



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

Centre ID number:	100
Year:	2015
Lead inspector:	Jacqueline Roche

Registration and Inspection Services  
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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2015</b>
<b>Name of Organisation:</b>	<b>Ashdale Care</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>21<sup>st</sup>, 22<sup>nd</sup> and 23<sup>rd</sup> January 2015</b>
<b>Registration Decision:</b>	<b>Registered without conditions from 31<sup>st</sup> January 2015 until 31<sup>st</sup> January 2018</b>
<b>Inspection Team:</b>	<b>Jacqueline Roche Sinead Diggin</b>
<b>Date Report Issued:</b>	<b>9<sup>th</sup> June 2015</b>

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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 12<sup>th</sup> January 2015. This announced inspection took place on 21<sup>st</sup> , 22<sup>nd</sup> and 23<sup>rd</sup> January 2015 over a three day period and this report is based on a range of inspection techniques including:

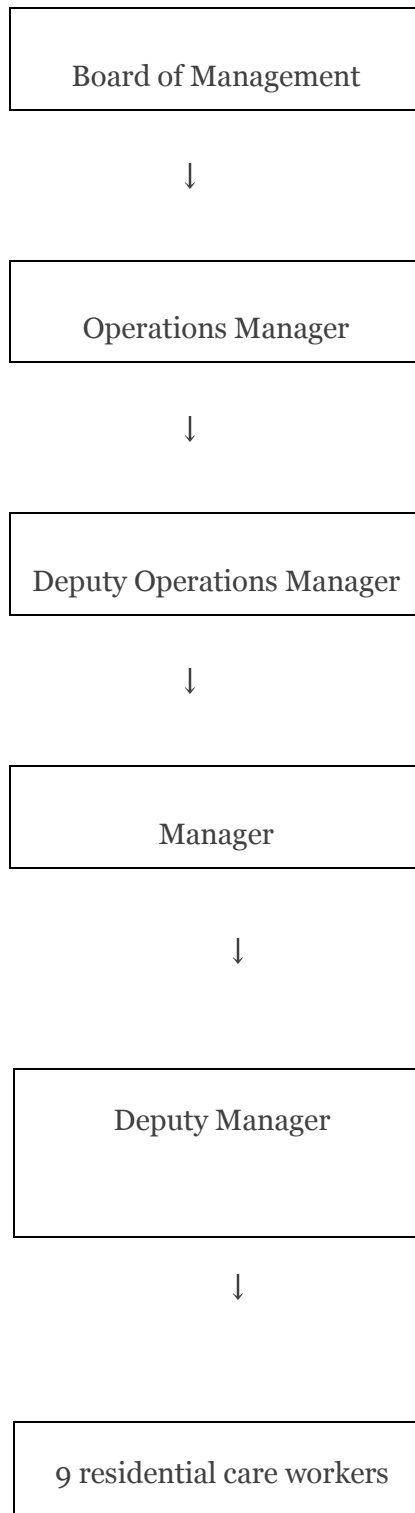
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - (a) Seven Residential Social Care Staff
  - (b) Two of young people residing
  - (c) The company CEO
  - (d) The Art Psychotherapist
  - (e) The Counselling Psychologist
  - (f) A Garda Sergeant
- ◆ 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:
  - ◆ The Manager
  - ◆ Two of the young people residing in the centre
  - ◆ The Deputy Operations Manager
  - ◆ The Deputy Manager
  - ◆ Three of the care staff
  - ◆ Two allocated social worker's

- ◆ 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 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 Residential Centre number 100 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 31<sup>st</sup> January 2015 to be reviewed before 31<sup>st</sup> January 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 has a comprehensive written policy and procedure document which incorporates the services' aim and objectives. The stated aim of the centre is to provide specialist residential care to young people with emotional and behavioural problems that cannot be met in mainstream residential settings. The centre offers a high level of support to young people in a home like environment which is an alternative to more secure forms of care.

The therapeutic aspect of the service is provided by a multidisciplinary clinical team which consists of an art psychotherapist, a senior counseling psychologist, a senior social worker who is responsible for the delivery of Therapeutic Crisis Intervention training and the co-ordination of Asdan which is an alternative education programme offered by the company. The company employ two teachers who are responsible for the day to day delivery of the Asdan programme. The clinical team work directly with the Manager and the care team through bi-monthly clinical meetings conducted for the purpose of planning for young people's placements and members of the clinical team are available to work with young people directly.

The centre catered for a maximum of four young males aged between eleven and seventeen years on admission on a medium to long term basis with placements generally lasting for a minimum period of six months. Subsequent to the onsite inspection the centre amended its purpose and function to cater for young people of mixed gender. At the time of the inspection there were three young people living in the centre.

The person centred environment offered by the centre is supported by a model of therapeutic care. The Art Psychotherapist facilitates a Training and Awareness programme for staff (TAP) which supports the care teams capacity to provide a therapeutic environment for the young people. The clinical team and the care staff design an Individual Development Plan for each young person and this is reviewed on a regular basis. All of the staff team are trained in TCI therapeutic crisis

intervention and this model is used as a programme to support the management of young people's behaviour. The Inspectors found from staff interviews and review of documentation that there is clinical oversight of the therapeutic model of care operated in the centre and that the staff team have completed training to support their capacity to care for young people.

There is a young person's handbook which contains relevant information about the centre however the Inspectors found that this was not a document that would be easily understood by young people and that it is not specific to the centre. The Inspectors recommend that a child centered handbook which reflects life in the centre should be designed by the organisation.

**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.**

**Required Action**

- The Centre Manager must review the young person's handbook in order to ensure that young people understand its contents and that it reflects life in the centre

**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 Manager is in post since November 2014 and is supported in this role by a Deputy Manager. The Manager is suitably qualified and has worked in residential care for a number of years before taking up this post. The Deputy Manager works alongside the Manager is suitably qualified and experienced.

The Manager meets the psychologist monthly and clinical guidance and support is offered during these meetings. The Manager has oversight of care and operational practices in the centre and has systems in place to ensure the effectiveness of the service offered to young people. These include review of paperwork, attendance at handover meetings, attendance at team meetings, support of key workers, and supervision. Inspectors found that the Manager had a vision for the development of the centre and that they had identified key areas to be addressed including the development of the key work role, review of complaints process, review of significant event notifications and a development of recreational facilities in the centre.

Outcomes for young people are considered monthly at the multidisciplinary team meeting where short term, medium term and long term goals are reviewed. The Manager ensures that they are available to young people by having a presence outside of the office and by interacting with them on a daily basis.

The Manager reports directly to the Deputy Operations Manager. This reporting system is formalized by fortnightly supervision. The Deputy Operations Manager has daily contact with the Manager and visits the centre on a weekly basis.

