



**An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency**

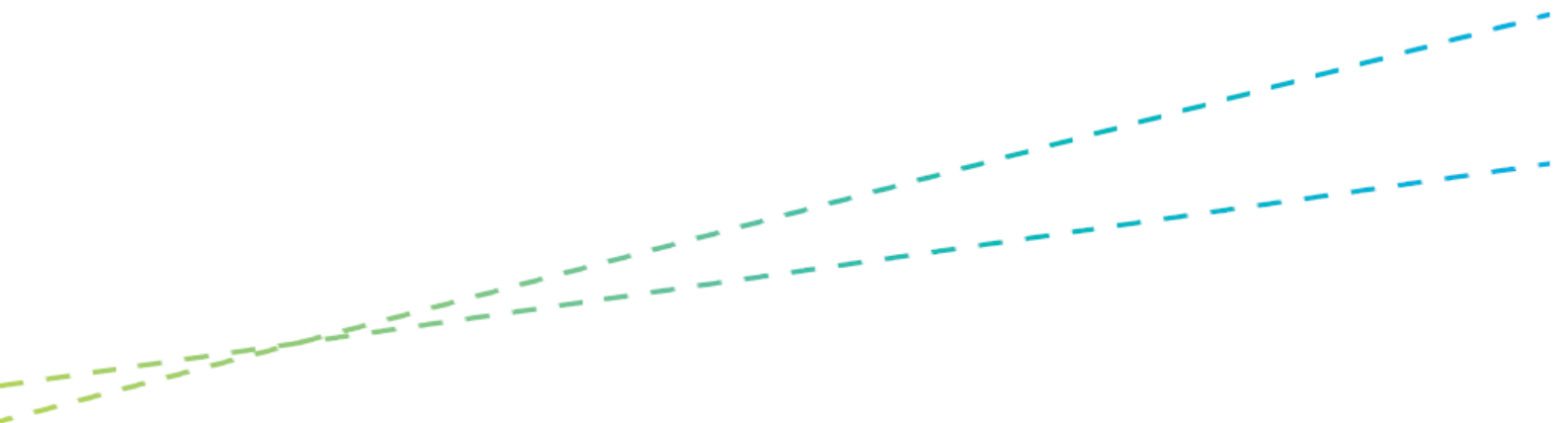
## **Registration and Inspection Service**

### **Children's Residential Centre**

**Centre ID number: 013**

**Year: 2017**

**Lead inspector: Lorna Wogan**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Gateway Organisation Ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>13<sup>th</sup> and 14<sup>th</sup> of June 2017</b>
<b>Registration Status:</b>	<b>Registered from 25<sup>th</sup> September 2017 to 25<sup>th</sup> September 2020</b>
<b>Inspection Team:</b>	<b>Lorna Wogan</b>
<b>Date Report Issued:</b>	<b>19<sup>th</sup> October 2017</b>

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## 1. Foreword

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

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

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

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

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

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

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

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

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

## 1.1 Methodology

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was announced and took place over two days on the 13<sup>th</sup> and 14<sup>th</sup> June 2017.

The centre was registered to provide medium to long term residential care for up to four young people aged between twelve and eighteen years. Placements were provided to both males and females. At the time of the inspection there were three young people in placement.

Registration was previously granted for a period of three years from the 26<sup>th</sup> of September 2014 to the 25<sup>th</sup> of September 2017. This year three inspection intervention was announced and involved a review of policies and practices as governed by standards two, four, eight and nine of the National Standards For Children's Residential Centres and the accompanying regulations.

The centre aimed to help young people recover from adverse life experiences and its work with young people was based on a team approach to assessment and provision of care. The centre strived to operate a model of care where community integration was highly valued within their approach to care. The approach to working with young people was informed by attachment and resilience theories. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment and belonging. The staff also received training to understand the impact of trauma on child development.

