCI), and first aid training. TCI refresher training is scheduled to take place in the last quarter of 2017. One staff member required training in fire safety – this is scheduled to take place in September 2017. This staff member has completed in house training on fire safety and evacuation as part of their induction process.

The training and development plan identified additional training that the staff team had completed on the following issues to include: report writing, spirasi (Spiritans Asylum Services Initiative), ASSIST- suicide prevention, staff supervision training, self harm, HACCP food safety, good practice in sexual health promotion, RAP training and crime awareness. The inspectors noted that the impact of separation and loss of family members and post traumatic stress was one of the consistent challenges that faced the young person in placement and additional training on these issues have been completed by the staff team.

The training and development plan identified training was required for staff members on children first, safe administration of medication and first aid, all of which are in the process of being organised. The questionnaires completed by the staff team members for this inspection process identified additional training around mental health issues and the support of young people who present with mental health difficulties as a requirement presently.

3.2.3 Practices that did not meet the required standard

None identified

3.2.4 Regulation Based Requirements

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

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 5, Care Practices and Operational Policies
-Part III, Article 7, Staffing
-Part III, Article 16, Notification of Significant Events.

Required Action

- Centre management must implement a systematic review of significant events in the centre.
- The centre manager must ensure that staff supervision takes place in line with the timeframes outlined in the organisation's policy for staff supervision.
- The centre manager must ensure that their supervision records clearly reflect discussions had and decisions reached regarding the planning of care for young people and care practices.
- The centre manager must ensure the staff team's training requirements are up-to-date.

3.5 Planning for Children and Young People

3.5.1 Practices that met the required standard in full

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.

Suitable placements and admissions

The centre has an admission policy which details the referral and admissions criteria and the admission process. The centre is registered to provide care for up to six young people, aged between 12 and 18 years on admission. The centre accepts referrals predominately from the dedicated separated children's social work team and on a less frequent and emergency basis, from the out of hours social work service. The pre- admission information is limited by the nature of the service. The inspectors found that the social work team have a structured system in place to gather key

information from the young person through interview, prior to their admission and provide this to the centre during a handover meeting. As part of the admissions process, there was evidence the care team complete a pre-admission risk assessment and a safety plan for each young person in placement, in consultation with the social work department and that this is based on the known information at the time of admission. Following admission, they clarify the young person's plans with them, to ensure they understand same.

The inspectors were satisfied that admissions to the centre have occurred within the purpose, function and capacity of the centre and this was reflected by the centre staff, social work interviews and in the centre register. The manager consistently implements a pre-admission risk assessment that is communicated to the general manager to inform the suitability of young people placed in the service. Impact risk assessments are completed upon the admission of a young person to considers the dynamics of resident young people and the need safeguard all young people placed in the centre.

The young person interviewed by inspectors demonstrated a good understanding of the purpose of their placement and had been supported in this by centre staff, their social worker and received written information in the young person's booklet describing all aspects of the service. This young person discussed with the inspectors the uncertainty for his future and the impact of this on him.

The inspectors noted the care team make efforts to clarify the correct spelling and pronunciation of teach young person's name. Young people are informed as soon as practically possible that another young person is being admitted to the centre.

If the young person is considered a flight risk, the relevant forms are completed, as part of a safety measure. Medical consents are signed and received from the placing social work teams, upon admission. The inspectors found that the care team complete behaviour support plans for each young person following their admission- which are reviewed when required. ICMPs are only completed when a young person presents with violent and/ or aggressive behaviours towards another young person or care team member.

At the time of this inspection there were six young people registered as living in the centre with one young person having been admitted 5 days before the inspection. This young person has been missing for a number of days and the team were in

regular communication with An Garda Síochána and the social work department about this young person.

All young people in placement have been separated from family members and present with various levels of trauma. The inspectors observed over the two days of this inspection that the care team have developed strong relationships with the young people to support them in their lives.

Supervision and visiting of young people

Inspectors reviewed the records of social work visits to the centre to meet with the young person placed and found they had received visits at the centre in accordance with the recommended timeframes. The inspectors found ample evidence of regular social work visits to the young people placed in the centre, both within the centre and outside; and evidence of regular telephone and email communication with the care team on issues arising. Centre records of professional social work contact evidenced detail of the discussions that took place with staff members and the young person; and/ or the agreed actions from same.