The Operations Manager is one of the three proprietors of the company and they maintain regular contact with the Centre via weekly announced and unannounced visits.

The Inspectors found that the role of the Deputy and the Operations Manager was not clearly defined in the context of service delivery and this must be addressed by the organisation. Management support meetings take place on a monthly basis and these are attended by the Operations Manager, the Deputy Operations Manager, the centre managers and deputy managers from the centres. During these meetings operational matters in the centres are addressed.

The policy and procedure document is reviewed on a regular basis by the management team.

### **Supervision & support**

The current Manager has attended supervision training and has experience supervising staff in another centre operated by the organisation. The Manager and the Operations Manager reported the intention to address any deficits in the supervision process and to provide supervision to all staff employed in the centre. In line with company policy the supervision will take place every four to six weeks. The Inspectors saw that the Manager and the Operation's Manager had jointly provided supervision to the care staff in order to support team development and incorporate the newer members of the team. The stated long term intention is that the Manager

will provide regular and formal supervision to all the care team and to the deputy Manager in order to ensure consistency and to provide a cohesive therapeutic environment in the centre.

The Manager uses a template for supervision, supervision is provided to staff in line with the policy and notes are well recorded. The Inspectors found that staff are offered support during supervision and that there is a particular emphasis on placement plans when the supervisee is a key worker. The policy is that performance appraisals take place for new staff members however there was evidence that these did not take place for all new members of staff. The Manager stated the intention to address this matter.

Team meetings take place once a month and during these operational matters are discussed alongside care planning for young people. Multidisciplinary meetings take place in the organisation headquarters on a fortnightly basis and during these the young people's Individual Developmental Plans (IDP's) are discussed and care staff are offered the opportunity to consult with the clinical team. Handover meetings take place daily and the Inspectors found that these are effective in supporting communication and consistency. The company psychologist communicates with staff during the Friday handover in order to address any concerns and to pre-empt strategies for dealing with young people over the weekend.

The Inspectors found that the organisation has systems in place to support staff who have suffered stress or injury in the course of their work. Support groups are facilitated by the clinical team when a need has been identified and the training and awareness programme (TAP) incorporates a component where transference and other matters pertaining to the effects of working closely with vulnerable young people are addressed.

### **Administrative files**

The Inspectors found that the recording system was organised and maintained effectively. Files were well presented and easy to navigate. The Manager has oversight of records and when necessary supports the staff team to develop report writing skills.

Young people's care files are returned to the relevant social work departments when they leave the centre.

The Manager and the Deputy Manager have overall responsibility of financial management in the centre and petty cash matters are addressed at the handover meeting.

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

#### **Staffing/ Vetting**

The care team in the centre comprises ten social care workers alongside the Manager and Deputy Manager. There has been a significant turnover of staff in the centre and eight new care staff were employed over the eight months prior to the Inspection. There was no evidence of a comprehensive review of this situation by external management or an analysis of the reasons why so many staff left the service.

The Inspectors found that seven of the staff team were fully qualified and there were three staff in the process of attaining a relevant qualification. Two of the staff who were in education had many years experience in social care. Inexperienced team members were supported by the Manager and the organisation to attend training and there was a robust support system in place to facilitate the development of skills. All staff members were appropriately vetted by the Gardai. However qualifications were not always verified. This must be addressed.

All new staff commencing work in the centre are offered a comprehensive induction which incorporates information of the policy and procedures, purpose and function, information on the Centre and the young people, training in first aid, therapeutic crisis intervention and fire safety.

#### **Training & development**

The Inspectors found evidence that there is ongoing effective training offered to care staff. This includes the model of care facilitated by the Psychologist and TAP (Training and Awareness Programme) training facilitated by the Art Psychotherapist. The Inspectors reviewed a training schedule and found that attachment, nurturance, sexual abuse, bullying, mental health, substance misuse, education are all matters addressed. There was evidence that the organisation had a commitment to supporting the care staff's capacity to provide a therapeutic environment and care for young people.

The Inspectors found that all of the care staff team have not completed core training in Child Protection, First Aid, and Fire Safety and this must be addressed by the organisation.

However specialist training external to the organisation must be considered in order to enhance core skills and to ensure a cohesive capacity to address the complex matters presented by young people. These include significant mental health matters and misuse of drugs and alcohol. Mental health and drug/ alcohol addiction training must be provided in order to ensure that staff have the capacity to manage young people who present with these concerning matters.

### **Register**

The Manager maintains a register of all young people who live in the centre. Three young people were discharged over the two years prior to the inspection. There were three young people resident in the centre at the time of the inspection. The Inspectors found that some significant details were missing from the register. These included date of admission and discharge for one young person, social worker's name, and an address where another young person was discharged to. This must be addressed. A copy of the register is maintained by the Child and Family Agency.

### **Notification of Significant Events**

The centre maintains a record of significant event notifications. The Inspectors found from review of centre records and interviews with the Monitor and the young people's Social Workers that there is a lack of reference to predisposing circumstances to these events. Inspectors cross referenced significant events to young people's logs and did not find adequate description of the circumstances and events leading to a significant event. This must be addressed by the Centre Manager. There have been a high number of restraints in the centre. The Inspectors saw evidence that the previous Manager prepared an audit of these which was sent to the Therapeutic Crisis Intervention trainer and the multi disciplinary team however there was no evidence of external review or of any response from external management. The organisation must put a robust system in place to review significant events.

Significant Event notifications are sent to relevant parties including the Monitor and the Social Workers however some do not leave the centre for up to eight days. This must be reviewed by the Centre Manager in order to ensure consistent prompt notification.

### **3.2.3 practice s that did not meet the required standard**

**None identified**

### **3.2.4 Regulation Based Requirements**

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

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

### **Required Action**

- The Organisation must clearly define the roles of the Deputy and the Operations Manager in order to ensure that robust external management systems are in place.
- The Manager must review the Centre register and all required information in relation to young people must be recorded.
- The Manager must ensure that significant events are promptly notified and the organisation must ensure consistent review of significant events incorporating consideration of predisposing factors for young people.
- The organization must review staff personnel files in order to ascertain compliance with the Department of Children Circular on recruitment and selection of staff 1994.
- The organization must ensure that all of the care staff complete training in Child Protection, First Aid, and Fire Safety.
- The organisation must ensure that there is external oversight of supervision records.
- The organisation must provide training for staff in relation to the management of matters pertaining to adolescent mental health and the misuse of drugs and alcohol.

### 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.

#### **Monitoring**

##### **3.3.1 Practices that met the required standard in full**

The Monitoring office of the Child and Family Agency conducted an unannounced audit of the centre on January 9<sup>th</sup> 2014. A report on the monitoring visit was prepared and reviewed by the Inspectors. The Monitor found that the service was providing a good standard of care, specialist support and there was evidence of a strong emphasis on education.

