



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number: 040**

**Year: 2018**

**Lead inspector: Lorna Wogan**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2018</b>
<b>Name of Organisation:</b>	<b>Gateway Children's Services</b>
<b>Registered Capacity:</b>	<b>Two children</b>
<b>Dates of Inspection:</b>	<b>22<sup>nd</sup> and 25<sup>th</sup> of June 2018</b>
<b>Registration Status:</b>	<b>Registered from the 13<sup>th</sup> of January 2016 to the 13<sup>th</sup> January 2019</b>
<b>Inspection Team:</b>	<b>Lorna Wogan</b>
<b>Date Final Report Issued:</b>	<b>21<sup>st</sup> of September 2018</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 children 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 children 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 Centre Description

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 operation of the centre in line with its registration. The centre was granted their first registration on 14<sup>th</sup> January 2013 and subsequently relocated to new premises in July 2014. At the time of this inspection the centre were in their second registration and were in year two of the cycle. The centre was registered without conditions from 13<sup>th</sup> of January 2016 to the 13<sup>th</sup> January 2019.

The centre was last subject to an inspection under the National Standards For Children's Residential Centres in August 2017 and this report can be accessed on the Tusla.ie website. The inspector was satisfied the recommendations and actions required following the last inspection were addressed.

The centres purpose and function was to accommodate two children of both genders from age nine and fourteen years on admission. The centre aimed to help children recover from adverse life experiences and its work with children was based on a team approach to assessment and provision of care. The approach to working with children was informed by attachment theory and resilience theory.

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 approach was trauma informed and staff received training to understand the impact of trauma on child development. An external psychologist and attachment specialist provided external guidance and support for the centre manager and the staff team.

At the time of this inspection there were two children in placement. One young person was in placement in the centre five years and the other young person was in placement three years.

The inspector examined standards 2 ‘management and staffing’, 4 ‘children’s rights’, 7 ‘safeguarding and child protection’ and 10 ‘premises and safety’ of the National Standards For Children’s Residential Centres (2001). This inspection was announced and took place on the 22<sup>nd</sup> and 25<sup>th</sup> of June 2018.

## 1.2 Methodology

This 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) The chief executive officer
  - b) The deputy manager
  - c) Eight of the care staff
  - d) One of the children residing in the centre
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre’s files and recording process.
  - two care files
  - daily logbooks
  - centre register
  - two personnel files
  - handover records
  - five supervision records
  - visitor’s logbook
  - team meeting records
  - management meeting records
  - children’s house meeting records
  - training records
  - significant event logbook
  - physical intervention logbook

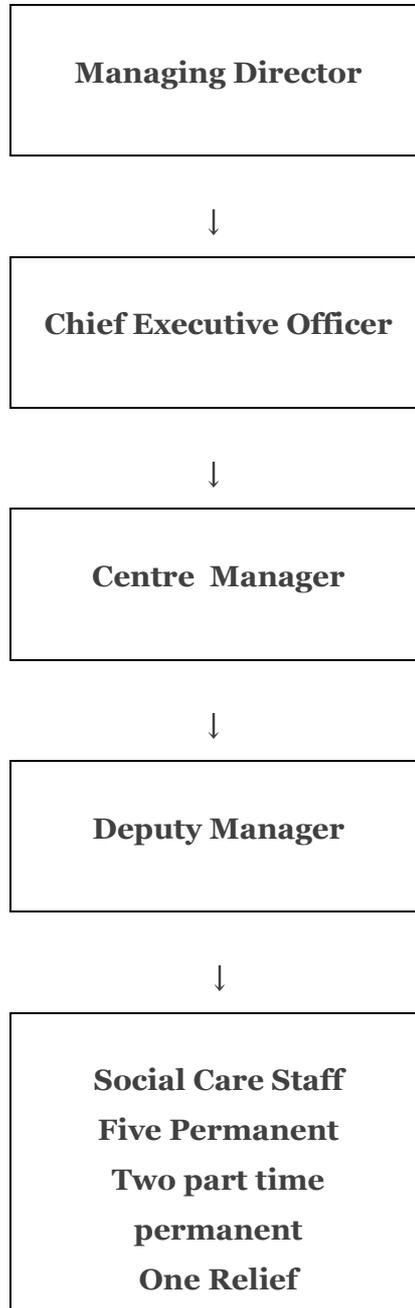
complaint register  
fire register  
health and safety audits  
medication administrative records

