



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

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 102

Year: 2016

Lead inspector: Lorraine O' Brien

Registration and Inspection Services
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Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Positive Care Ireland
Registered Capacity:	Four young people
Dates of Inspection:	16th and the 17th of May 2016
Registration Decision:	Registered for three years without conditions attached
Inspection Team:	Lorraine O' Brien Paschal Mc Mahon
Date Report Issued:	September 2016

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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 and 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.

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.

1.1 Methodology

The centre was first registered to operate in December 2011. This was the centre's third inspection and information was duly provided by the proprietors of this centre on the 29th of April 2016 to assist the inspection process. The announced inspection took place on 16th and 17th of May 2016 and this report was based on a range of inspection techniques including:

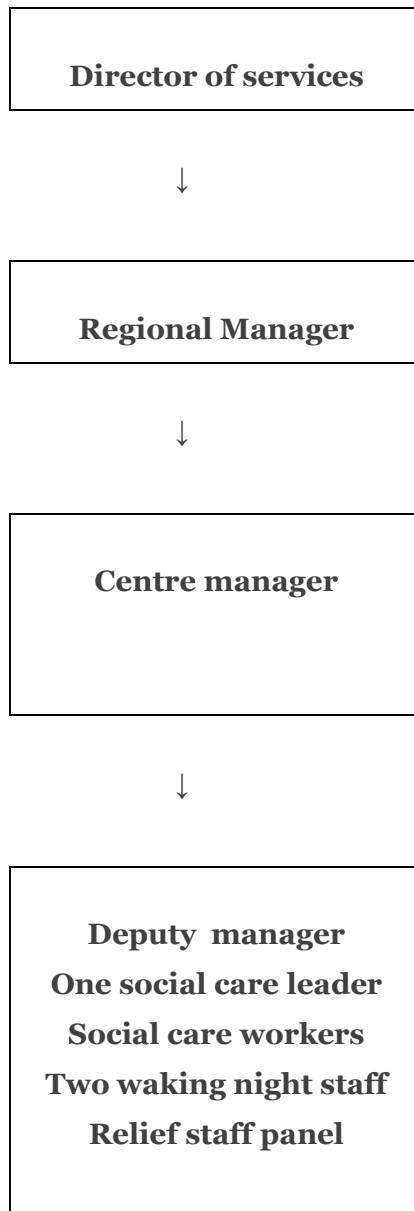
- ◆ An examination of the centre's application for registration.
- ◆ An examination of the pre-inspection questionnaire and related documentation completed by the centre manager.
- ◆ An examination of the questionnaires completed by:
 - a) Centre manager
 - b) All social care staff
 - c) The social workers with responsibility for the young people who resided in the centre.
 - d) Regional manager
 - e) Other professionals e.g. General Practitioner's and therapists.
- ◆ An examination of the most recent visits by 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 on our behalf.
- ◆ 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 and regional manager
 - b) Four staff

- c) Three young people
 - d) The four young people's social workers
 - e) The parents of three of the young people
 - f) The TUSLA Child and Family Agency monitoring officer
- ◆ 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



3. 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 and Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on the = 2016 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres.

As such it is the decision of the Child and Family Agency to register this centre without conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration is from the 21st of May 2016 to the 21st of May 2019.**

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

The inspectors found that the centre had a clear statement of purpose and function which accurately described what the centre set out to do and the manner in which care was to be provided for the young people. It catered for four young people, males and females aged 13 – 17 on admission accessing the service on a medium to long term basis for the provision of care and protection. At the time of the inspection three of the young people were over 13 years old in accordance with the centres purpose and function and the centre were granted derogation to their registration to care for one child under 12 years who had a range of complex needs.

The centre had a detailed written policy and procedures document that was reviewed on an annual basis by the management team. The inspectors reviewed the documentation and were satisfied that the policies and procedures met the required standard.

Inspectors found that the management and staff team were familiar with the statement of purpose and function and the key policies and procedures. Information regarding the purpose and function and key policies was available to young people in a user friendly booklet. The centre uses a ‘Competency and Relationship’ model of care. The inspectors found that the philosophy of care was clearly understood by the team and how the model should support their practice.

The centre provided an environment where positive relationships were developed and each young person’s identified needs could be met in a non-judgemental, caring and homely environment.

3.1.2 Practices that met the required standard in some respect only

None Identified.

3.1.3 Practices that did not meet the required standard

None Identified.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard

Management

The centre manager provided a consistent and stable approach to the centre and had been working within the child care field for many years. The centre manager was appropriately qualified and reported to the regional manager who oversaw the running of the service. The regional manager was clear of their duties and the inspectors found evidence of accountability and good governance systems in place. The 'Competency and Relationship' model of care was clearly understood by both the centre manager and the regional manager who had responsibility for monitoring the staff teams application of the model.

