



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 070

Year: 2015

Lead inspector: Eileen Woods

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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Peter McVerry Trust
Registered Capacity:	Five young people
Dates of Inspection:	3rd, 4th & 5th March 2015
Registration Decision:	Registered without attached conditions 4th March 2015 until 4th March 2018
Inspection Team:	Eileen Woods Orla Griffin
Date Report Issued:	1st July 2015

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1. Foreword

The National Registration & 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 & 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.

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 management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

1.2 Methodology

An application was duly made by the proprietors of this centre for continued registration on 16th February 2015. This announced inspection took place on 3rd, 4th & 5th March 2015 over a three day period and this report is based on a range of inspection techniques including:

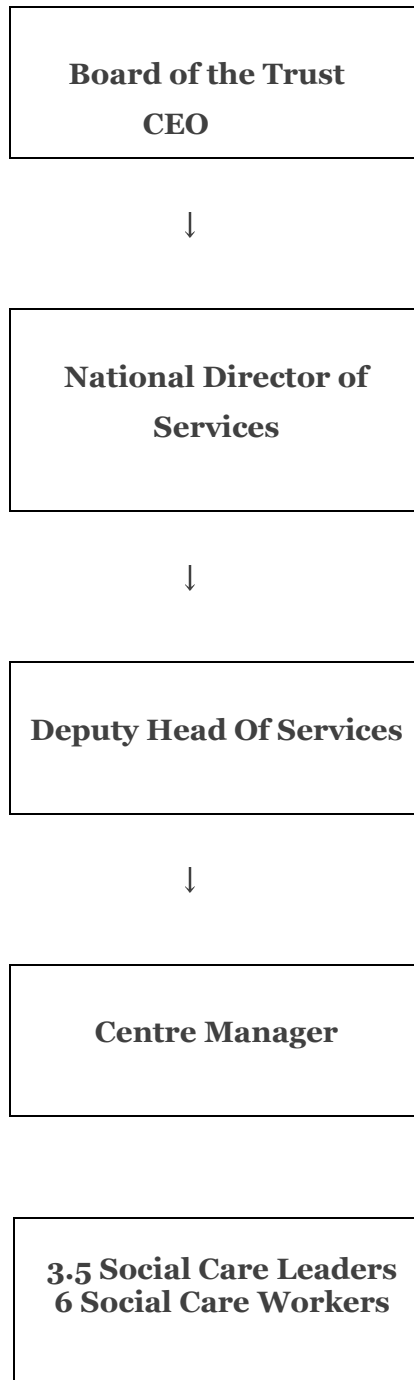
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaires and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) CEO of the Trust
 - b) The Deputy Head of Services for the Trust
 - c) The centre Manager
 - d) Nine of the social care staff
 - e) A parent of a young person
 - f) The social worker(s) with responsibility for young person/people residing in the centre.
 - g) Other relevant professionals.
- ◆ An examination of the most recent report from the Monitoring Officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of the HSE.
- ◆ 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 fida interest in the operation of the centre including but not exclusively ;
 - a) The centre management and senior management
 - b) Four social care staff
 - c) One young person
 - d) The Social Workers

- ◆ Observations of care practices 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

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health & Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on 19th June 2015 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres

As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 4th March 2015 to the 4th of March 2018.**

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

This centre is run under the auspices of a voluntary body with a clear and long established ethos of a caring client centred approach. Previously dedicated to the local area the referrals now come from the wider Child and Family Agency Dublin North region and such referrals are routed through the regional placements committee. The centre is a medium to long term service for both males and females aged 12 to 18 and has five beds. Young people can avail of an outreach and aftercare support package where appropriate when they leave.

There is frequent contact between the centre and adults who lived at the centre throughout their adolescence. At the time of the inspection there were three young people over 18 under the care of the team, two at the centre of whom one was resident part time and the third was on a fully outreach basis. There were two further young people aged 13 and 14 respectively residing there resulting in the centre being at full capacity at the time of the onsite visit.

Inspectors found that the team were operating within their purpose and function and knew the ethos and underpinning principles of care. There was some uncertainty amongst the team about how these principles can be successfully actualised in addressing the needs of a new core group of younger residents. The statement of purpose and function and supporting policies and procedures are up to date and subject to review. There is a shared booklet for families and young people, this would benefit from being separated and put into a more user friendly format. A review of this and the purpose and function statement was agreed with the Monitor.

3.1.2 Practices that met the required standard in some respect only
None Identified.

3.1.3 Practices that did not meet the required standard
None Identified.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Register

There is a suitable register in operation at the centre, it had been updated in response to the Monitors finding that it was incomplete. The Child and Family Agency Dublin North maintain a copy of the register of all young people living in the centre.