- ◆ 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 chief executive officer
  - b) The centre manager
  - c) The deputy manager
  - d) Three of the care staff
  - e) The supervising social workers
  - f) The two children residing in the centre
  - g) The lead inspector for the centre
  
- ◆ 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 inspector would like to acknowledge the full co-operation of all those concerned with this centre and thank the children, staff and management for their assistance throughout the inspection process.

## 1.3 Organisational Structure



## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, chief executive officer and the relevant social work departments on the 10<sup>th</sup> of August 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 30<sup>th</sup> of August 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to continue to register this centre, ID Number: 040 without attached conditions from the 13<sup>th</sup> of January 2016 to the 13<sup>th</sup> of January 2019 pursuant to Part VIII, 1991 Child Care Act.

## 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 children. There are appropriate external management and monitoring arrangements in place.

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

##### **Management**

The company structure comprised of the company director, a chief executive officer and an advisory committee. The inspector found that the chief executive officer had developed a clear strategic plan for service development since their appointment in November 2017. They had recently provided staff with an opportunity to provide feedback on their experience of working within the organisation and with the children in their care. Currently the chief executive officer was responsible for the oversight of six residential centres in the region and for recruitment, training and development of staff and supervision of all centre managers. The organisation planned to expand the management team to include the post of head of services in the coming months. The centre manager reported to the chief executive officer who in turn reported to the managing director. The chief executive officer met formally with the managing director approximately once a fortnight.

The inspector found there was a clear management structure in place and there was evidence that the external manager provided good leadership and external oversight of the centre. They had oversight of all operational aspects of the centre through weekly written progress reports on the children, monthly data returns from the centre manager, formal supervision of the centre manager, management meetings, daily telephone contact with the centre manager and visits to the centre. Visits to the centre included meeting with the children and the staff on duty to discuss updates on the service.

The chief executive officer chaired management meetings on a monthly basis with all centre managers across the service. The dates of meetings for the year ahead were identified. The company director attended management meetings every six months.

The inspector examined the records of these meetings and found evidence of good governance and management.

The centre manager and the deputy manager met on a weekly basis and there was evidence of good communication within the internal management structure. The manager and deputy manager were conscious of their role to ensure good standards of care were maintained in the centre.

The inspector found evidence that the service had developed a schedule for review of policies and procedures. There was evidence that managers across the organisation had recently been assigned individual policies and procedures to review and update and a number of policies had been finalised and were available for inspection. In May 2018 the chief executive office planned a workshop with managers and staff to examine the vision and mission of the service.

Overall, the inspector was satisfied with the external and internal governance, management and oversight of the centre.

### **Register**

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

The register recorded three admissions to the centre since its initial registration in January 2013 and one discharge.

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 event notifications were reviewed by the Tusla registration and inspection service. The lead inspector for the oversight of significant events reported that there were few incidents arising in the centre relating to the children in placement with nine incidents reported from January 2018 to date. Where incidents arose they were reported in a prompt manner and were clear and concise in detail with no concerns relating to staff practice.

The inspector found that significant events were appropriately notified to the relevant persons.

External oversight of significant events was undertaken by the chief executive officer and by the internal training officer if physical restraint interventions were employed. There were systems in place for each centre in the service to monitor and review significant event notifications. A significant event logbook was maintained at the centre and was signed by the chief executive officer when reviewed. The inspector found this logbook corresponded to the significant event reports on file. There was evidence on the care files that risk assessments and safety plans were updated as required following significant events.