Centre management stated that the Monitor offers support and consultation when necessary and there was evidence during the inspection that advice offered by the Monitor is integrated into service delivery in 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 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.

#### **3.4.1 Practices that met the required standard in full**

##### **Access to information**

The Centre has a written statement in its policy document regarding young people's right to access information in their files. Young people were aware of their right to access information and the young person's booklet details their rights in relation to this matter.

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

##### **Consultation**

The centre has a written statement in its policy document regarding consultation and advocacy. This states that the centre aims to encourage the expression of feelings and that young people are consulted with on an ongoing basis. The Inspectors found that the ethos in the centre promotes the rights of the young people and there is an emphasis on advocacy on behalf of the young people. However the Inspectors did not find evidence of the voice of the young person in documentation reviewed. The Manager and staff reported that young people's meetings are held however records of these are not maintained effectively. Inspectors were unable to verify the standard of these meetings. Young people are invited to reflect their goals in placement plans however the Inspectors did not find evidence that the young people engaged constructively in the process.

The Inspectors found evidence that the voice of young people was not always considered. There was no evidence of consistent analysis of circumstances where distressed young people presented with behaviours necessitating a high number of restraints. The Manager must ensure that young people are consulted with and that they are encouraged to express themselves in a proactive way.

Each young person has an allocated key worker however records of sessions did not evidence the presence of a consistent key worker in the young person's life. In one case sessions were conducted by ten different care staff over an eight month period. The Inspectors found that the environment of the house was not conducive to having a private conversation as other than bedroom space there is only a communal kitchen and living room area in the centre. The Manager must put systems in place to ensure that the voice of young people is heard and that the views and opinions of young people are evidenced in centre records.

Young people were encouraged to attend their review meetings. However there was a lack of evidence in some cases that social workers spent time offering young people the opportunity to discuss their experiences in the centre. The Centre Manager and the young people's social workers must work in partnership to ensure that young people's views and opinions are taken into consideration.

### **3.4.2 Practices that did not meet the required standard Complaints**

There is detailed information in the centre's policy document regarding all relevant aspects of the complaints procedure with an emphasis of creating a culture of openness and transparency. The policy also references parents' right to complain about the service their child is receiving. Staff offer young people a form to complete in order to file a complaint.

Young people living in the centre listed a number of complaints around matters such as family access arrangements, lack of regular key working sessions and the effects of other young people on their care. Complaint logs did not contain evidence of the investigation of these complaints, a reference to the outcome or of a meeting held to inform young people of the outcome of the process. Young people expressed a lack of confidence in the complaints process. The Manager should help young people to have confidence in the complaints system and there should not always be emphasis on the requirement to write down a complaint.

There was a lack of clarity amongst the staff team in relation to whether or not a complaint should be recorded as a significant event. The Centre Manager must ensure that there is clarity in the staff team in relation to when a complaint constitutes a significant event.

The Inspectors did not find evidence of the involvement of external management in the complaint process. Young people must be confident that a complaint will be

heard and that adults with responsibility for their care will respond appropriately to the process. The Manager and external management must review the complaint process in the centre and ensure that complaints made are investigated internally in the centre and externally by the social work departments.

There is a grievance log maintained in the centre. There is good evidence of grievances and outcomes being recorded. However there is no record of the voice of the young person in this document.

#### **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 Issues Requiring Action*

##### **Required Action**

- The Manager must ensure that young people are consulted with and that they are given the skills to express themselves in a proactive way.
- The Manager, key workers and the young people's social workers must work in partnership to ensure that young people's views and opinions are taken into consideration.
- The Manager must ensure that there is clarity amongst the staff team in relation to complaints and ensure that staff understand that a complaint constitutes a significant event.
- The Manager and external management must review the complaint process in the centre and ensure that complaints made are investigated internally in the centre and externally by the social work departments

### 3.5 Planning for Children and Young People

#### **Standard**

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

#### **3.5.1 Practices that met the required standard in full**

##### **Suitable placements & admissions**

Social workers from the Child and Family Agency approach the Central Referrals Committee when they require a placement for a young person. The Central Referrals Committee is tasked with the identification of a suitable placement for the young person. Decisions are based on an assessment of the environment which considers factors such as the presenting behaviour of other young people residing in the centre, the skills of the staff team and the availability of clinical support. The Inspectors found that the social workers for young people resident in the centre are not always consulted during this pre-placement assessment. The Manager and the Central Referrals committee must incorporate the opinions and views of the social workers for young people living in the centre in risk assessments. Social workers for resident young people should be encouraged to state their professional opinions in relation to the impact of the new referrals.

This centre has a comprehensive support system in place that has capacity to provide assessments for young people, to meet educational needs and to provide therapeutic support by a multidisciplinary team comprising psychology, psychotherapy, social work and education specialists.

Referrals are considered initially by the Operations Manager, the Deputy Operations Manager and the Chief Executive Officer of the organisation. When this group considers that a referral is suitable they consult with the Manager and if consensus is reached the pre-admission process begins. The centre has a detailed policy and procedure describing the process of admission which references meeting with social work teams, young person and family members. The policy describes a pre-placement planning process. There was evidence that the centre Management strives to ensure that this policy is adhered to.

The Centre Manager, the Deputy Manager, the Clinical Psychologist and the Art Psychotherapist were involved in the preadmission process for the three young people who resided in the centre at the time of the inspection. Young people and their families were invited to visit the centre and are offered appropriate information prior to admission.

A number of young people have been admitted into the centre prior to their twelfth birthday. In line with National Policy placements outside of residential care were assessed to be unable to meet the therapeutic needs for these young people. Young people referred have suffered significant early years' trauma and neglect and the absence of consistent care arrangements.

During the preadmission process a young person's Individual Development Plan (IDP) is formulated and young people are encouraged to contribute to these. Young people are assisted to understand the reason for and the purpose of their placement however there is a lack of clarity about the young person's long term care arrangement and this must be addressed by the Manager and the referring social work departments.

The Manager reports and the Inspectors found that social workers provide adequate information on young people in advance of placement. Risk assessments are prepared and the Inspectors found that these are effective documents. The Inspectors found from review of these documents and from discussion with social workers that the young people referred require individualized programmes in order to benefit from their placement.

An Inspector attended the multidisciplinary team meeting one week after the admission of one young person and found that the care team and the multidisciplinary team had a good knowledge of the young person and that this facilitated an informed consideration of the Individual Development Plan.