Supervision & support

Supervisions were being transitioned back to the Manager from the Acting Manager and Inspectors found that sessions had been taking place in accordance with the guidelines generally. There was good evidence regarding supervision for new staff or those taking up new roles, there was also evidence of the unexpected changes the Acting Manager had to adapt to along with some changes in core staff. The Inspectors found that the Acting Manager supported the team during this period. The Inspectors found that placements plans and key working were somewhat but not strongly reflected in supervision. The content also evidenced a sense of confusion around behaviour management and how to implement this consistently. The Trust must provide systems to address performance support within the team and training for managers in how to implement such a process. Staff are challenged by the managers regarding their direct practice with young people and are expected to act in accordance with the ethos of the service.

There are weekly team meetings, the records show that these are well attended and include a review of the actions and the routines surrounding the care of the young people. Placement plans are reviewed at team meetings also. There are daily handovers, these are recorded but Inspectors found that these records were not consistently well maintained. Staff have access to a facilitator who regularly works with the team and to a confidential counselling support service.

Inductions are completed both centrally by the Trust and then individually at the centre under the guidance of the Manager and their Team Leaders and these were of a good standard. Mentoring and extra supervision further supports the development of new staff.

Training & development

Core training in Children's First, TCI, First Aid was tracked through a training audit and was up to date or booked. The record confirmed that staff have been updating their training in Children's First and Fire Safety in particular during the first half of 2015.

Additional complementary training has been provided in, for example, challenging behavior and Safetalk.

3.2.2 Practices that met the required standard in some respect only

Management

The Manager had recently returned from a period of extended leave at the time of the inspection, they have been the Manager since April 2013. An experienced Team Leader from within the team acted in their absence. It was acknowledged that during this period, the usual levels of internal and external support and governance systems were not fully operational. This alongside a gradual return to caring for a younger age group presented a challenging period for the team and the young people. The whole team and their line manager, the Deputy Head of Services, were reflecting on that period at the time of the inspection. The management had received a detailed Monitors report identifying issues in practice. Supervision, reflective practice and team facilitation were some of the mechanisms being used to address this. The Manager was also leading the team in reinforcing their known strengths and combined experience as a team within the context of their model of care. This was found to be a daily process of re-establishing consistency and a clear and effective means of disrupting negative patterns of behavior for the young people.

At the time of this inspection it was apparent to Inspectors that the centre had governance structures in place designed to meet its operational needs. The Manager was clearly in charge of decision making and there was evidence of some of their oversight and leadership, they had regular structured contact with the Deputy Head of Services and reported to them and to the Board. The Deputy Head of Services visited the centre and had oversight of significant events notifications and other documents. There are weekly and monthly management meetings scheduled.

Inspectors found that there were areas of oversight in practice that required additional focus and these will be expanded upon in the relevant sections of the report. In general the area of rapid planning in response to concerns and new admissions required action, education and attendance, preparation for leaving care and behaviour management approaches also needed attention and development. Oversight of records and commentary and feedback to the team regarding sanctions and significant events needs to be a clearer and sharper process.

Notification of Significant Events

Inspectors found that the content, speed and quality of the significant event notifications were good in some instances but not consistently applied. The review of notifications against the files and logs highlighted that the team must though pay attention to including all relevant details and they should revise on a regular basis what it is that constitutes a notifiable event. There was some evidence that not all events significant to the individual under eighteens were being reported promptly in accordance with their needs. This was verified with the Social Workers involved. As well as acting in accordance with policy the team must be aware of individual differences for young people, their age and vulnerability and their social workers requests. The centre is part of a significant event review group process and feedback and action from this was evident at the team meetings.

Staffing

The full staffing complement is nine and a half staff exclusive of the manager. There have been a number of maternity and other types of leave as well as staff who have taken up opportunities in adult services within the Trust. This has resulted in some changes to the team and new additions both temporary and permanent, all posts were covered at the time of the inspection. The numbers of staff are adequate to the needs of the service with numbers being augmented in agreement with the referring area where serious risk indicates additional staff cover is necessary.

The staff team are qualified in the majority and experienced as a group. They presented in interview as good communicators and respectful of the young people with a good insight into the ethos of the centre and its intended goals. The realisation of some of those goals through a cohesive planning approach requires work from the team.

A sample of four personnel files were reviewed and Inspectors found that: qualifications were not consistently on file, the reference format had no dates of employment and did not evidence company/organisation identifiers, verifications of references were not qualitative, and in general dates of employment and vetting did not always match and that the training sections were out of date. This feedback was given to the management at the time of the inspection and has been given to the service before this inspection, issues of this nature should not at this point be recurring.