## **Staffing**

Following interviews with staff, observations of practice and review of inspection questionnaires completed by staff the inspector found the team to be well motivated in their work and committed to providing a high standard of care for the children in placement. The inspector found the team was stable, competent, experienced and consistent in their approach. The core staff team worked at the centre between two and three years. A review of staff rosters from January to May 2018 supported the view that the team was consistent and stable. Relief staff were not generally required to work at the centre as the core team members covered the roster amongst themselves. The staff team were stable and only one member of the core team had resigned their post since last inspection in 2017. The centre manager was based at the centre and was accessible to staff and the children on a daily basis.

The staff members interviewed by the inspector were aware of their roles, responsibilities and the reporting structure. The centre staff comprised of the centre manager, deputy manager, five permanent social care staff, two part time staff and one relief staff member. The inspector found that the centre had adequate levels of staff to fulfil its purpose and function. The staff ratio for one child was 2:1 and for the other child was 1:1 as agreed with the referring areas. The chief executive officer stated that probation meetings for new staff members would, going forward, be undertaken at three, six and nine months prior to securing a permanent contract.

The management and staff team were experienced in the provision of residential care and all staff were appropriately qualified. The inspector found that staff were facilitated to achieve recognised qualifications and post graduate training. Two staff members were currently completing a master degree programme and two staff were

completing their honour degree course in social care. The deputy manager stated that unqualified staff were always on duty with qualified staff members.

Communication within the team was good and handover records, daily log books and key working folders supported the communication systems. Handovers incorporated a review and planning process and element of reflective practice. Team meetings were scheduled on a monthly basis and there was evidence of good attendance and good staff investment in team meetings.

The inspector examined two personnel files for relief staff recruited since the last inspection in 2017. The files contained the relevant Garda/Police vetting and three appropriate references. A copy of the staff qualifications was not on file and must be secured by the centre manager and placed on the two relevant files. A senior administrator was recently appointed within the service to support the administrative functions in relation to staff recruitment and vetting.

The organisation had a structured induction process and new staff also participated in an on-site induction process that was evidenced on the files.

There were no disciplinary procedures initiated against any staff member at the time of the inspection. The chief executive officer and the centre manager had access to professional advice in relation to employment law.

## **Training and development**

The inspector found there was good attention paid to training and development of staff. A new full-time post of training officer was established within the service since the last inspection. A training needs analysis was recently undertaken by the training officer. The role of the training officer was to provide training for staff and to track, audit and source training for the organisation. The deputy manager stated that this resulted in training becoming more structured and timely in its delivery across the service. Core training in the management of behaviours that challenge, child protection, fire safety training and first aid was provided for the team and was up to date for staff. Four members of the team updated their first aid training in May 2018 and this training was scheduled again in October 2018.

Managers in the centre were facilitated to participate in a level seven management/leadership skills training in the local third level college and had also recently completed supervision practice training. Staff members were also facilitated

to attend the HSE training in applied suicide intervention skills training and understanding self harm training workshop. All staff completed safe administration of medication training. There was evidence that staff participated in regular training with their attachment specialist. The NSPCC recently provided training to the team on harmful behaviour between children and the staff interviewed found this training beneficial in terms of practice learning.

The centre manager maintained a training record of all training undertaken by staff to date. There were systems in place to capture gaps in training for example in the monthly report to management.

### **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 staff supervision. A new recording template for supervision meetings was recently introduced following in-service supervision training attended by managers and deputy managers in May 2018. The centre had recently introduced a system to assign new staff members a mentor from within the team to provide additional support for new staff.

The centre manager received regular and robust supervision from the chief executive officer in line with the service supervision policy and a record of the supervision process was examined by the inspector. Supervision with the centre manager included a review of the children in placement, their care plans, significant events in the centre and overall standards of care, the managers own well-being and development, staff well-being and development and general operational issues.

The centre manager provided regular supervision to the deputy manager and the staff team. The deputy manager supervised staff members as and when required by the centre manager. The deputy manager was satisfied with the support and feedback provided by the centre manager.