### **Statutory care planning & review**

Two of the young people had comprehensive statutory care plans on file at the time of the inspection and the newly admitted third person had a draft report on file. There was a plan in place to review the draft care plan and to prepare a plan specific to the centre. Statutory care plans for young people under twelve years old took place on a monthly basis in adherence to national policy and all other statutory reviews were held in line with the relevant regulations. Individual Development Plans and these

are designed following consultation with the clinical team. Young people are encouraged to contribute to these and at the pre-admission stage are asked to determine their own goals for the placement. The Inspectors did not find evidence that young people are prepared adequately for their review meetings as they demonstrated in interview and in questionnaires returned a lack of understanding of the plan for their care.

Minutes of review meetings were maintained in young people's files.

## **Supervision & visiting of young people**

### **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.**

### **Social Work Role**

There was evidence that staff from the centre support the work of the social Work departments and that efforts are made to maintain a positive working relationship. The Inspectors found that social work departments provide sufficient background information on young people, prepare care plans and co-ordinate statutory reviews. Records of contact with social work departments are maintained in young people's files.

Social Workers report that they receive significant event notifications however the Inspectors found that predisposing information in relation to significant events are not always described. The inspectors saw time delays of up to seven days in the reporting significant events. In consideration of the aforementioned situations the centre must review its significant event reporting system in order to include more emphasis on the circumstances surrounding significant events.

During periods of turbulence the centre management have co-ordinated strategy meetings with relevant social work departments and effective strategies were put in place to address the presenting concerns.

Young people residing in the centre openly expressed their views to the Inspectors however there was no evidence that social workers consistently address concerns raised by young people and these included matters pertaining to family contact and

their care arrangements. The social work departments and centre management must ensure that there is a co-ordinated approach to planning for young people and that young people are aware that there is an advocate external to the centre to whom they can confide any difficulties or concerns. There must be evidence that these matters are addressed effectively and outcomes of the investigation of concerns raised by the young people must be recorded on young people's files.

### **Preparation for leaving care**

The organisation has a policy in relation to leaving care. There was evidence that staff have consulted with the Monitor in relation to this matter in the past and that aftercare needs assessments were completed. The company assigns a co-ordinator to young people and the policy states that the intention is to support a smooth transition from the centre. The Inspectors were unable to evaluate the centres preparation for leaving care process as all of the young people were under sixteen years at the time of the Inspection.

### **Aftercare**

None of the three young people were in preparation for aftercare due to their age at the time of the Inspection as a consequence of this the Inspectors were unable to assess the standard of aftercare support provided by the Child and Family Agency at this time.

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

The Inspectors found that each young person had a secure record of their history and progress while they resided in the centre.

Records were of a good standard and the Manager indicated a commitment to support staff to maintain this standard. The Inspectors found that there was not a photograph of every young person maintained on file and this must be addressed by the Manager.

Young people's records are returned to the referring social work departments when they are discharged from the centre. Relevant documents were maintained in care files.

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

#### **Contact with families**

The policy states that the centre welcomes contact from family members and friends. Young people's care files contain details on contact with their families. Contact arrangements are individualized for each young person and are determined following consultation with the young person, their families, centre staff and the referring social work department. The overall responsibility for the determination of family contact lies with the young person's social work department and the Inspectors found that these arrangements are under constant assessment and review. The Inspectors found that staff from the centre coordinate and support access arrangements subject to the approval of the social work departments.

However in view of the therapeutic nature of the service offered there was a lack of evidence that family contact was promoted or that there was real analysis of the reasons why contact could not be maintained when this was recommended. Families maintain central importance in young people's lives and young people must be offered the opportunity to explore these relationships in a constructive therapeutic environment.

The Inspectors found that family contact was a source of upset for young people living in the centre. Individualized access plans did not evidence a strategic/therapeutic approach to the management of these circumstances. The evidence around these matters were found in the restrictions of sibling contact for one young person and the effects of inconsistent and distressing parental contact on another young person. There was a lack of documented analysis of family contact arrangements. This must be addressed in order to ensure that young people are supported to understand the reasons behind the formulation of access arrangements.

#### **Emotional & specialist support**

The organisation demonstrates a commitment to supporting care staff to be aware of the emotional and psychological needs of young people. There was evidence that the clinical team is available to support the day to day work carried out by the care team.

The Inspectors found that the key working system in the centre was inadequate. Review of care files indicated inconsistent contact between young people and their allocated key workers. In one case ten different care staff initiated key work with one young person over ten separate episodes. The Manager and the organisation must



ensure that the role of the key worker is clarified in order to ensure that young people living in the centre have a named person who they identify with and who they can rely on to be available to them.

The inspectors found that the organisation provides specialist clinical support to young people. This is facilitated by a multidisciplinary team based in a large campus owned and operated by the organisation. This multi-disciplinary team comprises senior social workers personnel, a counselling psychologist, a psychotherapist and teaching staff. This team provides clinical oversight and support to the care staff and offers consistent clinical support to young people. One inspector attended the multi-disciplinary meeting and saw evidence of a comprehensive approach to the care of young people. Young people's Individual Development Plans reflect short, medium and long term goals and participation at the meeting indicated to the Inspector that staff had genuine interest and knowledge of the young people. The psychotherapist and the psychologist are consistently available to support the care planning process.

Comprehensive assessments prepared prior to placement in this centre maintained in young people's care files indicated significant early years' trauma, post traumatic stress, mental health conditions of a psycho-social nature however there was a lack of emphasis on these factors in the placement planning process in the centre. The Inspectors did not find a reflection of past histories in young people's Individual Development Plans. The Inspectors recommend that this aspect of young people's lives is clearly represented in the placement planning process. The Manager and the organisation must ensure that the findings and recommendations of specialist professionals are coordinated and that the best interests of the young person is promoted when care decisions are made.

The centre has a policy on the use of drugs and alcohol which recognizes that young people living in the centre may misuse drugs or alcohol. There was no evidence of specialist support for young people who present with drug or alcohol addiction or training offered to staff pertaining to the management of behaviours associated with this issue. This must be addressed as the Inspectors found that the service accepts referrals of young people who have a history of misusing drugs. Centre records indicate that there have been a high number of instances where young people threatened self harm and the care staff must be provided with the skills to manage these situations.

The local Child and Adolescent Mental Health Service provide support to young people if assessed as being necessary and the psychologist liaises with this service when this is required.

## Discharges

In the two years prior to the release of the final inspection report there were three young people discharged to a planned aftercare arrangement. An example of unplanned discharge was also found and reports reviewed did not evidence that the discharge was imminent and there was no evidence of effective consultation with the social work department in relation to this decision. The organisation must ensure that there is effective consultation with relevant parties including the social work departments when a young person is discharged.