There were three young people living in the centre at the time of the inspection and all three placements were in keeping with the centres purpose and function. One young person was preparing to leave the centre and move into independent living having reached eighteen years of age. One young person had been in placement for a period of eighteen months and a third young person was admitted the day before the inspection commenced. Overall the inspector found the operation of the centre reflected the aims and objectives outlined in the written statement of purpose and function.

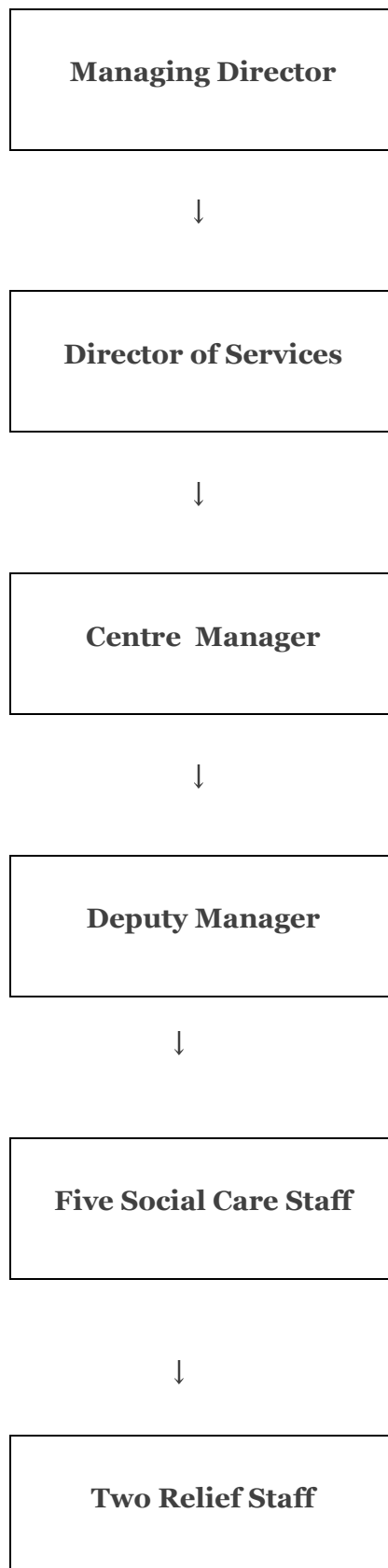
The report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
  
- ◆ An examination of the questionnaires completed by:
  - a) Six of the care staff
  - b) The acting deputy manager
  - c) The director of services
  - d) One of the young people residing in the centre
  - e) The social workers with responsibility for young people residing in the centre.
  - f) A community training programme co-ordinator
  - g) An allocated leaving and aftercare worker
  
- ◆ An examination of the centre's files and recording process.
  
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre manager
  - b) The director of services
  - c) The deputy manager
  - d) The programme coordinator
  - e) Two social care staff
  - f) Two of the young people in placement
  - g) Two social workers
  - h) A parent of a young person in placement
  
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

## 1.2 Organisational Structure





## 2. Findings with regard to registration matters

The draft inspection report was issued to the centre manager, director of services and the relevant social work departments on 28<sup>th</sup> September 2017. The centre manager returned the report with completed action plan on the 5<sup>th</sup> October 2017. The inspection service was satisfied with the centre responses to the required actions.

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

The centre submitted the required documentation to the national registration panel to re-register the centre under under Part VIII, of the Child Care Act 1991.

This report along with the centres application for registration and other supporting documentation was considered by the national registration panel. **The national registration panel granted registration for the continued operation of the centre from the 25<sup>th</sup> September 2017 to 25<sup>th</sup> September 2020.**

## 3. Analysis of Findings

### 3.2 Management and Staffing

#### ***Standard***

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

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

##### **Management**

There was a good management structure in place and the management provided good leadership to the staff team. The inspector found that there was good external oversight of the centre. The director of services had oversight of the centre through weekly progress reports on the young people, monthly audit returns, formal supervision of the centre manager, regular telephone contact and occasional visits to the centre. The monthly reports to the director of services covered areas such as financial records, medical appointments and assessments, accidents, incidents, medical records, complaints, fire safety, health and safety, restraints and child protection concerns. The director of services was responsible for the oversight of six residential centres in the region and for recruitment, training and development of staff. The director of services reported to the managing director on a monthly basis.