Administrative files

The files were well presented and ready for review by Inspectors, they contained some evidence of signing by management including social care leaders. There was no evidence of commentary on practice and decision making through the relevant places on the files for example re sanctions. The files themselves lacked continuity and were not consistently arranged with the most recent plans to the fore. A lack of effective use of cross referencing contributed to some information being hard to track. The Trust maintains files of ex young people in an archive. The Manager and staff reported that a suitable budget is kept in place at the centre.

3.2.3 Practices that did not meet the 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 & Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- The centre management must ensure that the oversight structures are adequate and evidenced in accordance with the nature of the needs of the young people.
- The team must ensure that identification of significant events is both individualised as well as structured in accordance with clear criteria as named in the relevant policy.
- The centre Management must ensure that vetting is of a good standard and in full compliance with the Department of Health Circular 1994.
- The centre management shall oversee that supervision reflects key working and placement planning more effectively.
- The management and team shall ensure that records including handovers be maintained to a consistent standard and be reflective of the needs of the young people and their up to date plans.

3.3 Monitoring

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

3.3.1 Practices that met the required standard in full

The centre was subject to a planned monitoring visit which took place on the 19th and 26th of January 2015. A detailed report was issued that contained clear evidence of deficits in key areas particularly oversight of care practice and interventions with young people, identification and notifying of significant events and matters relating to records and planning for young people. The Acting Manager and Head of Services responded to the report and accepted the findings as valid and accurate regarding the general level of function at the centre during the period before and during the monitoring visit.

Some actions had been implemented by the time of the inspection visit others were pending. The return of the permanent Manager, increased availability of their line manager and the restoration of the full complement of Team Leaders were also positive factors influencing the outcome of this inspection three months after the monitoring visit. The staff and young people know the Monitor and the Monitor had met with several of the young people during their visits to the centre.

3.3.2 Practices that met the required standard in some respect only

None identified

3.3.3 Practices that did not meet the required standard

None identified

3.3.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

3.4 Children's rights

Standard

The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

The Inspectors gathered verbal evidence in interview regarding consultation with young people rather than seeing comprehensive written evidence, although the latter was best represented in the daily logs. There is a format in place called the individual weekly consultation report booklet, this is completed and brought to the team meeting. Of the two reviewed by Inspectors neither presented as a meaningful representation of the young person's views and were generally unsigned by the young person. It is important that the team regard consultation with young people as live and central to their aim in being relationship based and client centred. There was evidence of individual work with young people by the team and this is reflective of the positive relationship building that the team aim to achieve.

One of the young adults living at the centre spoke positively about the team's ability to listen to young people and assist them with any issues they may have.

There was evidence of the young people being consulted with regarding their care plan by their social workers.

Complaints

Complaints are recorded and notified to all parties, they are overseen by the management internally, by the Deputy Head of Services for the Trust and the young people's allocated social workers. Where a complaint relates to a Social Worker the complaint is forwarded to the Social Work Team Leader and Principal Social Worker for them to investigate. A complaint by a young person about a social worker had been investigated and the outcome relayed to the young person. A statement of the outcome from the Social Work Team Leader should be placed on the young person's file.

At the time of the inspection grievances were not well defined separate to formal complaints and there were no active mechanisms for tracking of grievances to identify patterns. The Manager highlighted that this is an area the centre need to develop.

Access to information

The Manager advised that young people are made aware of their right to see their daily logs and that some have availed of this opportunity in the past. There has been an incident of destruction of some of their own daily logs by one young person, actions regarding office security and alternate ways to see logs have been introduced by the team.

Families are updated by phone regarding their child's well being and progress and where a working relationship has not been established between the centre and the family the social worker will undertake this role.

3.4.2 Practices that met the required standard in some respect only

None identified

3.4.2 Practices that did not meet the required standard

None identified

3.4.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People*.

Required Action

- The team shall adapt their consultation process to be opportunity led as well as structured and focus on how they can best represent the young person's voice in the files.
- The centre management must ensure that the area of grievances be given due consideration and a system implemented for tracking these to identify any patterns.

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

Contact with families

There was evidence that the team have worked closely with families of young people over the years and continue to support those of the young people over eighteen still engaging with the centre. Inspectors found though that it was difficult to get a clear picture of family contact from the way in which the files were arranged. It was hard to track access arrangements for example and similarly hard to track staff role in advocating around this taking account of young people's wishes.