### 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 Manager and the Central Referrals committee must consult the social workers for resident young people in order to solicit their opinions in relation to the impact of new referrals on young people already resident in the centre.
- The Social Work Departments and the Manager must ensure that young people are supported to understand the reasons behind the formulation of access arrangements.

- The social work departments and the centre management must ensure that concerns and opinions of young people are addressed and that the outcomes are recorded in centre files.
- The organisation must provide comprehensive training to staff in order to equip them with the capacity to manage young people who present with mental health conditions or matters pertaining to the misuse of drugs/alcohol.
- The organisation must ensure that all discharges follow consultation with relevant parties and that the best interest of the young person are considered when a discharge is decided upon.
- The Manager and the organisation must ensure that the findings and recommendations of specialist professionals are coordinated and that the best interests of the young person is promoted when care decisions are made.

### **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**

##### **Provision of food and cooking facilities**

The centre has a policy on healthy eating and the Inspectors found that the staff encourage young people to experience new foods and to eat a nutritionally balanced diet. Young people's food preferences are taken into consideration. The social aspect of mealtimes is recognized and young people are encouraged to eat with the staff around the kitchen table.

Young people are encouraged to participate in the preparation of food, in the shopping experience and to consider matters pertaining to safety and hygiene.

## **Race, culture, religion, gender & disability**

Young people who reside in the centre were encouraged to participate in events in the local community including horse riding and football. The staff facilitate young people in the practice of their religion. The importance of family is recognized and staff demonstrate a commitment to supporting young people's identity with their family of origin.

The organisation has a policy on diversity which states that each young person is supported to express their identity and that young people's cultural and ethnic needs are met. Discriminatory behaviour is not acceptable in the centre.

## **Absence without authority**

Each young person living in the centre has an individual Absence Management Plan IAMP. The Inspectors reviewed these and found that they were effective documents. Given the young age of young people, their vulnerability and the rural location of the centre these IAMP's are prepared by the centre manager and a local Garda designated to the centre signs off on them. The Inspectors found that this partnership arrangement was an appropriate safeguarding strategy.

The centre follows the Child and Family Agency/ Garda protocol when reporting young people missing in care. In the twelve months prior to the Inspection there were five instances of young people missing in care. The Inspectors found effective strategies were put in place to manage and reduce future occurrence of these situations.

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

#### **Individual care in group living**

Staff demonstrated insight into each young person's individual needs and life circumstances and the inspectors found that efforts were made to create and realize recreational and leisure activities. There was evidence that young people were given the opportunity to engage in activities in the community including horse riding, football and fishing. There was no evidence of fun/ therapeutic recreational facilities in the centre or in its grounds and this must be addressed by the organisation in order to offer a commitment to a child centred environment.

Each young person had allocated key-workers however there was no evidence of a robust key working system in place in the centre. Key work records indicated a high number of staff offering sessions to young people. One young person had ten key

work sessions offered by ten different care staff. Young people interviewed stated that there was no private area in the house suitable for key work to take place. The Inspectors concur with this view as all areas were communal with the exception of bedrooms. Key workers did not consistently attend young people's statutory reviews or prepare reports for the reviews. Young people stated that they would like more consistent contact with their key worker's.

Review of young people's files indicated that young people resident had experienced multiple care arrangements. The therapeutic nature of the service offered by the centre to very young people some under the age of twelve years would indicate a clear need for the availability of a robust key work support system. The Manager must review the key working system in the centre and ensure that young people have a consistent adult in their lives that demonstrates a capacity to understand, support and advocate on their behalf.

Young people are given a clothing allowance and staff support them in the purchase of cloths. Good standards of hygiene are encouraged as are the development of social skills. Birthdays are celebrated as are other festive occasions and young people are offered breaks away from the centre when this is required. School reports and certificates of achievement are maintained in care files.

### **Managing behaviour**

The centre has a policy on the management of behaviour. Therapeutic Crisis Intervention (TCI) is used to manage the behaviour of young people. The policy contains relevant details on why the organisation uses this method. Inspectors found that all of the care staff had completed the TCI training programme. The organisation employs a Social Worker who is part of the multidisciplinary clinical support team and one of the functions of this role is to provide TCI training and support. The policy states that there is a critical incident review group in place that reviews behaviour management and incidents relating to this. The Inspectors did not see evidence of consistent review of critical incidents or a robust system in place to evaluate the effectiveness of behaviour management for individual young people. The multidisciplinary team and the external management must review behaviour management in the centre.

Each young person has an Individual Crisis Management Plan (ICMP). These consider safety concerns, behaviours and triggers. The Inspectors did not see the views or the opinions of young people recorded in these documents and this must be addressed by the Manager.

Sanctions are used as a method of behaviour management and there is a connection between the behaviour and the sanction imposed for example reduction in pocket money for property damage. A graded intervention scale is also used to re-enforce positive behaviours and this is linked to fun activities such as outings and takeaways. Young people earn these by demonstrating positive behaviours. The programme is individualized consequently one young person may have earned treats and another one may not have. The Inspectors found that this is an effective way of managing behaviour however given the young age of the young people the Manager should ensure that the behaviour management system is conducive to a homely environment in the centre and that fun times do not always have to be earned.

There was no specific reference to rules in the young people's handbook although a staff member indicated that there were five cardinal rules. The Manager must ensure that young people understand the rules in the centre and know what to expect when rules are broken.

### **Restraint**

The centre uses a method of physical restraint based on Therapeutic Crisis Intervention. The Inspectors saw that there were 94 restraints in the twelve months prior to the inspection. The Inspectors saw that there were periods when young people experienced a high number of restraints. The previous Manager carried out an audit of restraints however there was no evidence of a robust review of restraints by the centre management, external management and the TCI trainer. There was no evidence of a review of young people's care plans based on the number of restraints.

The organisation must review the number of restraints taking place in the centre, provide effective analysis of the restraint and ensure that the views of young people are heard. Care plans should be reviewed when young people experience a high number of restraints.

### **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 12, Provision of Food*

***-Part III, Article 11, Religion***

***-Part III, Article 16, Notifications of Physical Restraint as Significant Event.***

**Required Action**

- The organisation must increase recreational facilities in the centre and in its grounds in order to evidence a commitment to promoting a child centered environment.
- The Manager must review the key working system in the centre and ensure that young people have a consistent adult in their lives that demonstrates a capacity to understand, support and advocate on their behalf.
- The organization must put a robust system in place to evaluate the effectiveness of behaviour management for individual young people.
- The Manager must ensure that the opinions and views of young people are taken into consideration and represented in their individual crisis management and behaviour support plans.
- The Manager and care staff must ensure that young people understand the rules in the centre and know what to expect when rules are broken.
- The centre Manager and care staff must ensure that the voice of the young person is taken into consideration when restraints occur on a regular basis.
- The multidisciplinary team and external management must formally review restraints on a regular basis.
- The young person's care plan must be reviewed if they have experienced a high number of restraints.