The inspector found that the director of services had good knowledge of all operational aspects of the centre. Monthly audit reports captured a range of information in relation to the operation of the centre and the care of the young people in placement. The young people in placement were familiar with the director of services and the director met with the young people in placement on visits to the centre. The director of services was confident that the centre manager and staff were diligent in fulfilling their duties and had assisted the young people in placement to progress their individual development.

The centre manager was on planned leave at the time of the inspection and the deputy manager was appointed as the acting centre manager in November 2016. The acting centre manager had over ten years experience in social care and had the required social care qualification. The acting centre manager had worked at the centre for over nineteen months. The centre manager was present in the centre

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

There was also an acting deputy centre manager who supported the acting centre manager and deputised in their absence. The centre manager reported to the director of services who in turn reported to the managing director. There was evidence of planning and preparation for the centre managers extended leave. There was a comprehensive handover and preparation process that benefitted the staff working in the centre and the young people living there. An experienced member of the team was appointed to the acting deputy manager post for the duration of the appointed centre managers leave.

The centre manager participated in monthly management meetings where issues pertaining to staffing, policies and procedures, training and report writing were discussed. The minutes of the management meetings confirmed this. The monthly management meetings also afforded the centre manager an element of group supervision.

There were systems in place to ensure oversight of care practices. The manager was familiar with the day-to-day running of the centre and the needs of the young people. The centre manager attended handover meetings, team meetings, care planning meetings and reviewed all care and administrative records generated at the centre. Communication between the centre manager and the staff team was clear, regular and of good quality.

There was evidence on the records that staff reviewed selected policies and procedures at team meetings.

## **Register**

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

The register recorded nineteen admissions to the centre since its initial registration in September 2007. The register showed that the centre had admitted four young people to the centre over the past eighteen months and had discharged one young person who had spent eleven months living in the centre.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

### **Notification of Significant Events**

Significant events were appropriately notified to the relevant persons. Social workers told the inspector they were satisfied they were notified of all incidents in a timely manner.

The centre records evidenced a significant decrease in incidents in the past six months. There were seventy significant events reported in 2016 and there were just seven significant incidents to date in 2017. This was a clear indicator of the progress one particular young person made over the past eighteen months. Significant events related to incidents of behaviours that challenge, health and safety concerns, absences and missing from care.

Significant event notifications were reviewed by the Tusla registration and inspection office and the national significant events notification team. The lead inspector for the review of significant events reported that incidents were well managed by the staff team with appropriate follow up and oversight by the centre manager. Notifications were made to the relevant parties which included the social worker, lead inspector, programme coordinator, director of services and the national significant event notification team.

A review of significant events indicated to the inspector that events were managed in line with agreed responses outlined in behaviour management plans and in line with the centres care approach. Risk assessments were updated as required following significant events. External oversight of significant events was undertaken by the director of services and the service programme co-ordinator. Staff told the inspector that they knew how to manage child protection concerns that may arise in the context of a critical incident. This was evidenced on the centre records inspected.

There was evidence that the significant event logbook was monitored by the acting centre manager and the director of services. A register of significant events was maintained by the staff team and this record corresponded to the significant event reports on file. Significant events could also be cross referenced with the weekly progress reports that were forwarded to the social work department.

## **Staffing**

The staff team were experienced and appropriately qualified. There was a good skills mix of experienced and qualified staff on the team. Staff were aware of their roles, responsibilities and the reporting structure. There was a sufficient number of staff in place to deliver the service. The inspector viewed the rosters and found that a consistent team was in place.

The staff acted as positive role models to the young people. The young people told the inspector that they had good relationships with the staff team and that their lives had improved since admission. Social workers told the inspector that the staff team were very committed and supportive of the young people. A social worker recently sent correspondence to the managing director and complimented the service on the work undertaken by staff with the young person they supervised.