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 inspectors interviewed the Child and Family Agency social work team leader for separated children and two placing social workers from this team, as part of the inspection process and found that they were familiar with the care needs of each young person and their progress in their placement. The young people had contact information for their social worker and the inspectors found records that regular meetings had taken place both in the centre and off site. Meetings had also taken place between the centre, relevant professionals, (including EPIC) and their social workers. Young people also attended and were supported to participate in these meetings.

There was clarity in the working roles between the centre staff and the allocated social workers and all parties reported an effective working relationship. The allocated social worker from the separated children's team had reviewed the young

person's case file and daily logs whilst in the centre. Overall, the allocated social workers reported that they were satisfied that their young person was safe and well cared for in the centre. They were satisfied with the standard of communications from the care team and management and described them as very professional team, who had an understanding for the specific care needs of separated children and who advocated strongly for them.

Both social workers interviewed stated they were very satisfied with the young person's placement and felt that their young person had been suitably placed in the centre. Both social workers shared the view that there had been positive developments for the young people placed in the centre during this period. Both social workers stated they were very satisfied with the level of care provided to the young person by the staff team. There was evidence that the allocated social worker of one young person had reviewed and signed the daily logs when in the centre.

Inspectors found that the centre keeps a record of all social work visits to include a record of agreed actions taken as a result of the visit on the young person's case file. Inspectors found that the placing social workers have fulfilled their statutory obligations by having care plans and care plan reviews in line with the requirement of regulations.

Discharges

The centre has a written policy outlining the discharge process of when a young person formally leaves the service and provides guidance on the management of planned and unplanned discharges. The inspectors found that the transitions for young people to alternative care placements generally occurred within a short time frame. The inspectors reviewed the end of placement report for four young people recently discharged from the centre. The inspectors noted it was unclear from the 'end of placement' reports where the young person had moved onto.

From review of case files the inspectors found that transition plans were individualised and considered wishes of the young person and this was reflected by the staff team. The young people were generally discharged in a planned and positive manner and the centre has good practice in celebrating the occasion.

Inspectors reviewed the records of exit interviews conducted with 34 young people who have moved on from the centre. The young person's voice about their experiences whilst living in the centre was evident from these records. Some examples of feedback from young people included feeling cared for, listened to, being

trusted and learning to trust others, having fun, budgeting, new skills and how to do things for themselves, learning about Irish culture and the English language. Young people also referenced learning how to talk about feelings and resolving problems.

Statutory care planning and review

There were up to date care plans on files for four of the six young people in placement. The care plans reviewed were signed by the allocated social worker and centre manager. The care plan documents contained a comprehensive assessment of the young person's needs with agreed timeframes for completion and identifying who is responsible for same. The inspectors noted that five of the six case files reviewed contained minutes of statutory review meetings which had taken place, in accordance with regulations. The evidence on file showed that the young people attended their review and that their views and wishes were obtained to inform the decision making processes. The Child and family Agency social work department must forward minutes of statutory child in care review meetings for one young person's case file.

The care plans for the young people are supported by a placement plan. The inspectors found that the placement plans for each young person was a meaningful document that allowed the goals of the care plan to be actioned. The goals of the placement plans were congruent with the care plans and the centre had a system in place to track how goals were being met, who was responsible for same. There was a consistent review process in place as described above.

The social care leader has responsibility for key-work supervision. The inspectors found evidence of regular supervision with the allocated key workers. There is evidence that placement plans are drawn from the care plans and closely linked to risk assessments and behavioural support plans. Each devised key-working plan showed consistent consultation with the young person. Within this system, there is evidence to track the measurable progress that young people had made in their placements. Additional needs not identified in the care plan are included in the placement plan which also contains measureable goals to be achieved, clear timeframes and by whom. Progress on identified goals is assessed at each supervision session and actions requiring further input are highlighted.

The inspectors found that key working was completed on areas to include cultural identity and religion, impact of separation and loss, phone and internet safety, sex education and missing from care. The inspectors found ample evidence of consistent oversight by the centre manager across placement plans and key-working records, key-work supervision and professional contacts.