The regional manager stated that they oversee the centre managers' performance through regular supervision, managers meetings, weekly reports, regular house visits, through regular communication by e mail and phone and the inspectors saw evidence of these strategies on file. Through the review of management records and reports and through the information gathered from the centre manager, staff team and social workers; the inspectors found clear evidence that the regional manager's systems to oversee the running of the service were effective in practice.

The centre manager was supported by social care leaders and the inspectors observed that they had clear established roles and provided a good level of support for each other. The inspectors found that the centre manager and the social care leaders had systems in place to ensure suitable and appropriate operational practices were in place which included the supervision of staff on a regular basis, daily interactions with the young people, observations of staff practices, attending staff meetings and reading and signing logs and reports.

Register

The inspectors were satisfied that the register of young people who lived in the centre maintained by the centre manager complied with the Child Care Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21. The admission details of the young people were properly recorded. Discharge details were accurately recorded on the register of the young people who had been discharged from the centre since it opened.

Notification of significant events

The inspectors found the quality of the notification of significant events reports to be good and follow up appropriate by the staff team and the young people's social workers. The inspectors spoke with the young people's social workers who informed them that they were satisfied they were notified promptly of all significant events.

The management and review of incidents was carried out through the young people's ICMP's, placement plans and statutory reviews. The management team reviewed significant events on a regular basis in order to review how incidents were managed and if patterns or trends were emerging. The staff team had deployed a number of strategies in order to assess and manage the risks as a result of significant incidents. In practice the strategies used proved effective as all of the four young people had strengthened their abilities to manage their own behaviours since their admission to the centre. The inspectors found that there were significant efforts made by the staff team to engage and consult the young people on a daily basis leading up to and after an incident.

During the inspection the inspectors found that the records and reports of significant events were to a good standard. The TUSLA Child and Family Agency monitoring officer stated that they were satisfied with the standard and speed of the reporting procedure and the manner in which the significant events were managed.

Supervision and support

The inspectors found that staff receive supervision every 4-6 weeks. Supervision records reviewed by the inspectors confirmed that the supervision process created a supportive and reflective forum for the staff team. There was evidence that the sessions focused on practice and professional development. There was an effective link between supervision and the implementation of young people's placement plans.

The staff team through interview and inspection questionnaires stated that they find the practice supportive and an effective tool for accountability. The staff team were

supported in their role through regular staff team meeting. The staff team meeting book was reviewed by the inspectors who concluded that reflective practice was taking place during the team meetings.

Daily handovers occurred as a form of communication, staff had a handover book to ensure consistency of practice and staff stated that they were an effective mechanism for ensuring all necessary information is shared between staff. The centre manager stated that they attend the handovers where possible to ensure handover remains an effective communication tool for the staff team. The centre manager made a specific effort to attend these meetings in order to be a support to the staff team and ensure they are accountable for their shift.

Training and development

The inspectors found that the staff team were provided with ongoing training in areas pertaining to their work such as children first, first aid, care framework training and therapeutic crisis intervention training. The centre manager and staff were happy that training opportunities were made available where needed and were particularly beneficial to the young people in their care. The centre manager stated that all training needs identified were completed within a realistic time frame.

Administrative files

The record keeping system was well organised and accessible in a way that facilitated effective management and accountability. There was evidence that quality assurance checks of records was being carried out by the centre manager and the regional manager on a regular basis. Care records and recordings relating to the young people were kept in perpetuity.

3.2.2 Practices that met the required standard in some respect only

Staffing

The inspectors found that the staff team underwent an intensive induction that was provided by the organisation focusing on the centre's policies and procedures. All of the staff team interviewed stated that the induction was very beneficial and they received training in core areas such as child protection and fire safety prior to the commencing their duties.

The inspectors reviewed the staffing levels in the centre and found that the deployment of staff was sufficient to address the needs of the young people. Staff duty

rosters were examined and there was good evidence that adequate numbers of staff were on duty at the key times. The centre manager worked office hours Monday to Friday and three staff members were always scheduled for each shift to ensure the supervision of young people was high. Inspectors found a consistent staff team in place and the centre had a pool of relief staff to rely on to cover annual and sick leave and had not relied on agency staff.

The inspectors found that the staff team were a committed group who strived to provide a high level of care and intervention to the young people placed in the centre. They were expected to attend staff meetings regularly as an integral part of the planning and sharing of information process within the centre. The staff meetings and the handovers were processes that facilitated good communication, co-operation and consistency between staff in implementing plans, providing consistency of care and maintaining safety.