## 3.7 Safeguarding and Child Protection

### **Standard**

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

### **3.7.1 Practices that met the required standard in full**

#### **Safeguarding**

Overall Inspectors found a good level of awareness and attention to safeguarding practises however as previously stated the Manager must review the area of advocacy, consultation and complaints in order to enhance practices in the centre. The Inspectors did not find evidence that the voice of the young people is always heard and the Manager must address this. There is a comprehensive written policy on staff code of conduct which describes what is expected of professional practice.

All staff are vetted before they commence work in the organisation. Some staff have two references on file and some references are not verified. The Manager and the Office Manager must ensure that all staff have the required three references and that these are verified by the author. Staff are encouraged to question practice and the organisation has a whistle blowing policy. Staff demonstrated and understanding of these matters.

Young people can meet social workers in private outside of the centre, make and receive telephone calls and are given information on the young people's advocacy group EPIC. As mentioned earlier in this report there is a lack of evidence that young people's voices are heard and in order to ensure the effectiveness of a safeguarding policy the Centre Manager and the young person's key worker must ensure that young people are given the skills to express their opinions and views in relation to their experiences.

There is an alarm system in place that ensures that staff are aware of any activity in the centre during night time.



## Child Protection

### Standard

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

Three of the staff employed in the centre have not completed child protection training. This matter must be addressed by the Centre Manager and the organisation. The Children's first document should be available to all staff in the centre and there should be an emphasis on child protection matters where the primary purpose of the service is childcare.

The Inspectors found that any child protection concerns are brought to the attention of the social work departments, that there is good communication in relation to these matters. There was evidence of a commitment to promoting practices that protect young people in care.

### **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 Manager must review the area of advocacy, consultation and complaints in order to enhance safeguarding practices in the centre.
- The Centre Manager and the young person's key worker must ensure that young people are given the skills to express their opinions and views in relation to their experiences.
- The centre Manager must ensure that young people are encouraged to express their experiences and if they have concerns that these are addressed.
- The organisation must ensure that all of the staff team must complete child protection training

### **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**

From the pre-admission stage care staff and the management are committed to supporting young people in their educational endeavors and a positive attitude to education is promoted. The organisation offers an internal educational programme and all young people living in the residential centres operated by the organisation are invited to attend.

The Inspectors saw that there is real emphasis on the programme and that young people are encouraged to express areas of interest around which individualized programmes are designed to encourage engagement and interest. One of the young people living in the centre was attending school and the second young person was receiving tuition in the Asdan Programme. The staff team were active in their advocacy for the young person with a local school and the goal was to transition the young person into mainstream education. The third young person was recently admitted into the Centre and efforts were being made to provide an appropriate education suitable to assessed need.

Young people's files contain an Individualized Educational Plan (IEP) and this document is prepared by the education co-ordinator employed by the organisation. There is input from care staff in the preparation of this document and in one case this was used as a guide when supporting a young person's application for a place in mainstream education. There is reference in these documents to the behaviour of the young person in the classroom situation. Monthly review reports are prepared and copies of these were in the young person's care file.

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

**None identified**

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

**None identified**

## 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 respect only**

Young people have a medical assessment as part of their admission into the centre. The centre has an affiliated general practitioner and dentist. Young people's dental and optical needs are met and these are identified and reviewed in the young person's care plan. There are relevant consent forms on the young person's care files that are signed by parents and social workers. Records of administration of prescribed and "over the counter" medication are maintained.

Care records do not contain a clear and complete record of all medical and health information since birth and this must be addressed. Young people residing in the centre have had multiple care placements. In one case the GP has written to the social work department requesting records however at the time of the inspection these were not available. The social work department, the centre and the GP must make efforts to ensure that young people's medical records including immunization history are available. The Inspectors recommend that the GP corresponds with previous GP's to collate this information. However it is the responsibility of the social work department to provide the names of previous GP's.

The counselling psychologist employed by the company has oversight of the mental health conditions presented with by young people. There have been a number of instances where the care staff have had concern for the mental health of the young people. The Inspectors saw that the psychologist is available to consult with and offers guidance to the care team. The Inspectors saw that the staff use the services of the local accident and emergency department of the hospital when necessary and the psychiatric team from the local Child Adolescent and Mental Health Service (CAMHS) assess the young person's presentation. The psychologist and the CAMHS team liaise in order to determine the most appropriate treatment plan for the young person.

The centre has a no-smoking policy however the Inspectors did not find evidence of a health promotion culture in the centre.

### **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**

- The Manager and the social workers must ensure that young people have access to a clear and complete record of all medical and health information since birth.

### **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**

##### **Maintenance and repairs**

The organisation employs a maintenance engineer and the Inspectors found that repairs are dealt with promptly. There has been a significant amount of property damaged by the young people. Staff record any issues that require the attention of the maintenance team and can use the services of other professionals if this is required. The Inspectors found that the phone line into the house is unreliable and coverage via mobile phone is equally unreliable. Staff have had to use their personal mobile phones. This matter must be addressed by the organisation as the capacity to communicate in case of emergency is an issue that may impact on the health and safety of the young people and staff. The internet connection can be equally unreliable

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

##### **Accommodation**

The centre is located in a rural environment approximately three miles from a busy town. Public transport services are not easily accessible and young people are dependant upon staff to facilitate access to social activities, schools, friends and family. The house is a modern detached house. Young people have their own bedroom and they can decorate this to their own taste.

The centre is in good structural repair however the inspectors did not find a homely atmosphere in the centre. There were no photographs of staff and young people hanging on the centre walls and there was no evidence of recreational and play facilities such as computer games, game tables, trampolines, football goalposts etc. Young people expressed a wish for a basket ball hoop and a boxing bag. The Manager must ensure that facilities in the centre are improved to create a child centred environment thus enhancing the ambience in the centre.

The kitchen/dining area is open plan and this aids social interaction at mealtimes and in the preparation of food. There is a sitting room area which the Inspectors found to be quite small for a centre that has the capacity to accommodate four young people. The sitting room is closed off to the kitchen area by a single panel glass door. There is a lack of space in the centre for young people to have visits or to participate in key work sessions in private as use of this room for this purpose would disrupt the rest of the centre. The Inspectors found that additional interior space would be required in order to allow adequate space to facilitate individualized care programmes for young people. This must be addressed by the organisation.

The Inspectors found that the centre is adequately insured.

### **Safety**

The centre has a health and safety statement. A member of the care team is the Health and Safety Officer. Other care staff have designated responsibility in relation to first aid and all staff have the responsibility of bring health and safety matters to the attention of the Manager or the maintenance engineer.