Eight members of staff had left the team since the last registration inspection. Two of these staff moved to new posts within the organisation, five staff moved to other employment - three of these five staff had worked in the centre for many years and one staff member left to travel. The inspector found the team had been stable and consistent over the past twelve months.

Personnel files were well organised. The inspector examined three personnel files for staff members recruited to work at the centre since the last monitoring visit. The inspector found that staff files included the required information including Garda vetting, three written and verified references and evidence of qualifications. Garda vetting was on file for the centre's maintenance person. Induction training for new staff members was evidenced on their personnel files.

There were no disciplinary procedures initiated against any staff member at the time of the inspection.

## **Training and development**

There was an effective ongoing staff development and training programme for the care and education of staff. The centre manager maintained a training log that outlined the training undertaken by staff. Supervision records identified additional staff training requirements. Core training in the management of behaviours that challenge, child protection, fire safety training and first aid was completed by the team. Staff and managers participated in staff supervision training in June 2016 and

first aid training was undertaken in April 2016. One staff member had yet to complete first aid training and they were scheduled to attend the next training programme. Staff had received training in the safe administration of medication and two staff members had undertaken HACCP food hygiene training. Staff members were facilitated to attend HSE training in supporting young people who self-harm and suicide intervention skills training. Child protection training was provided to the staff team in April and May 2017 to ensure all staff were aware of the procedures for the reporting and management of child protection concerns.

Staff members were scheduled to undertake attachment training with the services attachment specialist in June 2017. Core and refresher training programmes for working with young people in care was also scheduled for the team for June 17. The centre manager stated that the director of services supported staff training and development.

The director of services had secured a level nine leadership learning and development training module for senior staff within the service that was due to commence in September 2017 in conjunction with the local third level college.

### **Administrative files**

The inspector examined a range of administrative files and records including daily logs, telephone logs, petty cash, complaints register, handover records and minutes of staff meetings and house meetings. Files and records were well organised and maintained to facilitate effective management and accountability. There was evidence of oversight of records by the centre manager and the director of services. There were financial management systems in place in the centre which involved the use of petty cash and receipts. Petty cash records evidenced the day-to-day expenditure at the centre. Records were also maintained of monies provided to the young person for pocket money and other expenditure. The inspector viewed the recording systems and observed the daily handover of petty cash to staff coming on duty. The inspector found that these systems ensured accountability in relation to expenditure in the centre. Petty cash was available to support staff team in their work with the young person such as doing activities together. The director confirmed that all records and files relating to the young people would be stored in perpetuity in the organisations main office when they were discharged from the centre.

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

#### **Supervision and support**

The centre had a written policy in relation to supervision. The inspector found that supervision was provided within the timeframes set out in the written policy. The supervision schedule was displayed in the staff office. The staff team and the centre manager were provided with supervision training within the past twelve months. Following this training the service updated their supervision recording template.

Staff told the inspector that they found supervision supportive and that it provided them with clear guidance and accountability for their work. Supervision records were inspected and were found to be of mixed quality. Some records were clear in outlining main points discussed however others were unspecified about central issues and professional development and feedback was inconsistently evidenced on the records.

The centre manager was supervised by the director of services and received supervision every four to six weeks and the supervision records were made available for inspection. The inspector found there were good communication systems in place between the director and the centre manager. Supervision with the manager included a review of the young people and their placement within the centre, the managers own well-being and development, staff well-being and development, training needs and the requirements of the centre to operate optimally. Additionally, the director chaired monthly management meetings and managers across the service attend. This meeting also afforded elements of group supervision for the centre manager.

There were effective communication systems in place. Team meetings were held on a monthly basis. The minutes of the meetings showed good discussion about issues including the young people, health and safety, risk management and review of significant events, complaints and child protection concerns. The inspector found the minutes should identify a list of actions to be taken following the meeting, identify the person responsible and the timeframe for completion in order to monitor progress and ensure actions were completed within agreed timeframes.