Contact with families

The care files demonstrated that young people's contact with their families is initially limited on admission to the centre as part of a risk assessment and safeguarding measure, and this is guided by the social work department. The inspectors found that the centre and social work team regularly reviewed this practice in a timely manner and young people's contact with their family had been restored when deemed safe to do so.

The ethos and approach of the centre manager and care team has been to support each young person upon their admission to the centre with their separation from family and loved ones. Often, young people in placement have lost total contact with their family members, are impacted by this loss and require extensive support to trace them. Inspectors found that the care team and social work department worked together to support the young person with their experiences of separation from family members, and supported to trace family members through the Red Cross service, should this be required. The centre has a written policy on family involvement and prioritises assessing the viability of reunification with family members. The reunification of young people with family members is pursued as a viable option and supported by all professionals, when deemed in the young person's best interests.

The young people at the centre had access to the centre telephone and mobile phones to contact their family and peers. The review of the care files demonstrated that the staff team maintains well written records of contact with the young person's family in line with guidance from the manager and social work department. The inspectors observed that the young people in placement enjoyed having their friends visit the centre. The centre had suitable facilities for young people to spend time with their family, in private, if required.

Emotional and specialist support

The inspectors reviewed the care files for the young people placed and noted that they were referred to or engaged in specialist services in line with their care plan, which contained a comprehensive assessment of their needs. Placement plans on file also address the young person's emotional, social and psychological needs. Where the young person was identified as having specific or complex needs, there was evidence of meetings amongst professionals to put in place extra resources to support the young person in placement and minimize any risks arising. Inspectors noted that a number of young people in placement are attending a play therapist, in line with their care plan.

In interview the care staff demonstrated a keen understanding of the young people's social history and circumstances that would impact on their emotional wellbeing. The inspectors found the care team had a good knowledge of issues relating to separation and loss and had received training on same. The care team had considerable experience in caring for and supporting young people with complex needs. The key-working and individual work records demonstrated efforts from the staff team to engage with the young people and interact in supportive ways towards building positive relationships. Daily logs reflected that the care team were observant of the young people's general presentation whilst also attentive to their basic needs.

Preparation for leaving care

Where a move on placement has been agreed for the young person, an aftercare needs assessment will be completed with the young person, in line with their placement plan. On case file reviewed, the inspectors noted the young person was being supported to move to a foster family located outside Dublin. From review of the young person's case file the inspectors found evidence where the young person was being supported by the care team with their transition to a supported accommodation. As part of their placement planning, this young person was being supported by the care team to develop their own independent living skills in preparation for this move to include making their own appointments, attending to their laundry and budgeting.

Aftercare

The Child and Family Agency has a written policy on aftercare provision 'National Policy and Procedure Document on Leaving and Aftercare Services' (2011). The inspectors found that the young person's access to aftercare services is based on an individualised needs assessment by the social worker. The inspectors found that the initiation of aftercare planning for the young people could be delayed dependant on their age on admission to the centre and the knowledge of the young person.

Children's case and care records

From review of the centre files the inspectors found there was a record of the young person's history maintained securely. Copies of legal documentation were stored in the centre files and these were supplied to the centre by the social work department, upon admission. Where gaps with information were identified, the care team had written to the social work department escalating this matter and requesting the information be provided. The inspectors found case and care records were kept in a way that supported confidentiality about young person's history and facilitated ease of access and effective planning.

The inspectors reviewed the daily logs for the young people placed and found they were detailed and evidenced a caring and nurturing approach, to support the young person with their life experiences. There was evidence of creative approaches by staff to support the young person with their anxieties to include breathing techniques and mindfulness, art and colouring. There was evidence that the young person's views were sought and recorded in the care planning process. The inspectors found consistent oversight across case files by the centre manager and external manager. The inspectors found appropriate use of risk assessments and safety plans on case files.

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 have 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

3.8 Health

3.8.2 Practices that met the required standard in some respect only

The inspectors found evidence that the supported the young people to attend dental, optical and medical screenings, upon admission and in line with their assessed needs identified on their care plan. The centre has a dedicated general practitioner, (GP) who completes all routine medical appointments with the young people during their placement in the centre. All young people completed a screening of immunisations upon admission and receive vaccinations, if required. The care team apply for a medical card upon the admission of the young person.