The inspectors carried out an audit of staff personnel records and found that they included three verified references and Garda vetting on file for all staff. There was evidence that new staff were vetted before taking up duties in accordance with the requirements.

All of the day staff had a recognised social care qualification or equivalent, however the two waking night staff did not. There was one waking night staff on each night who reported to the centre manager through supervision. The use of unqualified staff as part of the core staff team needed to be addressed by the senior management team of the organisation as a competent staff team needed to be in place to focus on providing consistent and informed care for young people.

The inspectors raised their concerns in relation to the level of experience and qualifications of the waking night staff during the inspection to the centre manager, and the regional manager especially given the high level of vulnerability of one of the young people in the centre. The centre manager was required by the inspectors to put interim arrangement in place such as increased supervision sessions, increased support and oversight of practice through the allocation of a mentor and training for the staff until this issue was addressed.

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 16, Notification of Significant Events.

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)

Required Action

- The use of unqualified staff as part of the core staff team must cease.

3.3 Monitoring

Standard

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

3.3.1 Practices that met the required standard

The centre was monitored by a TUSLA Child and Family Agency monitoring officer. The centre was subject to planned monitoring visits and the inspectors spoke with the monitoring officer and found they had a number of approaches in place to monitor the centre which included the ongoing review of significant events, regular contact with the centre and onsite visits. The inspector found evidence that the monitoring officer met with the centre manager, reviewed young people's records and reports and met with the young people during their visits to the centre.

The monitoring officer confirmed that they were sent notification of significant events in a prompt manner for the young people in the centre. There was evidence

that the monitoring officer provided advice and guidance to the centre manager where appropriate.

The evidence assembled by the inspector showed that the monitoring officer was notified of some high risk incidents involving the young people in the centre. There was evidence that the monitoring officer responded to notifications and sought clarification in relation to matters arising from such notifications. There was evidence that the monitoring officer read records of sanctions, physical restraint, complaints and unauthorised absences and discussed issues arising from these records with the centre manager and where appropriate the young people's social workers.

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

Consultation

The inspectors were satisfied that the young people were consulted and that their opinions and views were sought on decisions affecting their lives and future. The staff team encouraged young people to attend weekly young people's meetings but in practice they usually took place individually due to the diverse mix and age of the young people. Individual work was a forum for the young people to express their feelings on topics and issues arising in the centre.

The inspectors were satisfied that the young people were aware of their rights and responsibilities, and that young people's rights were reflected in the centre policies. The inspectors spoke to the young people resident in the centre and found that they were all aware of their rights. Where possible young people were given introduction visits prior to admission and received a user friendly information booklet about the centre.

The young people were very happy about the quality of care provided to them and were clear of the expectations and routines in the centre and felt listened to by the management and staff team.

The centre had a key worker system and the Inspectors found that the key workers advocated for the young people where necessary. Consultation taking place through key working as goals were identified in key working sessions by the young people. The young people were encouraged to participate in activities with their peers to help them increase their confidence and social skills. They are also linked in with local youth clubs and sports clubs of their choice in order to develop their individual interests.

The staff and young people carried out discussions before meetings like care plan reviews in order for the child's voice to be heard. The young people's files recorded interactions between the young people and the staff on duty, which also evidenced young people's participation in their care. Young people's views were sought, recorded and any issues the young people had were brought to the staff meeting.

EPIC (Empowering People in Care) visited the centre and provided information for the young people in relation to their advocacy service.

The centre cared for a child under 12 years who had a range of complex needs. The child experienced challenges with communication skills and the inspectors found that the staff team used a range of communication methods that were recommended by the child's school and multi-disciplinary team in order to ensure the child was consulted and their opinions and views were sought and valued.

Complaints

The centre had a complaints policy to guide the staff and management team if a young person wanted to exercise their right to make a complaint. The inspectors found that the management, staff team and young people were clear about the procedure to follow where a complaint was made about the centre manager and what

the appeals process entails if a young person is dissatisfied about the outcome of a complaint.

Complaints and grievances recorded during the period under review were dealt with in a satisfactory manner. The complaints were signed off by the centre manager and regional manager. The inspectors found that all information in relation to a complaint was kept on the young people's individual file in a specific complaint section.

3.4.2 Practices that met the required standard in some respect only

Access to Information

The inspectors found that there was a clear written procedure which set out how the young people could access information about themselves and the services available to them. The young people in the centre were aware of their right to request to read their daily logs and main file. However, three of the young people expressed dissatisfaction to the inspectors about how this process was carried out. The inspectors found that in practice the staff team picked a day from the daily logs, photocopied it and gave it to the young people to read. The young people were not given a choice of the day they could read and this was confirmed by the centre manager and staff team. The inspector discussed this practice with the centre manager and they agreed that it was not child-centred and must be reviewed with the participation of the young people.