Handover meetings were held on a daily basis. The inspector attended a handover meeting and found that staff shared information about the young people and the tasks required to be completed. The handover records were structured to ensure all areas of work and all tasks were completed and/or handed over to staff coming on duty. Staff outlined that the handover meeting provided clarity among the team in relation to the tasks which needed to be completed during the shift. The inspector observed the staff completing their specific duties on each day of the inspection. There was a culture within the team of reflecting and de-briefing after every shift and staff stated this was an effective support mechanism within the team. Staff questionnaires and interviews reflected a positive and supportive working environment.

Staff were clear what they could do if they had any concerns about practices in the centre. They were aware of their responsibilities to raise concerns about a colleagues practice and were aware of the services whistle blowing policy outlined in the staff handbook.

There was a system in place to undertake annual staff appraisal. At the time of the inspection there were a number of staff members whose annual appraisal was overdue however the centre manager and director confirmed this matter would be resolved in the coming months.

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

The staff handbook and individual contracts outlined the terms and conditions of employment for staff. The commencement date for one staff member could not be located on the personnel file as the date of commencement was not recorded on the contract. The centre manager must ensure the date of commencement of employment is recorded consistently on all staff contracts.

The centre manager received appropriate guidance and support when dealing with matters relating to employment law. The service had a written policy on managing stress for staff that may experience stress or injury in the work environment. Debriefing was provided to staff members by the centre manager where they may have experienced a challenging or stressful event in the centre.



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

None identified.

### **3.2.4 Regulation Based Requirements**

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

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

#### **Required Action**

- The centre manager must ensure that supervision records consistently evidence a review of staff practices, professional development and feedback.
- The centre manager must ensure staff appraisals are undertaken in accordance with the timeframes set out in the organisations policy.
- The centre manager must ensure that team meeting minutes reflect actions to be taken following the meeting, identify the person responsible and the timeframe for completion in order to monitor progress and ensure actions are completed within agreed timeframes.

### **3.4 Children's Rights**

#### **Standard**

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

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

##### **Consultation**

Children's rights were displayed on a poster in the staff room and in the young people's information area in the centre. There was evidence through staff questionnaires and interviews that staff adopted a rights based approach when

working with young people and one social worker highlighted this approach as being most effective for the young person they supervised in placement. The young people were observed by the inspector to be treated warmly and with respect by staff. The young people stated they had good relationship with staff and could go to them if they needed to talk.

The young people were provided with information booklets when they were first placed in the centre. The booklet provided information about the centre itself, making complaints and their rights. All the young people had their own bedroom with en suite facilities and their right to privacy was respected by staff working in the centre. Each young person had a key worker and young people said they would go to their key worker if needed.

The young people were encouraged to participate in decision making about their lives. They were consulted and encouraged to participate in planning for their placement and in statutory care plan reviews. These meetings reviewed the care plan and involved significant people in their life such as parents, social workers, centre staff and other professionals. There was evidence of good oversight of the placements by senior social work managers. The young people stated they were given the opportunity to ask questions and express their views at care planning meetings.

The records showed that young people were consulted about the day to day running of the centre. House meetings provided the young people with the opportunity to get involved in the running of the centre and they could raise issues that were important to them. House meetings were undertaken every three weeks and the young people generally contributed to the agenda. A record of the house meetings were maintained in the centre and were inspected. There was a record of twelve meetings over the past twelve months. The meetings provided the young people with an opportunity to have input into the care routines, input on décor and preparation for new admissions. Minutes of these meetings indicated that the young people attended or indicated that their opinions were sought if they did not attend.

The young people had access to advocacy services and there was evidence that key workers and centre staff were strong advocates for the young people particularly at their child in care reviews. The young people were provided with information about EPIC (Empowering People In Care) an independent advocacy service for young people in care. A representative from this service attended the centre a number of times over the past year. The young people had the opportunity to meet with this representative and discuss their individual issues. The young people had access to a

range of information on their rights and on local support services that were displayed in a dedicated area in the centre. The director of services was exploring ways to include young people in the staff recruitment process. Staff had created individual portfolios for the young people that contained photos and appropriate information on each individual member of the team.