Both young people had access arrangements that required action by their social workers at the time of the inspection, this was due to the changing sets of circumstances affecting both. It was clear though that the team were trying to take any chaotic or unpredictable elements out of family contact in accordance with the care plan and placement plan goals.

Inspectors also found that staff had differing information regarding one young person's family situation at the time of the inspection and it is essential that teams

have clear and accurate information that they share with each other in support of this very sensitive area for young people.

Supervision & visiting of young people

The social workers for the young people have visited them or attempted to visit and meet with them regularly. The files would benefit from a better organised section reflecting all contact with social workers including visits, calls, decisions and advice.

Social Work Role

Standard

Supervising social workers have clear professional & statutory obligations & 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.

Allocated social workers met with Inspectors for interview at the time of the inspection. They were satisfied that their young person was in a placement that had the potential to be a stable base for them for the medium to long term. One of the social workers had read the logs at the centre and was familiar with the files and planning. They had been significantly involved in planning for and determining the rules regarding the young person's placement in the initial stages as they felt there was a need for this. Latterly this has improved in their view and a balance between the responsibilities of the social worker and the centre were being more clearly defined. An issue at the centre had been the impact of the over eighteens on the under eighteens and this was being looked at during the period of the inspection. The social workers were satisfied in general that the team were taking action to address and decrease the risk but felt that the situation should be resolved without much further delay. There was evidence of an aim to share good quality information between the parties and to work effectively in support of a safe and secure placement for the young people. There was one issue where comments made by a young person regarding their experience of others at the centre had not been relayed to the Social Worker and it is important that the team are aware of their balance of responsibility to the under eighteens and that they share information appropriately in this regard. Both social workers had referred the young people to suitable clinical or therapeutic professionals and had plans in place to seek additional feedback and direction regarding the young people's care.

Emotional & specialist support

The team at the centre have experience in supporting young people with mental health diagnoses and emotional and behavioural issues over the years. Feedback to Inspectors from external professionals highlighted their good practice in this area. This was also apparent to Inspectors from the team meeting observed as well as the team meeting minutes and observation of staff discussions.

There was evidence of young people being referred to suitable clinical and therapeutic professionals and of the team's involvement in this process. The team are linked in with services for clinical psychology, drug treatment, suicide awareness, education and aftercare.

Preparation for leaving care

Although the centre has seen many young people through to leaving care and into aftercare the Inspectors could not find a strong sense of the programme or system that the team utilise to advise their approach to this area. There have been ten young people living at the centre in the three years since the last inspection. In the preceding years three young people had long term placements to over eighteen and received aftercare support to varying degrees. Clearly there is expertise built up over many years by the team and it would be positive to see them co-ordinate this into a more defined package that could inform others.

Inspectors noted evidence that in the year leading up to an eighteenth birthday that rules relevant to a younger age still applied. Whilst it was clear that for some young people their issues significantly impaired attempts to promote independent living skills the team must keep in sight key practical goals to achieve in preparing young people for adulthood.

Discharges

As stated above five young people have left the care of the centre in the last three to four years. These have been planned moves from the centre and according to the records all were in accordance with the care plan and aftercare plan with one being outside the original plan. The team do not complete end of placement reports but do have a system for looking at outcomes for young people. Inspectors advised that it may be helpful to conduct leaving interviews with young people to inform future development.

Aftercare

There was a detailed aftercare plan on file for the young person over eighteen who was full time resident at the centre, there were ongoing significant risks involved and this had been raised through the risk escalation forum and a plan put in place at the centre through risk management plans. A suitable move was taking time to organise and the team was supporting the young person towards a supported aftercare option suitable to their needs.

During the inspection Inspectors met ex young people, some of whom still spend regular amounts of time in the centre. Whilst this is positive and reflective of the ethos of the service the Manager did recognise that oversight has to be kept of the amount of contact in the house during a time when a younger age group is settling in. In particular this has implications regarding their privacy and feeling comfortable in their new home, comments made by one young person were being taken account of in this regard. The Trust has adult services that can support the ex residents who require an additional level of support and visitors are respectfully asked to leave if there is an incident or potential incident at the centre. They have been no difficulties reported in the latter regard and it is clear that this centre represents home for some of the ex residents.

The Trust provides structured aftercare and they work well in co-operation with aftercare workers assigned by the local region. There was evidence, covered also in detail in the Monitors report, that the young people have had aftercare plans on file and regular contact with and support from their aftercare workers.

Children's case & care records

The young people files contained copies of their birth certificates and care orders, one was due to be updated at the time of the inspection. Each file did not have a good quality clear up to date photo on file and one would be needed in particular for the missing child in care reporting procedure. The records in the main were written to a good and fair standard where issues existed in expression these were being addressed in supervision. As stated the team should aim to reflect the young people's views and input more effectively on the files.