The Inspectors noted that many of the separated children accessing the service present with complex dental needs, some of whom require immediate and extensive treatment. This presents as a challenge presently, as there is no nominated dentist to provide this treatment. Presently, if a young person requires dental treatment, a minimum of three costings must be secured from three separate dentists, prior to the treatment being approved or financed. This system means that young people may be waiting for extended periods without receiving the treatment they require. The social work team leader for separated children's team advised the inspectors that a proposal is being completed presently whereby one identified dental practice will complete all dental treatment for separated children.

The inspectors found evidence that staff regularly complete key working on sex education, healthy eating and diet, managing stress and practical strategies assisting them how to manage stress. The inspectors noted that the care team were experienced in supporting young people who presented with the physical manifestations of stress.

From file reviews the inspectors noted that behaviour support plans frequently addressed health related issues to include low mood, anger management and self harm behaviours.

Some staff members have completed safe administration of medication training- The staff training development plan identified that this training is required by the remainder of the staff team. Inspectors found that the centre keeps a record of the young person's medical appointments on case file to include a record of assessment outcomes and/ or agreed follow up required.

Required Action

- The Child and Family Agency must ensure there is a system in place whereby all separated children can access dental treatment that is required, and without delay.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The centre is located in a mature suburban area in Dublin city centre, in close proximity to all services and is served by public transport. There are four large bedrooms with an en-suite. There are two bedrooms that share a bathroom and shower area. Each young person has their own room. The centre is in very good structural repair and the gardens are clean, tidy and well maintained.

The daily rules and routines in place ensure that the house is kept clean and tidy and inspectors found it extremely welcoming, homely and comfortable.

Maintenance and repairs

The health and safety officer had completed regular audits and risk assessments in the centre and these records are maintained and reviewed by both the manager and general manager. The centre manager and general manager identified there were good systems in place for the identification and prompt response to maintenance issues. Inspectors reviewed the maintenance logs held on site which outlines the maintenance issue and date of completion. There was evidence that entries to the log were responded to promptly.

The general manager regularly attends the centre and has oversight of the maintenance of standards of safety and the inspectors recommend that the general manager maintains records in this respect.

Safety

The centre manager is the designated health and safety officer. Health and safety audits take place regularly and are recorded. At the time of inspection, the centre presented as a safe and secure place for young people to live in and staff to work in, and has systems in place for reporting accidents and injuries. The designated health and safety officer undertook the responsibility for regular health and safety audits of the premises. The centre has an up to date 'Health and Safety Statement' which is developed in consultation with fire and safety design consultants as required. The inspectors found that there are effective ways of recording and reporting health and safety hazards in the centre and these are dealt with promptly.

Medication is stored safely and administration of medication training was provided to some staff team members- training is being organised for the additional team members.

Fire Safety

The centre submitted a written confirmation from a certified engineer that all statutory fire safety and building control requirements have been complied with. The centre had an up to date statement on fire safety, fire precautions and emergency procedures which have been overseen by the designated fire safety officer. There is a fire safety policy and fire prevention policy in place along with a management of fire safety procedures. Fire safety is a priority and is included in the risk assessments for the centre and in the site specific guidance.

The inspector's review of the household and fire safety documents indicated that the centre has adequate precautions against the risk of fire, including effective means of escape, arrangements for detecting, containing and extinguishing fires and maintenance of fire-fighting equipment. Fire drills are completed regularly; upon the admission of a young person and/ or when a new staff member commences with the service. The most recent fire drills took place on 21/7/2017, 1/8/2017 and 4/8/2017.

Inspectors noted the dates of six monthly and annual testing of fire fighting equipment which is serviced by an outside company. There is on site weekly and monthly testing of equipment and the means of escape routes are checked daily. The emergency lighting is checked quarterly with the most recent completed on 5/5/17.