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

#### **Complaints**

The centre had a written policy on complaints however the policy did not adequately outline the procedure for making a complaint or the appeals process if not satisfied with the outcome of a complaint. The policy must also distinguish between issues of dissatisfaction and formal complaints to ensure clarity in dealing with young peoples' issues. There were a number of complaints on the register and while they were addressed, there were complaints evident through the care records that were not recognised or managed appropriately as complaints.

The young people told the inspector they knew how to make a complaint and would do so if required. A complaints form was accessible to the young people in the young people's information area.

Complaints were recorded on the centres complaints log. The register indicated whether the complainant was satisfied or not however the inspector found that the outcome of complaints was not in all cases adequately recorded on the complaints register. The inspector found there was evidence of management sign-off on complaints records however a more robust system for oversight of complaints was required within the centre.

Some complaints were resolved by staff in the centre while one serious complaint was appropriately investigated by the relevant social work department. There was a clear outcome following a serious complaint made by a young person and the inspector was satisfied that the matter had been fully and properly investigated in accordance with the centres complaints procedure and in line with the national guidelines for the investigation and management of child protection concerns where one element of the complaint was of a child protection concern. The complaint investigation reports were maintained together on file.

#### **Access to information**

The young people had access to their daily logbooks and they signed the records to indicate they had read them. Staff had discussed with the young people the reasons why they were in care and the aims of the placement.

One young person had placed comments on the log book where they were dissatisfied with how staff had recorded information. The social worker for one young person had recently informed the young person they will be facilitated to access their care file.

One young person was aware of their right to access the records however told the inspector they had no interest in reading these records. The inspector found that staff could do more to encourage and support young people to read their weekly reports and incidents reports relating to their care particularly given their age and stage of development. One young person indicated that they were not aware of their right to access their care file.

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

None identified.

### **3.4.4 Regulation Based Requirements**

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

### **Required action**

- The centre manager must ensure the centres written complaints policy is revised and updated to reflect the operational policy and practice. The policy must distinguish between issues of dissatisfaction and formal complaints to ensure clarity in dealing with young peoples' issues.
- The centre manager must ensure that the outcomes of investigated complaints are clearly recorded on the register.
- The centre manager and the director of services must ensure there is evidence of a more robust system for oversight of complaints within the centre.
- The centre staff must ensure that young people are given information verbally and in writing of their right to access their records and information recorded about them and are guided as to how to exercise this right.

## **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**

Education was highly valued by staff and the young people were engaged in appropriate education and training. The young people were engaged in education and/or vocational training programmes and the staff team encouraged and supported the young people to attend their placements. There was evidence that communication was good between the centre staff, the social workers and the various schools the young people were involved in. The staff had advocated strongly on behalf of two of the young people for their reintegration back into their school placements. One young person had been successfully reintegrated back into their school placement and was undertaking their leaving certificate examination at the time of the inspection. For this young person there was a clear educational plan in place post the leaving certificate examination. Grinds and additional supports were made available to the young people in placement. Centre records showed that the team had supported another of the young people to complete their junior certificate following their exclusion from their mainstream placement. Vocational training programmes had also been sourced by the centre staff for the young person when they were excluded from formal education.

#### **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**

The young people had a medical examination on admission to care. Written parental consent to medical care was stored on the care file. The young people's health needs were appropriately assessed and met. Medical cards were held on file. Records of all medical appointments were maintained on file. Staff encouraged and facilitated the young person to attend their medical appointments as required. Vaccination records were obtained. The young people had access to ancillary health services if necessary such as dental and ophthalmic or other specialist services.