At the time of the Inspection a high percentage of the staff team had not completed training in first aid. This must be addressed by the organisation as the nature of the service would indicate that all staff require the capacity to administer first aid if this is required.

There are two designated house cars which staff are licensed and insured to drive and the upkeep of these is overseen by the organisations maintenance engineer.

Medicines for young people are stored in a locked cabinet in the staff office the administration of which is recorded appropriately.

### **Fire Safety**

The centre has written compliance report in respect of fire safety regulations prepared by an engineer in September 2012. Fire blankets, smoke detection devices, fire alarm systems are positioned throughout the house. Fire exits are clearly marked and instructions pertaining to evacuation are strategically placed throughout the house. There is emergency lighting in place. The fire extinguishers are maintained in the staff bedroom and the Manager reports that this was agreed with the fire officer. A fire blanket is stored in the utility room adjacent to the kitchen.

At the time of Inspection a high percentage of the staff team had not completed fire safety training. The care staff team must receive training in fire prevention and evacuation.

Fire drills take place monthly and equipment is tested weekly.

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

**None identified**

### **3.11.3 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.*

### **Required Action**

- The organisation must provide additional interior space in the centre in order to facilitate privacy and individualized care programmes for young people.
- The organisation must ensure that an adequate number of the staff team are trained in first aid techniques.
- The organisation must ensure that the phone and broadband connection in the centre is reliable.
- The organisation must ensure that staff receive training in fire prevention and evacuation.

## 4. Action Plan

### Centre Response & Action Plan

Standard	Issues Requiring Action	Response
3.1	The young person's handbook must be reviewed in order to ensure that it reflects life in the centre and that it is comprehensible by young people using it.	We can confirm that we have reviewed the young person's handbook and have submitted it to the Inspectors for consideration
3.2	<p>The role of the Deputy and the Operations Manager must be clearly defined in order to ensure that robust external management systems are in place.</p> <p>The Centre register must be reviewed and all required information in relation to young people must be recorded.</p> <p>Significant events must be promptly notified and the organisation must ensure consistent review of significant events incorporating consideration of predisposing factors for young people.</p> <p>Staff personnel files must be reviewed to ascertain compliance with the Department of Children guidelines.</p> <p>All of the care staff team must complete core training in Child Protection, First Aid, and Fire Safety.</p>	<p>We can confirm that since the inspection a role profile has been completed in relation to Operational management and has defined roles and responsibilities for each party.</p> <p>We can confirm that the register has been reviewed and all correct information is recorded and up to date.</p> <p>We can confirm that since the centre undertook new management, that significant incidents are reported in a timely manner. Significant events are now reviewed on a monthly basis as part of the monthly management meeting.</p> <p>We can confirm that Operational management alongside the Home Manager will sign off on each staff members personnel file.</p> <p>We can confirm that since the inspection those staff who have not fully completed all elements of the core training, will do so on these dates:            Children First – July/August 2015            First Aid – July 2015</p>



	<p>The organisation must ensure that there is external oversight of supervision records.</p> <p>The training offered by the organisation must be extended in order to provide specific training in relation to the management of matters pertaining to adolescent mental health and the misuse of drugs and alcohol.</p>	<p>Fire Safety – 16.6.15</p> <p>We can confirm that since the inspection, management now have to bring at least two files per month pertaining to their staff to their supervision, so that oversight is adhered to.</p> <p>We can confirm that the organization provides all staff with training pertaining to alcohol/drug misuse as part of the organisations core training and the Senior Counselling Psychologist has now incorporated DBT, PTSD, attachment disorder as well as further training in alcohol and drug misuse as part of her monthly training sessions with staff. We can confirm that a psychological profile and therapeutic perspective is now devised by the therapeutic team in relation to a young person’s referral history. It is then the Home Managers responsibility to complete a comprehensive induction on the young person with the staff team, and this aids future training needs, pertaining to the young person.</p>
<p><b>3.4</b></p>	<p>The Manager must ensure that young people are consulted with and that they are given the skills to express themselves in a proactive way.</p> <p>The centre Manager, key workers and the young people’s social workers must work in partnership to ensure that young people’s views and opinions are taken into consideration.</p>	<p>We can confirm that since the inspection we have ensured that Young People’s meetings are adhered to on a weekly basis, as management give feedback to young people through this arena. We can confirm that young people within the centre have weekly sessions with their key worker in a formal venue. Management also ensure that they formally speak to young people in relation to consultation. Management within the centre ensure that young people are encouraged to speak with staff and management. We ensure that young people are aware that they are able to access our therapeutic team for further support in helping to express themselves.</p> <p>We can confirm that the management and staff have excellent working relationships with each young person’s social work department. Since the commencement of new management in the centre from November 2014, all parties work in partnership with each other through Child in Care Reviews, and professional meetings to ensure that all consideration is given to the views of each young</p>

	<p>The centre Manager must ensure that there is clarity in the staff team in relation to complaints and ensure that staff understand that a complaint constitutes a significant event.</p> <p>The Manager and external management must review the complaint process in the centre and ensure that complaints made are investigated internally in the centre and externally by the social work departments.</p>	<p>person. Management also ensure that they have daily telephone contact with social workers, where applicable, to keep them abreast of young people's placements.</p> <p>We can confirm that since the inspection the centre has clarified with the staff through both team meetings and one to one supervision, how a complaint does constitute a significant event. In line with this we can confirm that we have also reviewed our grievance policy and procedure and ensured that staff are aware of the difference between the two. Since the inspection we now place grievances as an item on the agenda for the young people's weekly house meetings. This has actively helped staff with the clarification between grievances/complaints.</p> <p>We can confirm that our complaints policy has been revised and in line with guidance given, all complaints are now recorded in the complaints log and due process followed in relation to same. Within the monthly management report to Operations management, we now give notification of any complaints.</p>
<p><b>3.5</b></p>	<p>The Manager and the Central Referrals committee must consult the social workers for resident young people in order to solicit their opinions in relation to the impact of new referrals on young people already resident in the centre.</p> <p>There must be analysis of family contact arrangements. This must be addressed in order to ensure that young people are supported to understand the reasons behind the formulation of access arrangements.</p> <p>The social work departments and the centre management must ensure that</p>	<p>We can confirm that our current practice in relation to any new admissions is that we will continue to ensure that a collective pre admission risk assessment will be conducted and agreed with all the social workers for the young people resident in the centre.</p> <p>We can confirm that within a young person's file we have a section on contact and access where clear plans for both are evident. Within a young person's IDP, a section is included in relation to work with family if this is pertinent and inherent in the young person's care plan.</p> <p>We can confirm that with a new management structure within Tydavnet House, that working relationships have</p>