The centre manager and the inspectors discussed the requirements of the Freedom of Information Acts 1997 and Data Protection Act 2003. The inspectors concluded that the centre manager was aware of the requirements of both of the Acts but would benefit from training in these areas in order to optimise the manager's oversight of young people's appropriate access to their records.

3.4.2 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

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

Required Action

- The procedure where young people have access to their information must be reviewed, with young people participating in the review.
- A nominated person on the team must get training in the requirements of the Freedom of Information Acts 1997 and Data Protection Act 2003.

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

Suitable placement and admission

The centre catered for four young people aged 13 – 17 on admission accessing the service on a medium to long term basis for the provision of care and protection. At the time of the inspection three of the young people were over 13 years old in accordance with the centres purpose and function and the centre were granted derogation to their registration to care for one child under 12 years who had a range of complex needs.

Social workers applying for a placement in the centre completed an application form and provided background information in support of the application that were considered by the TUSLA Child and Family Agency Placement Team. Social workers were required to encourage the young people to visit the centre prior to admission. Young people had an opportunity to meet with the management and staff with their social worker where any questions regarding the service could be answered. Young people were given an information brochure on the service. Once the placement was offered a plan was developed taking into account the needs of the young person.

There was good evidence that the centre manager and supervising social workers for three of the four young people were satisfied that the current placements were suitable and would meet the needs of the young people placed there. The fourth child cared for in the centre was under 12 years who had a range of complex needs. The child experienced challenges with communication skills and the inspectors found that the staff team did their best to meet the child's needs but all were in agreement that

the child would be better placed in a specialist setting. The child's placing social work department was making every effort to source and secure a more appropriate placement that would match the child's needs and the centre were fully supportive of this process. The TUSLA Child and Family Agency monitoring officer was kept updated on progress made in this area. The child's social worker, parents and school were all in agreement that in the interim the current placement was safe and stable for the child until an alternative placement could be found.

Contact with families

The inspectors found that the staff recognised the value of family contact and worked as closely with families as possible. The staff made every effort to ensure young people were in contact with their siblings and the young people could bring their families for visits to the centre and meet them in private if they so wished. Family contact that took place was recorded and kept in each of the young people's file.

The Inspectors spoke to three of the young people's parents who were all very positive about the support provided to them and their children from the centre. They stated that communication with the centre was very good. The parents stated that their children had progressed in their placements and received support and guidance from the staff team.

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Supervision and visiting of children

The inspectors found that the supervising social workers visited the young people as required. A record of social work visits was kept on the young person's care file.

Social work role

The Inspectors spoke to the young people's social workers and they were very happy with the standard of care provided by the centre. The social workers stated that the centre had clear protocols for working with the young people around their needs, they created a homely atmosphere in the house and demonstrated respect and understanding for the young people.

Emotional and specialist supports

The centre assessed and worked with young people around their emotional needs. The centre recognised that each young person resident had specific individual needs relating to their age, developmental progress and past experiences. Young people were appropriately connected to specialist services they required such as counseling services. The inspectors saw evidence through care files that the centre liaised appropriately with the specialist services accessed by the young people outside of the service.

From care files the inspectors found that staff played a central role when working with the young people's emotional needs through individual work. The team provided an opportunity for the young people to explore and express any worries, views or concerns they may have on an individual basis. The centre had a key worker system and the inspectors found that the key workers advocated for the young people where necessary. There was evidence that both planned and opportunity-led key working sessions took place to support the young people's emotional needs and were recorded clearly.

Preparation for leaving care/aftercare

The inspectors saw evidence of independent living skills being undertaken by the centre staff and the young people around practical life skills such as budgeting, hygiene and cooking. Specific life skills programmes were tailored to meet their individual needs.

The inspectors spoke to one young person in relation to independent living and they were positive about the support they were receiving from the centre and from the social work team. The inspectors found that at times a young person decided their own daily routines and disengaged from the centres plan. However, the staff and social worker was clear that the team used a number of strategies to re-engage the young person with their agreed daily routines and the young person's parent confirmed that much effort was made to re-focused the young person towards positive daily choices.

Discharges

There had been two discharges since the centre opened in December 2011. One of the discharges was planned and one was unplanned. The centre manager was aware of

the requirements to record young people's information in the centres register on discharged and duly complied with them.

Children's case and care records

The care files of the young people were examined and the inspectors found that the records were maintained to a good standard and in a manner that facilitated effective management and accountability. The care files were sub-divided into sections and the key documentation was mostly in evidence. The records were filed in chronological order and were kept up to date. The inspectors found that records and reports were signed and the regional manager signed reports that showed there was external oversight of the centre.