The inspector found staff were proactive in meeting the young people's health needs. Staff encouraged healthy lifestyles for young people by promoting healthy food and exercise. Walks and trips to the gym were built into the weekly schedules. Staff also provided appropriate health education key work sessions in areas such as smoking cessation, alcohol and substance misuse, sexuality and relationships.

The centre had a written policy that prohibited staff and young people smoking in the centre or when sharing transport. There was evidence that one of the young people had significantly decreased the number of cigarettes they smoked since their admission to the centre.

Medication management practices were good. There were significant developments in the management of medication since the last inspection. A medication management policy had been developed within the organisation and staff had undertaken training in the safe administration of medication. A staff member had a specific role to monitor the implementation of best practice guidelines for the management of medications.

There were clear systems in place for the recording of the administration of medication. The care records contained a clear record for each individual young person of all medication administered, both prescribed and across the counter in accordance with best practice. The care file contained a clear record of all medications administered both prescribed and non-prescribed medications.

Medication was stored in a safe manner. Medicine cabinets were locked and placed in a secure location. One of the young people had made a conscious decision to come off prescribed medication earlier in the year as they no longer felt they required this medication. They were supported by staff in taking this decision under the guidance of medical personnel.

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

None identified.

### **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).*

### 3. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>The centre manager must ensure that supervision records consistently evidence a review of staff practices, professional development and feedback.</p> <p>The centre manager must ensure staff appraisals are undertaken in accordance with the timeframes set out in the organisations policy.</p> <p>The centre manager must ensure that team meeting minutes reflect actions to be taken following the meeting, identify the person responsible and the timeframe for completion in order to monitor progress and ensure actions are completed within agreed timeframes.</p>	<p>This recommendation has being acted upon and is now part of supervision.</p> <p>Management will ensure all staff will receive first appraisal one year following commencement of employment. All future appraisals will be undertaken in accordance with the timeframes set out in the organisation’s policy.</p> <p>This recommendation has been implemented and the staff meeting records will reflect this recommendation going forward.</p>	<p>Director of services will monitor supervision records to ensure best practice in this regard.</p> <p>Continue to keep updated on operational policy and make amendments as and when required.</p> <p>Management will ensure any specific decisions taken at team meetings will identify a person responsible for the execution of these decisions and also ensure that this is done within agreed timeframes.</p>



<p>3.4</p>	<p>The centre manager must ensure the centres written complaints policy is revised and updated to reflect the operational policy and practice. The policy must distinguish between issues of dissatisfaction and formal complaints to ensure clarity in dealing with young peoples' issues.</p> <p>The centre manager must ensure that the outcomes of complaints investigated are clearly recorded on the register.</p> <p>The centre manager and the director of services must ensure there is evidence of a more robust system for oversight of complaints within the centre.</p> <p>The centre staff must ensure that young people are given information verbally and in writing of their right to access their records and information recorded about them and are guided as to how to exercise this right.</p>	<p>The complaints policy for the centre is currently being revised and will reflect operational policy and practice to include clarification in relation to the recording and management of issues of dissatisfaction and the more formal complaint.</p> <p>The centre manager and the director of services will ensure regular monitoring of the complaints register to ensure best practice is observed.</p> <p>The centre manager and director of services have taken on board this recommendation We will immediately start the process of updating our complaints policy to ensure the recommendation is fully implemented.</p> <p>The centre manager will ensure that all young people will be given appropriate information in this matter. Young people on admission to the centre will be given this information in writing and explain it to them verbally. This will become effective immediately.</p>	<p>On a quarterly basis the centre manager will review and update as required the complaints procedures in relation to the management of complaints to ensure the procedures are robust and in keeping with best practice.</p> <p>The centre manager will ensure all staff are aware of their obligations in this regard and ensure the register is kept updated appropriately. The status of complaints investigations will be noted at team meetings.</p> <p>The centre manager will ensure all current, and any new legislation/best practice is observed going forward to ensure a clear and effective complaints procedure is in place at all times.</p> <p>The centre manager will ensure that key workers for the young people are aware of their obligations in this regard.</p>
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