	<p>concerns and opinions of young people are addressed and that the outcomes are recorded in centre files.</p> <p>The organisation must provide comprehensive training to in order to equip them with the capacity to manage young people who present with mental health conditions or matters pertaining to the misuse of drugs/alcohol.</p> <p>The organisation must ensure that all discharges follow consultation with relevant parties and that the best interest of the young person are considered when a discharge is decided upon.</p> <p>The Manager and the organisation must ensure that the findings and recommendations of specialist professionals are coordinated and that the best interests of the young person is promoted when care decisions are made.</p>	<p>drastically improved between centre management and the respective Social Work departments. Both parties have developed a good working relationship and centre management ensures that the social work departments are kept abreast of concerns raised by the young people. Centre management ensure that any concerns raised are documented through Child in Care Reviews, professional meetings, young people’s meetings and the complaints process, and that a clear record of all are kept.</p> <p>Please refer to section 3.2 point number 7 for details</p> <p>A review of the discharge of the young person following the Inspection, has provided learning at an organisational level, and has reinforced the need to strictly ensure that consultation is completed in a multidisciplinary fashion, to ensure that the best interests of the young person are upheld an promoted.</p> <p>This was reviewed on speaking with the Inspectors and review of and co-ordination of specialist reports have informed the need for specific training in PTSD to be facilitated by Clinical Psychologist with the team in June 2015. An invitation has been forwarded to relevant social work department, to ensure a holistic approach to the promotion and meeting of young person’s needs.</p>
<p><b>3.6</b></p>	<p>The organisation must increase recreational facilities in the centre and in its grounds in order to evidence a commitment to promoting a child centred environment.</p>	<p>A review of same has established the need and identified a specific person to co-ordinate the planning and the developments of the environment within and outside of the homes. (See attached). The Organisation has purchased outdoor equipment and carried out structural works within the home.</p>

The Manager must review the key working system in the centre and ensure that young people have a consistent adult in their lives that demonstrates a capacity to understand, support and advocate on their behalf.

There must be a robust system in place to evaluate the effectiveness of behaviour management for individual young people.

The Centre Manager must ensure that the opinions and views of young people are taken into consideration and represented in their individual crisis management and behaviour support plans.

The Manager must ensure that young people understand the rules in the centre and know what to expect when

We can confirm that the key working system has been reviewed and is now in line with the system operational across the other 3 homes. Each young person has a named key worker and co key worker, which they are aware of. These members of staff will conduct formal key work with an allocated key worker and each young person is aware that this process is implemented. The remainder of the staff team are able to complete key work through opportunity led work and record this work on this format.

We can confirm that our policy on behaviour management has been reviewed and incorporates all practice and intervention techniques used within the centre. As part of our therapeutic staff surgeries that take place once per month, we review the management of behaviour within the home and assess the methods and practices that are/are not working. From these meetings, we have developed new practices and provided training for same, namely Restorative Justice Practices and Post Crisis Response. We also conduct regular case consultations with a Senior Clinical Psychologist for further guidance and support.

We can confirm that the ICMP for each young person is reviewed on a monthly basis by centre management, and will take into consideration any views or opinions of the young people.

We can confirm that managers and key workers have completed this piece of work with the young people in February 15. This topic is reviewed through the young people's meeting book and key work on a regular basis.

We can confirm that since the inspection, with the implementation of a new management team, there has been a decrease in the number of significant incidents. Through the completion of LSI's and reviewing of ICMP's

	<p>rules are broken.</p> <p>The centre Manager must ensure that the voice of the young person is taken into consideration when restraints occur on a regular basis.</p> <p>The multidisciplinary team and external management must formally review restraints on a regular basis. The young person's care plan must be reviewed if they have experienced a high number of restraints.</p>	<p>alongside the young people, their views and opinions will be to the forefront of all decisions.</p> <p>We can confirm that since the inspection, restraints on young people are reviewed on a monthly basis alongside external managers, other home managers and the team leader of the clinical team.</p> <p>Any concerns regarding restraints will be noted and discussed with Social workers and Monitors on a needs led basis. A review meeting will be requested to address concerns and to ensure that restraints are reviewed and that the needs of the young person continue to be met within their placement.</p>
<b>3.7</b>	<p>The Manager must review the area of advocacy, consultation and complaints in order to enhance safeguarding practices in the centre.</p> <p>The Centre Manager and the young person's key worker must ensure that young people are given the skills to express their opinions and views in relation to their experiences.</p> <p>The centre Manager must ensure that young people are encouraged to express their experiences and if they have concerns that these are addressed.</p> <p>All of the staff team must complete child protection training</p>	<p>We can confirm that Centre Management has completed a review in line with the practice and implementation of complaints systems in the other homes, and are satisfied that safe guarding practice is to a high standard within the centre.</p> <p>Centre Management and Key workers continue to liaise directly with the Therapeutic team to ensure effective responses and teaching of skills to our young people. Management and Keyworkers avail of monthly consultations with Clinical Psychologist and resources and guidance provided to ensure effective practice.</p> <p>Young People are listened to and any issues of concern are shared with Social Work department and the Therapeutic Team. Young People are aware of the systems in place to ensure that concerns raised are forwarded on, heard and dealt with.</p> <p>We can confirm that at this time all of the staff team, except two staff have completed their children first training. The outstanding staff will complete their training in July/August 2015</p>
<b>3.9</b>	The young people and their doctors	As explained to the inspectors, we have been experiencing

	<p>must have access to a clear and complete record of all medical and health information since birth.</p>	<p>difficulties in regard to obtaining past medical records on a young person prior to their admission. We can confirm that we will follow up on the matter with each young person's Social Worker and ensure that we are proactive, in assisting the GP's requiring this information. We can confirm that we actively pursue the transfer of medical and clinical records. This is kept on the agenda at Child In Care Review Meetings and noted.</p>
<p><b>3.10</b></p>	<p>The organisation must provide additional interior space in the centre in order to facilitate privacy and individualized care programmes for young people.</p> <p>The organisation must ensure that an adequate number of the staff team are trained in first aid techniques.</p> <p>The organisation must ensure that the phone and broadband connection in the centre is reliable.</p> <p>The care staff team must receive training in fire prevention and evacuation.</p>	<p>We can confirm that since the inspection, works have been carried out within the centre.</p> <p>We can confirm that only three of the team are outstanding in respect of having not yet completed their first aid training. This will be completed in July 2015</p> <p>We can confirm that new phone system has been installed in the home, and there is no outstanding issues re: broadband, other than issues outside of our control.</p> <p>We can confirm that fire safety training for all the team will be completed on 16.6.15</p>