3.5.2 Practices that met the required standard in some respect only

None identified.

3.5.3 Practices that did not meet the required standard

Statutory care plans and care plan reviews

The inspectors found that the four young people who resided in the centre had up to date care plans on file. The inspectors found that the plans were detailed and reflective of the young people's needs. The inspectors found that three of the young people's placements were reviewed in accordance with the relevant regulations and minutes of the review decisions were kept on their files.

The centre were granted derogation to their registration to care for one child under 12 years who had a range of complex needs that required specialist services. The inspectors found that the staff team did their best to meet the child's needs but all were in agreement that the child would be better placed in a specialist setting. The inspectors reviewed the child's care file and found that the child's care plan was not reviewed on a monthly basis in accordance with the TUSLA Child and Family Agency policy in relation to the placement of children aged 12 years and under in their care or custody. There was evidence on file that the centre manager had requested the reviews and outstanding care review minutes from the child's social worker on a number of occasions. The inspectors met with the child's social worker and stressed their concerns in relation to this issue, especially given the child's high level and complex set of needs which required regular reviewing. The TUSLA Child and Family Agency monitoring officer had highlighted this issue in their last report in January

2016 following which the reviews were taking place but it was evident to the inspectors that there regularity had not been sustained.

The centre also had their own personal placement plans, behaviour management plans and individual crisis management plans in place to guide the young people's care that were reviewed by the centre on a regular basis. The inspectors were informed by three of the young people that they were aware of their plans but wanted to receive their plans in writing which had not been offered to them. The inspectors highlighted that issue to the centre manager who agreed to discuss it with the young people and put a plan in place to ensure this request was acted upon.

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 and 2, Care Plans

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

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part V, Article 25 and 26, Care Plan Reviews

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 child under 12's care plan must be reviewed on a monthly basis in accordance with the TUSLA Child and Family Agency policy in relation to the placement of children aged 12 years and under in their care or custody.
- The young people must be provided with a user friendly placement plan to ensure they are fully consulted and included in their care.

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

Individual care in group living

The inspectors found evidence that the management and staff team were cognisant of the importance of maintaining young people's individuality within the group. The health, educational and emotional needs as well as the general well being of each of the young people in the centre were assessed and considered on an individual basis. The inspectors met with all four young people resident in the centre. They were all positive about the centre and the service provided to them. The young people generally got on well with each other and enjoyed positive relationships with the centre manager and staff team.

The young people were aware of their key worker's role and found it helpful to have someone to discuss issues with. The inspectors observed that the young people were cared for in a manner that took account of their wishes, preferences and individuality. The culture created in the centre was non-judgemental and one of friendliness and homeliness while insisting on a respect and dignity for all who work and live there on an individual basis and as part of a group.

Provision of food and cooking facilities

The inspectors observed that there were adequate quantities and varieties of food available at meal times and the young people's preferences were taken into consideration. The young people had easy access to food and were encouraged to prepare meals. Both staff and the young people had their meals together in a very homely and relaxed fashion.

Young people in the centre were provided with cooked meals that were nutritious and appetising. The inspectors joined the staff and young people for lunch and dinner and found the provision of food was very good and varied. The inspectors found that there was an established culture where all staff and young people eat lunch and

dinner together on a daily basis where possible that enhanced the homely culture of care provided in the centre.

The young people working on their independent living skills were encouraged to shop and good for themselves with the support and direction of the staff team.

Race, culture, religion, gender & disability

The centre had a policy that stated that the service is committed to ensuring that no person is discriminated against. Individuality and diversity was valued and the centre endeavored to maintain a culture of acceptance and respect. Staff stated that young people in the centre can practice their religion of choice if they so choose.

Managing behaviour

The inspectors found that there were incidents of challenging behaviour exhibited by young people. Most of the young people's incidents occurred when they were out of the centre and outside the supervision of staff. When the young people were in the centre the staff team focused on defusing situations before they got to crisis point and worked hard to create a culture of respect.

The inspectors saw evidence that the incidents were reported and recorded appropriately, which was also confirmed by the young people's social workers and the TUSLA Child and Family Agency monitoring officer. From interviews with the centre manager, social care staff and the young people it was clear that the team did not rely on consequences as a means of managing young people's behaviours. The centre realistically adapted a practice where the young people had some consequences for their behaviour and view this as a learning experience. Through interviews with staff the inspectors viewed the consequences applied to behaviours as appropriate, individual and fairly applied. The inspectors found evidence that the staff team rely on relationship building and good role modeling as the main influence on their practice. However, from the review of care files, the way consequences were recorded and worded could give an impression that a lot of sanctions were used. The inspectors **discussed** this with the centre manager who agreed to review how consequences are recorded to ensure they are reflective of the context and meaning of the consequence and reflects the centre's model of care.