A random sample of five staff supervision files were selected and examined by the inspector. A signed supervision contract was on file for each staff member and a record of each supervision meeting was maintained and signed by both parties. The staff supervision schedule was displayed in the staff office. The records evidenced a focus on learning, team work, self care and professional development needs. The

inspector found that the supervision records did not evidence that individual work and key work undertaken by staff was subject to review and evaluation in conjunction with the placement plan in the supervision process. The records must evidence an effective link between supervision and the implementation of the individual placement plan in accordance with the requirements of the standards.

The service recruited a new psychologist in February 2018 who was available to offer support to teams and individual members of the team. Staff displayed a good awareness of self care within the work and staff interviewed outlined the benefits of team support within the centre. Staff questionnaires and interviews reflected a positive and supportive working environment.

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

### **Administrative files**

The inspector examined a range of administrative files and records including daily logs, visitor's logbook, centre registers, handover records and minutes of staff meetings. Administrative records were well organised and maintained to facilitate effective management and accountability. Key workers had responsibility to ensure that care files were organised and up to date. The centre manager attended handover meetings, team meetings, care planning meetings and reviewed all care and administrative records generated at the centre. The service had recently strengthened its administrative support structures to support the centre managers across the service. The chief executive officer outlined plans to introduce new electronic systems for managing and processing information on children and storing data within the organisation. The inspector was satisfied that management was familiar with the requirements of the legislation in relation to access to information and protecting personal information.

There were clear 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 and staff balanced and signed off these records at the end of each shift. Records were also maintained of monies provided to the children for pocket money and other expenditure. The inspector found that these systems

ensured accountability in relation to expenditure in the centre. The centre manager and staff interviewed stated that the budget was adequate for the purpose and function of the service.

The inspector found that centre records relating to the children in placement were stored in plastic boxes in the centre. The centre manager must ensure that all records relating to the children are stored in perpetuity using an appropriate medium.

### **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 evidence an effective link between supervision and the implementation of the individual placement plan in accordance with the requirements of the standards.
- The centre manager must ensure that all records relating to the children are stored in perpetuity using an appropriate medium.

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

#### ***Standard***

The rights of the Children are reflected in all centre policies and care practices. Children 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**

The centre had written policies on children's rights, complaints and access to information. Children interviewed told the inspector that staff had informed them about children's rights and there was a poster displayed in the sitting room area on children's rights. The inspector found that children's rights were respected and promoted by centre staff. There was evidence that staff practice was strong in seeking the views of children, asking them what they need and listening to their views. This practice had been further developed and reinforced for the team following guidance from one of the clinical leads for one of the children in placement. The chief executive officer planned to provide some training for staff through the youth advocate programme in Ireland. At the time of the inspection staff were undertaking an audit of their practices in relation to keeping the voice of children to the fore of their daily practice. The chief executive officer outlined to the inspector that the strategic focus for the year was to invest in children and focus staff practice on the voice of service users with the aim of achieving the Investing in Children Award through a national youth advocate programme.

Children were consulted about the day-to-day operation of the centre and about planning for their care. The children had recently been consulted about the service logo and had provided their art work for the head office. Children were consulted around meal planning and activities on a day-to-day basis. Both children received weekly pocket money and dedicated money for savings. Both children received monthly clothing allowances and they had the opportunity to shop for and choose their own clothes. House meetings were held on a monthly basis or more often where situations required an immediate response and the inspector examined the minutes of these meetings. The children understood the purpose of the house meetings and they confirmed to the inspector in interview that they felt staff listened to them. The house meetings appeared to be working well for the children.

The inspector found that the children were cared for in a manner that respected their individual choices and religious beliefs. Children had opportunities to engage in leisure activities, were encouraged in their hobbies and interests and were facilitated to take part in activities in the community that would assist them develop their social and teamwork skills.

Both children had the opportunity to contribute to their statutory care plan meetings. Children were consulted prior to their review meetings to ensure their views are heard. There was evidence that the staff and key workers were strong advocates for

the children. There was evidence that the social workers and/or key workers provided feedback to the children following their review.