3.5.2 Practices that met the required standard in some respect only

Suitable placements & admissions

Both of the young people under eighteen were suitably placed at the centre, both required medium to long term placements in a stable setting and with a team who could support family work amongst other areas of need. Both young people had an understanding of why they were living at the centre and information had been shared before their move. It is unusual to visit a centre with a balance of over eighteens to young people under fourteen and this presented complicating factors that had to be taken account of regarding the placements at the centre. The local placements committee were fully aware of and supporting of the centre completing its work with the over eighteens in accordance with their individual plans. Inspectors were told that two of the young adults were due to be discharged from the care of the team in the two months after the inspection.

The planning for admissions included a collective pre admission risk assessment process. Copies of these were on file for both young people. Inspectors found that there were multiples on file for one young person in particular and that this should have been managed as an updated document as more information was emerging. The quality of the plans was not of a consistently strong standard and this will need to be strengthened to support further new placements.

There was positive evidence of transitions and inductions for young people. There was also good evidence of interagency and multidisciplinary communication and co-operation.

Statutory care planning & review

The two young people under eighteen had care plans on file within the statutory timeframes. The social worker for one young person had not been able to add detail due to areas of information that still required investigation. The second young person had also been through a period of change and this was reflected in their care plan. Both young people would be due to have a statutory review meeting in the coming months. In the interim additional strategy and professionals meetings were acting as a safeguard regarding specific areas of difficulty in the young people's lives. The Monitor had highlighted in detail any care plan and statutory review matters that required attention. Certain sets of minutes were absent from the files, the same five young people were resident in January as in March, and there was evidence on file of the management emailing social work departments to source the items. For one

young person the social worker and the social work team leader had left their posts but the centre were still trying to find a route forward to complete the file.

Placement plans at the centre are subject to rolling review at the team meetings but this is not cross referenced in a structured manner. Some key areas lacked suitable content for example emotional and behavioural needs. There was though evidence of goals, dates and reviews and this was positive regarding the plans. The holistic needs of young people were not well reflected and it is necessary for the team to maintain a balance of detail and emphasis throughout the placement plans.

3.5.3 Practices that did not meet the required standard None identified

3.5.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

-Part IV, Article 23, Paragraphs 1&2, Care Plans

-Part IV, Article 23, paragraphs 3&4, Consultation Re: Care Plan

-Part V, Article 25&26, 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).

Required Action

- The centre management shall ensure that the placement plans be reflective of the holistic needs of the young people and be effectively linked to the actions to address the identified needs.
- The centre management and staff shall ensure that family records are coherent and well maintained with clear plans regarding family access available to staff.
- The centre management and Child and Family Agency social workers must ensure that pre admission risk assessments be completed to a good standard

in consultation with the social work departments involved. There should be suitable intra-agency sharing of information as part of this process.

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

Each young person has two key workers and the key work report gave the best account of the work. In this and through the team meeting minutes it was possible to track plans, goals to support these and actions. Inspectors advised that a sharper focus be placed on key working and how it is structured and recorded to enhance the team practice in this area.

The team care for young people respectfully and provide an open and warm environment with adults available to the young people who are skilled at building up relationships.

Provision of food and cooking facilities

The centre has a house cook five days per week and they prepare meals for the house in consultation with the young people and staff. Inspectors noted though that despite the good foods available daily that one young person was not consuming a necessarily balanced diet. Although this information was tracked by the structure of the logs it should be considered as part of addressing the young person's overall wellbeing needs.

Young people had access to the kitchen and snacks and could cook or bake if they wished.

Race, culture, religion, gender & disability

The ethos of care takes equality and fairness as core values, with respect for all promoted by the staff team. They aim to positively support young people with their identities and sense of self and to do so in a non-judgemental manner.

Restraint

There have been two restraints in the last two years, one in response to an assault and another to intervene in self harm. Both were reported and reviewed. Inspectors found that Individual Crisis Management Plans, ICMP's, did not clearly take account of contra indicators such as medication or substance misuse nor did they account for what if any type of hold could be used with a particular young person. The ICMP's must be revised and contra indicators clearly addressed.