The staff team assessed the challenging behaviour presented by young people and the underlying reasons for it were examined. Staff stated that behaviour management is dealt with through consultation with young people, through one-to one work with the

young people's key workers, staff team and where appropriate individual counselors. The staff team also utilised a number of plans to ensure the young people's behaviour was being appropriately managed such as, individual crisis management plans, individual absent management plans, behaviour management plans, risk assessments and personnel placement plans.

Through the young people's care files the inspectors found evidence that positive behaviours are rewarded and acknowledged. The staff had Therapeutic Crisis Intervention (TCI) training and were kept updated which was a benefit to them in dealing with crisis situations and conflict.

Restraint

The centre had an approved method of physical restraint based on a therapeutic crisis intervention approach. There were two restraints undertaken by staff during the previous 12 months. Staff involved in the restraint were qualified in behaviour management. The incidents were reviewed by the centre manager, regional manager and TCI trainer. The inspectors advised that the evidence of the reviews should be kept together with the significant event report on the young person's file. The inspectors found that restraints were recorded separately for monitoring purposes as required by the national standards for children's residential centres criteria 6.31.

If young people became aggressive and were deemed a danger to themselves or others the staff interviewed by inspectors stated that they would use their skills to manage the situation and if their efforts were not successful and the young people's actions were of a criminal nature they would call the Gardaí. All of the staff team were trained in TCI and had regular refreshers.

Absence without authority

The inspectors reviewed the centres policies and procedures and documentation regarding young people who absent themselves from the centre. There was good evidence that the revised Garda/HSE Joint Protocol 2012 requirements were put into practice by the centre. Incidents of unauthorised absence and missing from care in the period under review were not excessive. The staff team in consultation with the young people's social workers were constantly reviewing the strategies and interventions used to try to avoid episodes of absences. The inspectors spoke to two young people's parents who were happy that the centre had clear systems in place to minimise the amount of absences in the centre. Individual absent management plans were on file for the young people in the centre and were regularly reviewed.

3.6.2 Practices that met the required standard in some respect only

None identified

3.6.3 Practices that did not meet the required standard

None identified

3.6.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

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

3.7 Safeguarding and Child Protection

Standard

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

3.7.2 Practices that met the required standard in some respect only

Safeguarding

The inspectors found that the management and staff team had a good awareness of safeguarding practices. Staff cited communication between staff, the complaints procedure and the knowledge of staff and young people's whereabouts in the centre as good safeguarding practices. The inspectors found good oversight and monitoring of staff practices by the management team.

The inspectors voiced their concern to the centre manager and one child's social worker in relation to a lack of robust safeguarding practices in place for one child at the time of the inspection. The inspectors found that a child resident in the centre had an increased level of vulnerability due to their age and their complex set of needs. They had changed bedroom just prior to the inspection as a strategy to manage another young person's behavior. The inspectors noted that a buzzer that was on their bedroom to notify staff that the child was coming out of their room or someone was going in had not been transferred to their new bedroom. This had reduced the safeguards in place for the child which the inspectors brought to the social worker

and centre managers attention and this issue was rectified immediately. The child's bedroom window was now on the second floor of the building and opened very widely. The child had a previous history of getting out windows and as a result the inspectors required that the window to be fitted with a restrictor to avoid an accident, which was addressed during the inspection.

The inspectors also raised their concerns in relation to the level of experience and qualifications of the waking night staff during the inspection to the centre manager, and the regional manager especially given the high level of vulnerability of the child in the centre, an issue that needed urgent attention.

3.7.1 Practices that met the required standard

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.

Child protection

The inspectors found that the centre had written and agreed policies and procedures in relation to child protection. All of the staff team had received training in Children First. The staff team when interviewed were clear of the procedures to follow in the event a young person disclosed some form of abuse. The young people's social workers and the TUSLA Child and Family Agency monitoring officer were satisfied that the staff report any concerns to them promptly.

3.7.3 Practices that did not meet the required standard

None identified.

Required action

- The centre manager and regional manager must ensure that safeguards are kept to an appropriate level for one young person in their care with particular vulnerabilities.

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

Education was evidently valued by the management and staff team in the centre. The management team and staff interviewed by the inspectors spoke about the importance of providing the young people with a space that they can learn and develop that is suitable to their individual needs.