### **Access to information**

The centre had a policy on children's right to access information. The children were provided with child friendly written information about the centre and how it operated. The children did not have access to their records and this decision was made in conjunction with all relevant parties at their statutory child plan reviews. The deputy manager stated that this decision was subject to on-going review. The children were aware of their care plan as this had been explained to them by their social workers and reinforced by staff.

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

### **Complaints**

The centres complaints policy was recently updated however it did not make reference to the Tusla complaints process 'Tell Us'. The centre manager stated that the complaints policy was currently under review within the organisation. The centre manager must ensure the updated centre policy references the Tusla complaints policy 'Tell Us'.

The centre had an appropriate child-friendly complaints procedure for the children living in the centre. The children interviewed by the inspector were aware of their right to make a complaint and stated that they had no complaints to date. The social workers interviewed by the inspector confirmed that the children had not raised any complaints about their care.

A parent involved in the service had raised a complaint about the centre and the inspector found that this complaint had been dealt with by the centre manager in a prompt and appropriate manner. A record of the management of the complaint was on file in the centre. This complaint was also reviewed at the child's care plan meeting and was evidenced on the meeting record.

The centre maintained a central complaints logbook however there were no complaints recorded on the register since April 2016. The inspector found that the complaint by the parent had not been input into the centres complaint register. The

centre manager must ensure that all complaints, including those made by parents or others external to the centre, are recorded on the centre's complaint register.

### **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 Children.*

### **Required Action**

- The centre manager must ensure the updated centre policy references the Tusla complaints policy 'Tell Us'.
- The centre manager must ensure that all complaints, including those made by parents or others external to the centre, are recorded on the centre's complaint register.

## **3.7 Safeguarding and Child Protection**

### **Standard**

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

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

There were a range of measures in place to ensure the children were safeguarded. There were a number of safeguarding practices implemented within the centre that included vetting of staff, a lone workers policy, code of practice, personal care routines, staff supervision, whistle blowing policy and on-going training in child protection. The staff team had recently received training on safe care practices. Electronic alert devices were recently fitted to the children's bedroom doors. The children informed the inspector that they felt safe living in the centre.

There was a strong focus on keeping the children safe and a good awareness amongst the staff interviewed of safe care practices. Staff interviewed displayed an awareness

of the centre's whistle blowing policy and were confident of their capacity to raise issues or concerns about a colleagues practice.

Staff interviewed were aware of the children's right to privacy and respected this right. There was evidence that the staff regularly discussed issues relating to bullying and supported the children to understand the impact of bullying on children and how best to deal with issues relating to bullying. Given the age of the children access to the internet was restricted, supervised and monitored by staff. One of the children had an appointed guardian *ad litem* who periodically visited the child at the centre.

The children had an individual risk assessments and safety plans on file. Strategies were identified to minimize known or potential risks. There was evidence that the children and staff were previously provided with information about EPIC (Empowering People in Care), a national agency that advocates for children in care. A heightened awareness of the role of EPIC/VOYPIC would be of value to the team given that it has been a number of years since they last visited the centre.

## Child Protection

### **Standard**

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

There was evidence that practices regarding the safety of children were governed by national policies and procedures in line with Children First (2011). The centre had a child protection policy and was in line with Children First 2011: National Guidance for the Protection and Welfare of Children. The service child protection policy was under review at the time of the inspection. A child safeguarding statement was displayed on the staff notice board in compliance with the Children First Act 2015.

The chief executive officer informed the inspector that managers had developed a child protection training pack and managers continued to undertake training in child protection at team meetings. The centre manager had completed a Tusla child protection trainers programme and training for other managers was scheduled in May 2018.

All staff were trained in child protection and had completed the Children First training on-line in December 2017. There were three child protection reports submitted to the relevant authorities and the records were placed on file. The status of reported child protection concerns and complaints was a standing item on the staff meeting agenda. There was evidence that the centre manager liaised with the referring authority to ensure there was a clear outcome reached in respect of reported concerns. The inspector advised the centre manager to have systems in place to monitor and track child protection concerns reported to Tusla the Child and Family Agency and the referring social work agency.