Absence without authority

Both young people had Individual Absence Management Plans, IAMP's, on file and additional information regarding their possible whereabouts, locality, family and friends. There were clear records regarding absences and the missing from care protocol with an Gardaí was implemented by the team. Prevention meetings had taken place when needed and for one of the young people in particular there had been some decrease in unauthorized absences and missing from care incidents. Both of the young people had absences from the centre which were deemed high risk. There was evidence of co-operation with the social workers in addressing these and between the Gardaí and the team.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

At the time of the inspection the behaviour management approach presented as muddled and confusing not just for Inspectors but also for staff. The use of sanctions, natural consequences and positive reinforcement through rewards had become out of proportion to what was being achieved regarding real positive change by young people. There was not a sense of a holistic view of the overall needs so certain aspects of behaviour were being addressed in isolation.

Sanctions and natural consequences were well recorded and there was some sense more recently of review of these for effectiveness by the Manager. There was evidence of inconsistency amongst the team and a lack of communication on how best to manage behaviours that challenge. The Manager stated that this was noted by the management and was being addressed with staff. They added that the team had been supporting a long term group of older young people and had to reframe their approach to work with younger teenagers and their behaviours. Staff named their behaviour management tools as the ICMP's, their TCI training, the training provided by the Trust and interventions decided at professionals and strategy meetings. Advice from the regional risk escalation group was also evident on the relevant files. There were links to substance misuse services and with the juvenile diversion programmes.

The strengths in place in the behaviour management structures included a staged approach to reaching behaviour change goals, regular review at team meetings and competencies in risk assessment by the team. Coupled with this is the teams ability and experience in supporting young people and creating a stable homely environment.

Inspectors recommend that Managers review and give active direction on risk assessments , sanctions records as well as significant incidents to guide and improve practice. ICMP's should be updated fully including all recent changes or safety plans placed alongside them that capture any safeguarding aspects that fall outside the remit of an ICMP. There must be clearly developed and known rules for residents over eighteen year old. Written warnings have been utilised but Inspectors found they had no date and lacked specific timeframes.

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.

Required Action

- The centre management and staff shall ensure that the ICMP's address contra indicators clearly and be up to date regarding risks both internal and external.

- The centre management must forward to Inspectors the revised behaviour management approach, the policy should be a clear and up to date guide for staff and young people to restore consistency in practice.
- The centre management shall put in place a clearly defined policy covering over eighteens residing in the centre. The young adults should be consulted in developing this policy.

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. Practices that met the required standard in full

Safeguarding

Inspectors found that the centre has internal and external safeguarding mechanisms in place designed to protect young people. There was no evidence of bullying between young people. There were clearly documented risks between the under and over eighteens and some actions in place to address this but this must be an ongoing process as it had not been wholly effective. There was transparency and efforts at accountability in practice amongst the team and all were invested in having a high standard of care in accordance with the centres history and previous outcomes. The advocacy group EPIC were promoted to young people and representatives had visited the house. The vetting and internal oversight practices are an integral aspect of safeguarding and these require action as stated previously in the report.

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.

3.7. Practices that met the required standard in full

Child Protection

The team have updated their training in Children's First: National Guidance for the Protection and Welfare of Children 2011, and have had cause to use the child protection reporting system on a number of occasions. A number of child protection

reports were with the relevant social worker at the time of the inspection. The staff had submitted detailed reports of their evidence and observations in attached significant event reports. Individual social workers must provide responses for the care file once they have addressed the matters reported.

The Monitor had asked that the centre ensure that Monitors are made aware of child protection reports that are submitted and that the centre should ensure that there is a register of child protection reporting. These items had been acted upon at the time of the inspection.

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

Required Action

- The Child and Family Agency Social Workers must ensure that there are responses to child protection reports generated from the centre and provide an outcome for the young person's file.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

None identified

3.8.2 Practices that met the required standard in some respect only

The three young people resident at the centre at the time of the inspection had arrangements in place for education, for two this was minimum hours per week, one of the two had a tutor for one hour three times per week. There were undoubtedly influencing factors in all three cases but Inspectors did not find strong evidence of daily action in support of education, training and life skills acquisition. The promotion of attendance at education and training requires a concerted focus by management and staff. Although not necessarily a true representative sample

Inspectors noted that during our three days at the centre none of the three young people full time resident were in a regular day routine of attending schools and courses and there was little evidence of staff consistently calling young people in support of such routines.

3.8.3 Practices that did not meet the required standard

None identified

Required Action

- The centre management and staff shall ensure that ongoing concerted action is in place to promote daily routines in support of education training and life skills learning.

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

None identified

3.9.2 Practices that met the required standard in some respects only

Inspectors found evidence of advice and guidance regarding general well being and sexual health and development on file. There was also key working on harmful drug use utilising a harm reduction model. There was no medical consent on file for one young person, this had been raised by the Monitor in January and should be addressed without further delay.