Young people's educational needs were assessed by the placing social worker and the centre on admission and the inspectors found that purposeful effort is put in place to re-engage young people in education. The young people in the centre were attending courses suitable to their needs. Young people also participated in a number of outside activities on a regular basis that were suitable to their individual needs. Records were kept of all school meetings and reports and assessments are stored in the young people's files.

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

None identified.

3.9.2 Practices that met the required standard in some respects only

The inspectors reviewed the care records of the young people and good evidence was found that their health needs were being met. The young people were registered with G.P.'s and medical examinations were arranged as part of the admissions process. Inspectors found that the staff team was provided with ongoing training in health matters pertaining to their work such as drug and alcohol counselling, first aid training and self harm training. The centre manager and staff were happy that training opportunities were made available where needed and where particularly beneficial to the young people in their care.

Risk assessments were devised pre-admission that included the identification of health risks and health conditions. All medicinal products were stored safely and securely in a locked cabinet in the staff office and the Inspectors were satisfied that the administration of medicines was properly recorded. Although the medication was stored securely the Inspectors noted that the four young people's medication was stored together in the locked cabinet. The inspectors requested that the medication be kept in clearly labelled separate boxes for each young person to avoid errors. The centre manager promptly acted on this advice.

Each young person had their own individual medication log that they had to sign when receiving medication and two staff signed that they dispensed it. The inspectors advised that the dosage of medication being administered should be recorded on the dispensing form.

The inspectors found that one young person did not have an up to date medical card on file. The centre manager stated that this had caused some difficulty for the staff team when a situation occurred where the young person required the service of a doctor and this was delayed due to the lack of the medical card. This issue must be promptly addressed by the young person's social worker.

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

- One young person did not have an up to date medical card on file, an issue that must be promptly addressed by the young person's social worker.

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).*

3.10 Premise and Safety

Standard

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

3.10.1 Practices that met the required standard

Accommodation

The centre was a large house in a rural location. The house had been fitted with all necessary conveniences. It had a number of rooms the young people could utilise such as a sitting room and a games/activities room. There was adequate space to accommodate family and social work visits in private. Each young person had their own bedroom and the staff team involved the young people when decorating the premises. The young people had access to a garden area where sports and other outside activities can take place. The house was in need of some re-decorating in order to create a bright and homely atmosphere in the centre.

The inspectors found the centre is appropriately insured and records of the insurance details were provided.

Safety

The centre had an up to date health and safety statement. The centre manager was the Health and Safety Officer for the centre and a social care worker was assigned the role of health and safety representative who carried out weekly health and safety/housekeeping audits of the service. As part of the monthly audit each room in the centre was assessed to identify potential hazards and to record appropriate action to rectify them.

All new staff received health and safety information as part of their induction. In the event of an accident first aid boxes were available in the centre. Staff ensure they are constantly fully supplied. All of the permanent social care workers were first aid trained.

The centre manager was satisfied that safe food hygiene practices were undertaken in the centre where regular checks were put in place by the staff team. The inspectors carried out a safety audit of the centre and did not find any hazards or issues in relation to health and safety, however the centre was in need of some repair to damaged doors, furniture and walls.

3.10.2 Practices that met the required standard in some respect only

Maintenance

The centre had a maintenance person who responds to requests for repairs. The agency also used outside contractors for specialist work such as boiler services. The inspectors found at the time of inspection that the centre was in need of some repair to damaged doors, furniture and walls, issues that should be addressed within a prompt timescale by the centre manager.

All maintenance work was raised at handovers, discussed at house meetings and housekeeping took place regularly and was recorded. The inspectors noted that the maintenance book did not record when the work or issue had been repaired or completed, an issue that should be addressed by the centre manager in order to demonstrate promptness of response to maintenance issues.

Fire Safety

The inspectors observed that fire safety systems were in place in the centre such as fire blankets, fire extinguishers and fire alarm. However there was no fire assembly point sign evident in the garden for staff and young people to assemble in the event of

a fire. The centre manager stated that they were sourcing another sign as one of the young people had removed the sign as they considered it not to be homely.

All fire prevention equipment was regularly checked by fire safety consultant and by the health and safety representatives. The inspectors observed that the fire alarm panel was locked and regular risk assessments were carried out to determine if this practice remained necessary based on the young people's presenting behaviours. The staff carried out smoke alarm checks regularly to ensure they were working properly. Fire drills were regularly carried out and this was reflected in the centres records. Staff had completed fire safety training.

During the inspection the inspectors were informed that the centre did not have a fire safety certificate on file their local authority. The TUSLA Child and Family Agency monitoring officer had highlighted this issue in their last report in January 2016 and the company's proprietor subsequently applied for one. Shortly after the onsite inspection the certificate was received by the centre and a copy was forwarded to inspection service for their records.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996,*

-Part III, Article 8, Accommodation

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

-Part III, Article 15, Insurance

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

The centre has not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 13, Fire Precautions.*

Actions required

- The centre was in need of some repair to damaged doors, furniture and walls, issues that must be addressed within a prompt timescale by the centre manager.