There were agreed arrangements in place with the supervising social workers for bringing allegations of abuse to the attention of parents or guardians. These arrangements were set out in the care plan for one child.

Staff interviewed were aware of child protection reporting procedures and the measures to be taken in the event of an allegation of abuse or neglect. Staff interviewed were able to identify the centre's designated liaison person and deputy liaison person for the reporting of child abuse concerns.

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

None identified.

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

None identified.

## **3.10 Premises and Safety**

### ***Standard***

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

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

#### **Fire Safety**

An engineer report dated 11<sup>th</sup> of July 2014 outlined the centre's compliance with the Regulations of Part B Fire Safety and Building Regulations. A copy of the fire safety certificate granted by the local county council on 19<sup>th</sup> November 2014, under the Building Control Act 1990 & 2007 was also viewed by the inspector.

The centre had an appointed fire officer who had completed specific fire warden training. The inspector found that adequate precautions had been taken to ensure there was an effective means of escape in the event of a fire. A fire safety key-guard was recently installed inside the front door of the house for emergency exit. The fire panel identified the zones within the premises. Fire safety guidelines identified the location of fire extinguishers and fire blanket. Exit routes were marked, sufficient and unencumbered.

Fire extinguishers and the required fire-fighting equipment were located at identified fire points in the centre. Fire evacuation plans were displayed throughout the centre. There was evidence that detection equipment and fire safety equipment was maintained and fire drills had been undertaken and recorded. The inspector found that the names of the children that participated in the fire drill were not identified and advised that a fire drill at night time should be undertaken once a year. Fire-fighting equipment was subject to an annual maintenance check the most recent check dated 22<sup>nd</sup> May 2018. The service had a maintenance contract on the fire alarm system and dates of maintenance checks were on file in the centre. Staff undertook training in fire prevention and evacuation once every two years with the most recent training undertaken in February 2018 for the relevant staff. Staff completed the fire safety logbook and night time fire safety checklist and the inspector found it was maintained up to date.

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

#### **Accommodation**

The chief executive officer provided evidence that the centre was adequately insured against accidents and injuries to children. The insurance schedule dated 19<sup>th</sup> April 2018 to 18<sup>th</sup> April 2019 included house contents, employer's liability, public liability and motor fleet insurance.

While the centre was clean and bright and areas recently painted internally the inspector found there were a number of areas of the house that required a decorative upgrade namely the sitting room and the children's bedrooms. The inspector found

the environment could be further enhanced with some additional bright, colourful soft furnishings. One of the children stated they would like a large soft mat for their bedroom floor. The inspector found the floor covering in the staff office presented a trip hazard and should be rectified as a matter of priority.

The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The children's awards, achievements and toys were evident throughout the centre.

The inspector was satisfied that staff ensured there were adequate arrangements in place for children to have visits from family members and social workers that were private.

The children had their own bedrooms that were decorated in accordance with their own personal preferences but required ongoing monitoring by the centre manager to ensure they were maintained in good decorative order.

### **Maintenance and repairs**

Maintenance requests were dealt with promptly. A maintenance log was maintained by the centre manager that recorded the maintenance required however the inspector advised the record should include the date when the tasks were completed. There was evidence that the septic tank and heating system was serviced on an annual basis and the date of the next service date was identified.

### **Safety**

The centre had a written safety statement. The centre had an appointed health and safety officer and the site-specific risk/hazard identification record evidenced that the house and its environs are risk assessed on a weekly basis. Risks were appropriately identified, recorded by staff. This record was reviewed and signed by the centre manager.

Medication was safely stored in a locked medicine cabinet. Medication for each child was stored individually. The centre had a written policy on the safe administration of medication and staff members had undertaken training in the safe administration of medication. Records for the administration of medications were maintained and signed by two staff members.

A first aid kit was located in the staff room however the inspector found it did not contain adequate first aid materials. The centre manager must ensure there are systems in place to monitor supplies in the first aid kit. The inspector also advised that a first aid kit is located in each of the centre vehicles.