3.10.2 Practices that met the required standard in some respect only

None identified

3.10.3 Practices that did not meet the required standard

None identified

3.10.4 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 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

4. Action Plan

Standard	Required action	Response with time frames	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	<p>Centre management must implement a systematic review of significant events in the centre.</p> <p>The centre manager must ensure that staff supervision takes place in line with the timeframes outlined in the organisation's policy for staff</p>	<p>Management have met for a two day Management meeting the 24th and 25th of October.</p> <p>It was agreed at the meeting that a panel will be set up. This panel will consist of 3 person board: members of the Management Team and a member of staff who has at least two years' experience at Social Care Worker Level. This team will meet quarterly – January, April, July and October 2018.</p> <p>In relation to the unit, SEN's are reviewed in the team meeting when they occur. Also supervision should be used to review staff practice</p> <p>The centre manager has drawn up a supervision schedule from September to December 2017. A 3 month schedule will then be set up from January – March 2018.</p> <p>After that the roster itself may change in line with the tender which the company was awarded in July 2017. These dates are also written in the diary so that time can be scheduled in advance in order to give the best chance of supervision happening on the day it is set and not</p>	<p>The two day management meeting was designed to look at areas of improvement to the service.</p> <p>It was acknowledged that we had not looked at the SEN's collectively and that there is benefit to this.</p> <p>In the interim, the SCM will review SEN's on a monthly basis and these will be discussed at the team meeting</p> <p>Priority will be given to time being allocated in the handover. The main reason for supervision being missed is generally staff being unavailable to meet due to being out on appointments. The DOS has requested that the roster be looked at and if</p>

	<p>supervision.</p> <p>The centre manager must ensure that their supervision records clearly reflect discussions had and decisions reached regarding the planning of care for young people and care practices.</p> <p>The centre manager must ensure the staff team's training</p>	<p>being cancelled due to unforeseen circumstances.</p> <p>Dates for both key worker supervision and personal supervision will also be placed in the staff office on a calendar</p> <p>The monthly report to the General Manager has been changed to accommodate recording of supervision over a six week period to ensure all staff have received both case and key work supervision within the allocated periods of between 4 and 6 weeks.</p> <p>These changes have already been implemented. The schedule will be updated as soon as confirmation happens with the new roster.</p> <p>SCM will write these notes after the supervision has been completed to ensure that a full understanding of the discussion and outcomes is presented.</p> <p>A yearly plan will be developed whereby items such as evaluation of written reports, training, staff developments, areas of improvement etc can be looked at</p> <p>Ongoing issues with staff practice should also be detailed in the monthly report that is presented to the Director of Service.</p> <p>A full years training schedule is in the process of being written up and this will be completed at the end of November.</p> <p>At the management meeting on the 24th of October, each member of</p>	<p>extra day shifts needed can be requested. SCM feels that the dairy and shift plan is the main way of making sure that supervision happens and this will be monitored.</p> <p>Writing full notes afterwards and getting staff to look over these before they sign should make a huge improvement to this.</p> <p>This was discussed in the two day management meeting. Each member of the management team has been</p>
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	<p>requirements are up-to-date.</p>	<p>the management team was allocated a specific area of mandatory training to organise:</p> <ul style="list-style-type: none"> First Aid Fire Training Children's First Training TCI Safe Administration of Medication Manual Handling <p>It was agreed that if there is a time that only one staff needs to be trained in a specific area, that this training can be sourced , rather than waiting until the whole company is due the training .</p> <p>It is hoped that the manual handling will be organised before Christmas. One of the other Social Care Managers have been trained as a trainer as so as soon as he receives his certificate the training will be organised .</p> <p>We are waiting on the full TCI training dates : there is one staff that is due this. We have been told that this will be in 2018.</p> <p>Fire training will be organised for the one staff outstanding before Christmas.</p> <p>All staff has attended training in dealing with separation and loss - this was delivered by Social Care Ireland</p> <p>All staff has attended Safe Administration of Medication training</p>	<p>allocated piece of training to organise yearly/two yearly depending.</p> <p>All training should be up to date before the end of 2017.</p>
<p>3.8</p>	<p>The Child and Family Agency must ensure there is a system in place whereby all</p>	<p>The social work department is in the process of trying to get an allocated dentist for the service like the GP service. This would mean that there would be no need to get three quotes every time a young person needs treatment and that dental checks can be done earlier in</p>	<p>On a case by case basis misty croft may pay dental costs. However it should also be noted that to date Misty Croft has paid most of the</p>

	separated children can access dental treatment that is required, and without delay.	the placement. One Social Worker has been allocated to this task.	dental bills.
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