Inspectors found that the medical sections of the files required attention to reflect medications their purpose and details, tracking of illnesses and diet to identify trends and records of A&E visits which were not fully reflected or cross referenced. There was no clear evidence of anti smoking initiatives considering both young people were fourteen and under.

The young people have registered with GP's and stay with their own if relatively local. A medical upon admission is conducted if deemed necessary.

3.9.3 Practices that did not meet the required standard

None identified

3.9.4 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 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

Required Action

- Medical consents must be on file for young people under sixteen.
- The centre management must ensure that the medical sections of the files contain a clear account of the known health and medications histories of the young people. They should be up to date and clear regarding any recent or ongoing health issues, doctors or specialist's visits and regarding any A&E visits.

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 & 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The property has been assessed for an extensive refurbishment programme incorporating reconfiguring the two upper floors and providing en-suite bathrooms to all bedrooms. The funding has not yet been secured for this. In the interim a plan funded by the Trust has been agreed to freshen up the communal areas, including the kitchen, sitting room and activity area.

Inspectors have found that the centre is maintained to a good standard and additional painting, decoration and repairs are kept up to date. There is a gym and this is also being adapted to reflect the different interests and age ranges of young people.

The house consists of two interconnected properties and is three storey's with boys on the middle floor and girls on the top floor. Rooms can be decorated by the young people and the main kitchen dining and living room areas were warm well utilised spaces for young people, staff and visitors.

Evidence of adequate insurance was provided for this application for continued registration.

Maintenance and repairs

The Trust has a maintenance team and there was evidence of good attention to maintenance and repairs. A record is kept of same.

Safety

The centre has a dedicated health and safety representative, they schedule audits and complete reports which are actioned by the Manager and the Deputy Head of Services. Suitable numbers of the team are First Aid trained with newer staff being scheduled to attend the training in due course. The team have had to deal with the administration of controlled medications, care for young people during episodes of self harm and through episodes of intoxication, they seek medical assistance where necessary. Their first aid training is an essential core working tool alongside their risk assessment and on call line management supports. There is safe storage of medications and a recording system for the administration of medication.

There is a centre car and this had been subject to repairs at the time of the inspection.

Fire Safety

There was safe and regularly serviced fire safety equipment, lighting and signage in place and the team have their fire safety training updated regularly. The certificates of compliance with fire safety and building control are in place in accordance with the regulations. Drills are held on a regular basis.

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 & Safety)

-Part III, Article 13, Fire Precautions.

4. Action Plan

Standard	Issues Requiring Action	Response
3.1	The reviewed statement of purpose and function and young people's booklet to be forwarded to the inspectors.	The reviewed statement of purpose and function will be sent with this document, the young people's booklet has been drafted and will be finalized forwarded by the 17 th of July 2015 Due to be completed by 17/07/15 Completed
3.2	The centre management must ensure that the oversight structures are adequate and evidenced in accordance with the nature of the needs of the young people. The team must ensure that identification of significant events is both individualised as well as structured in accordance with clear criteria as named in the relevant policy.	Social Care Manager has adopted a more thorough practice of oversight and this is evident in the comment sections of young people's files and in team meetings. An Internal Audit process is in process within the Trusts Under 18's Services carried out by the DHOS. This will ensure that oversight practice is increased. Completed and on-going A review of recording has taken place following feedback from the inspection, staff are now structuring these events in a more narrative style rather than in bullet points as was being done previously. This is allowing for a better flow of

	<p>The centre Management must ensure that vetting is of a good standard and in full compliance with the Dept. of Health Circular 1994.</p> <p>The centre management shall oversee that supervision reflects key working and placement planning more effectively.</p> <p>The management and team shall ensure that records including handovers be maintained to a consistent standard and be reflective of the needs of the young people and their up to date plans.</p>	<p>information and a clearer picture of the significant event notifications.</p> <p>Completed and on-going</p> <p>Completed and ongoing</p> <p>Social Care Manager has changed the supervision form template and the supervision is also under review by the Trust, Social Care Manager is adopting a more focused case management approach with the staff in supervision while also providing the staff team with support and guidance in relation to other areas of practice. The Social Care Manager will begin to use the Homeless Agency Competency Framework as a tool to support staff in their professional development of skills and practice. Completed and On-going</p> <p>New Handover Template have been introduced, and key working reports are now completed on a weekly basis to ensure that there are clearer guidelines for staff to support the daily plan for the young people that is reflective of the young person's placement plan. Completed and On-going</p>
<p>3.4</p>	<p>The team shall adapt their consultation process to be opportunity led as well as structured and focus on how they best represent the young person's voice in the files.</p> <p>The centre management must ensure that the area of grievances be given due consideration and a system for tracking these to identify any patterns</p>	<p>A review of individual consultation books has taken place and staff have become more proactive in consulting with young people on a more opportunity based approach along with having a structured time the night before staff meetings. A discussion has taken place with the young people about having a young people's meeting, the young people have begun to express an interest in this process.</p> <p>Completed and on going</p> <p>A pilot system of tracking informal complaints has been put in place across the Trusts U 18 services in the form of an informal complaint register where staff can record informal complaints and where the Social Care Manager feels that through the young</p>