- A fire assembly point sign must be evident in the garden for staff and young people to assemble in the event of a fire.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors comment
2.	The use of unqualified staff as part of the core team must cease.	We take on board the inspectors points and have ceased the use of live night staff and now have 2 qualified sleepover staff in place. All members of the staff team in the centre are appropriately qualified.	Accepted.
4.	The procedure where young people have access to their information must be reviewed, with young people participating in the review.	The organisation has a policy in relation to accessing information which was reviewed in March 2016 by SMT. All young people also receive an information booklet on admission highlighting their right to access information. Young people have been offered their files monthly in the centre to date or at their request which is recorded in their care files. We take on board the inspectors recommendations in relation to the feedback they received from the young people and young people will be consulted with regards to what specifically they wish to view such as daily log, placement plan etc.	Accepted.
	A nominated person on the team must get training in the requirements of the Freedom of Information Acts 1997 and Data	The organisation have sourced training in Data Protection and this will take place in Autumn 2016 and will be rolled out to all teams and	Completed.

	Protection Act 2003.	management in the organisation in the coming months.	
5.	<p>The child under 12's care plan must be reviewed on a monthly basis in accordance with the TUSLA Child and Family Agency policy in relation to the placement of children aged 12 years and under in their care or custody.</p> <p>The young people must be provided with a user friendly placement plan to ensure they are fully consulted and included in their care.</p>	<p>UM has addressed this with the relevant Social Work department for this young person as evidenced on file during the inspection. UM has again requested this as part of the recommendations. The social work department have responded to this and followed it up and there is a plan in place to maintain this and evidence to support this on file. UM will continue to request monthly reviews as per standard and in line with policy in relation to the placement of children under 12.</p> <p>Following the inspection and taking on board the recommendations, UM sat down with 3 of the young people and discussed with them, what they would like to happen in this instance. It was decided that each young person's key worker would devise a monthly progress report for them, detailing in this a) what they had done well during the month, b) what they could have done better and improve upon and c) a section where the young people identify their goals for the coming month with the support of their key workers, which would be included in their placement plan each month. It was stated that this would act as a more effective method of the young people accessing their information and also provided them with a "child-friendly" version of their placement plan and goal trackers for each</p>	<p>Accepted.</p> <p>Accepted.</p>

		<p>month. Since this revised method was introduced all young people have stated that they are happy with the process and the team have seen a significant increase with regards to the level of input and engagement from the young people in relation to planning and setting goals for themselves for the month ahead.</p>	
7.	<p>The centre manager and regional manager must ensure that safeguards are kept to an appropriate level for one young person in their care with particular vulnerabilities.</p>	<p>There were safeguards in place for this young person at the time of inspection. The live night staff had an audio monitor on their person to alert if the young person woke. The live night staff would then alert the sleepover staff to attend to the young person. Bedroom door alarm had previously been in place however at the time of inspection this had not been transferred to the young person's room as she had recently changed rooms. This was rectified immediately during inspection. The sleepover staff also slept next to the young person's room. However we acknowledge the inspectors comments in regards to the need for these to be more robust given her vulnerability. The young person has been moved to the downstairs area and her bedroom door and window is alarmed. The sleepover staff hold the monitor at night time and sleep downstairs next the young person's bedroom.</p>	Accepted.
9.	<p>One young person did not have an up to date medical card on file, an issue that must be promptly addressed by the young person's</p>	<p>This was followed up by the centre manager with the social work department in question and a parent and has been resolved. The young</p>	

	social worker.	person now has an up to date medical card on file and registered GP has been changed.	
10.	<p>The centre was in need of some repair to damaged doors, furniture and walls. These maintenance issues must be addressed within a prompt timescale by the centre manager.</p> <p>A fire assembly point sign must be evident in the garden for staff and young people to assemble in the event of a fire.</p>	<p>At the time of inspection there had been an incident in which some damages had occurred. Maintenance was on sight to rectify these issues during the time of inspection and they were resolved by the end of that time. All maintenance issues continue to be addressed in a prompt manner and the maintenance log is dated and signed with timeframes to show the response from maintenance team to be prompt. This is overseen and signed off by both regional manager and Centre manager.</p> <p>Fire assembly point sign was erected in 22/05/2016 and remains there to date, having not been tampered with by the young people. Um had a discussion with the young people around the importance and requirements of such an item.</p>	<p>Accepted.</p> <p>Accepted.</p>