Staff members were trained in first-aid techniques. All accidents are recorded separately in a record book. All action taken in relation to these accidents were appropriate to the circumstances.

Cleaning schedules were displayed in the staff office and cleaning tasks completed were recorded. An audit of the food storage and food preparation areas was undertaken when the centre was initially registered and the inspector found that the recommendations outlined in this report continued to be adhered to at the time of the inspection. The member of staff that was HACCP trained had left the service. The centre manager must ensure at least one staff member on the current team has undertaken HACCP training to ensure good standards in relation to food hygiene and food preparation were maintained.

Regular inspection of the premises in relation to pest control was evidenced on the centre records. Cleaning products in the centre were safely stored.

The centre vehicles were road worthy. The inspector found they had valid tax, insurance and NCT disc displayed. Records of car maintenance checks were held in the centre and one staff member was designated responsibility to ensure the centre vehicles were subject to regular maintenance checks. The centre maintained a record of maintenance requirements on vehicles.

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

None identified.

### **3.10.4 Regulation Based Requirements**

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

***-Part III, Article 8, Accommodation***

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

***-Part III, Article 15, Insurance***

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

***-Part III, Article 13, Fire Precautions.***

## Required Action

- The centre manager must ensure that the areas identified for a decorative upgrade are attended to. The children's bedrooms required ongoing monitoring by the centre manager to ensure they are maintained in good decorative order.
- The centre manager must ensure there are systems in place to monitor supplies in the first aid kit. The centre manager must ensure that a first aid kit is located in each of the centre vehicles.
- The centre manager must ensure at least one staff member on the current team has undertaken HACPP training to ensure good standards in relation to food hygiene and food preparation were maintained.

## 4. Action Plan

Standard	Issues Requiring Action	Response with time scales	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 evidence an effective link between supervision and the implementation of the individual placement plan in accordance with the requirements of the standards.</p> <p>The centre manager must ensure that all records relating to the children are stored in perpetuity using an appropriate medium.</p>	<p>Supervision template will be revised and updated to ensure there is a correlation between supervision and the implementation of the individual placement plan with immediate effect.</p> <p>All records relating to the children will be moved to other appropriate storage within one month. (September 2018)</p>	<p>Supervision templates will be subject to continuous review and updated where required.</p> <p>All relevant records will be transferred to the new storage facility.</p>
<p><b>3.4</b></p>	<p>The centre manager must ensure the updated centre policy references the Tusla complaints policy ‘Tell Us’.</p> <p>The centre manager must ensure that all complaints, including those made by parents or others external to the centre,</p>	<p>All organisational policies are being updated at present and will include references of the Tusla complaints policy “Tell Us”. This will be completed by the end of September 2018.</p> <p>All complaints, including parents concerns, will be recorded on the centre complaint register. This matter has been addressed with</p>	<p>All policies will be updated by the end of September 2018 and then constantly updated as required at company level.</p> <p>The centre manager will regularly monitor the centre complaint register.</p>

	are recorded on the centre complaint register.	the staff team.	
<b>3.10</b>	<p>The centre manager must ensure that the areas identified for a decorative upgrade are attended to. The children's bedrooms required ongoing monitoring by the centre manager to ensure they are maintained in good decorative order.</p> <p>The centre manager must ensure there are systems in place to monitor supplies in the first aid kit. The centre manager must ensure that a first aid kit is located in each of the centre vehicles.</p> <p>The centre manager must ensure at least one staff member on the current team has undertaken HACCP training to ensure good standards in relation to food hygiene and food preparation were maintained.</p>	<p>Both children's bedrooms have been redecorated since the inspection and will be updated every six months or sooner if required.</p> <p>A staff member has been assigned to this duty and new first aid kits were purchased for each of the centre vehicles.</p> <p>HACCP training has been scheduled for two staff members.</p>	<p>Both children's bedrooms will be decorated regularly with the input of the children.</p> <p>Assigned staff member will monitor supplies in the first aid kits on a monthly basis.</p> <p>Two staff members will always hold valid HACCP training.</p>