		<p>people's voice or individual work an informal complaint has been made this will be put in the register. Where a theme is consistently recurring this will then be made into a formal complaint. This pilot system will be subject to review to assess its effectiveness by the Social Care Manager and DOHS</p> <p>Completed and on-going</p>
3.5	<p>The centre management shall ensure that the placement plans be more reflective of the holistic needs of the young person and be effectively linked to the actions to address the identified needs.</p> <p>The centre management and staff shall ensure that the family records be more coherent and well maintained with clear plans regarding family access available to staff</p> <p>The centre management and Child and Family Agency social workers must ensure that pre admission risk assessments be completed to a good standard in consultation with the social work departments involved. There should be suitable sharing of information as part of this process.</p>	<p>At time of the inspection we had adopted a new template for the young people's placement plan, this has continued to be developed as the staff team have become more familiar with the template. At the team meeting dedicated to reviewing each of the young people's case files, a discussion takes place on identifying what the holistic needs of the young people are to ensure that the needs are better reflected in the placement plan. Completed and on-going</p> <p>The filing system in relation to family work has become more organised with clear access arrangements present and a full review of the organization of the young people's files is taking place. Continuing work to review and improve this. Completed and ongoing</p> <p>Pre-admission risk assessment is completed in consultation with social work department, all social workers for all young people are advised and consulted of new referrals and potential impacts. Particular focus is paid to the needs of each young person and potential influence on each other both positive and negative and appropriate planning taking in these risks is put in as required. Completed and on-going</p>
3.6	<p>The centre management and staff shall ensure that the ICMP's address contra indicators clearly and be up to date regarding risks both internal and external.</p>	<p>Social Care Manager consulted with TCI trainer in relation to the Contra Indicators and all ICMPS have been updated accordingly with due regard to both internal and external risks Completed and subject to regular review.</p> <p>We are currently reviewing the behaviour</p>

	<p>The centre management must forward the revised behaviour management to inspectors, the policy should be a clear up to date guide for staff and young people to restore consistency in practice.</p> <p>The centre management shall put in place a clearly defined policy covering over eighteens residing in the centre. The young adults should be consulted in developing this policy.</p>	<p>management approach with the staff team, taking a chapter of the draft model to team meetings for discussion to ensure there is a clear understanding of how this model relates to our practice. This draft is currently being further reviewed and will be forwarded to the Inspectors. To be completed and forwarded by the 31st July 2015 Completed July 2015</p> <p>Social Care Manager to consult with Social Care Manager in the Trusts O18 Residential Services and DHOS to create a policy for the over 18's currently residing within the centre but also for future reference. Social Care Manager will also consult with the young people in relation to this. To be completed by 31 July 2015</p>
3.7	<p>The Child and Family Agency social workers must ensure that there are responses to child protection reports generated from the centre and provide the outcome for the young person's file.</p>	<p>Social Care Manager requests updates to CPNs. An email to any relevant social workers to request any outstanding responses. Completed and ongoing</p>
3.8	<p>The centre management and staff shall ensure that ongoing concerted action is in place to promote daily routines in support of education training and life skills learning.</p>	<p>Since the time of inspection, one of our young people has begun to attend a new suitable school. The attendance has been regular. A second young person also attended an interview with a school completion programme with a view to begin an educational placement in September 2015. Staff continue to encourage a daily routine for all young people within the house. A summer activity programme is being put in place to support the young people routines over the summer period. Completed and on-going</p>
3.9	<p>Medical consents must be on file for young people under sixteen.</p> <p>The centre management must ensure that the medical sections of the files be better reflective of the known health and medications</p>	<p>Medical consent is on file for all young people and Social Care Manager will ensure that the process of requiring this in the future is immediate. Completed</p> <p>The organization of all medical case files is under review to ensure that they are more organised picture</p>

	<p>histories of the young people. They should be up to date and clear regarding any recent or ongoing health issues, doctors or specialist visits and regarding any A&E visits</p>	<p>of the young people's health history and or health needs.</p> <p>The key team will begin to formulate a medical history report for their key child files. As soon as possible but to be completed by the 24 July 2015</p>
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