



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 007

Year: 2015

Lead inspector: Sinead Diggin

Registration and Inspection Services
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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Novas Initiatives
Registered Capacity:	6 young people
Dates of Inspection:	3rd , 4th and 5th March 2015
Registration Decision:	Registered from 13th March 2015 until 13th March 2018
Inspection Team:	Sinead Diggin Keith Beattie
Date Report Issued:	27th November 2015

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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 & The Child Care (Standards in Children’s Residential Centres) 1996.

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

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed.

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

1.2 Methodology

An application was duly made by the proprietors of this centre for continued registration on the 18th of February 2015. This announced inspection took place on the 3rd, 4th and 5th of March 2015 over a three day period and this report is based on a range of inspection techniques including:

- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
 - a) The CEO of the registered proprietors
 - b) Eleven of the care staff
 - c) Two of the young people residing in the centre.
 - d) Two social workers with responsibility for two of the young people residing in the centre.
 - e) The school principal for one of the young people residing in the centre.

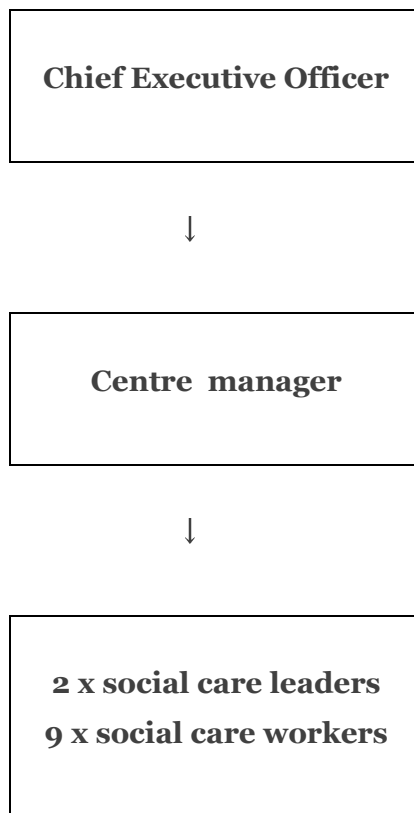
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of the HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The registered proprietor's chief executive officer
 - c) Four of the care staff
 - d) One of the young people residing in the centre
 - e) One allocated social worker

- ◆ Observations of care practice routines and the staff/ young person's interactions.

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on 18th November 2015 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 13th March 2015 until 13th March 2018.**

3. Analysis of Findings

3.1 Purpose and Function

Standard

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

3.1.1 Practices that met the required standard in full

None identified

3.1.2 Practices that met the required standard in some respect only

The centre is a specialised service and provides medium to long term care and accommodation for up to six young people. Referrals come from the Child and Family Agency and there is a dedicated social work team assigned to this service. The young people placed are between the ages of twelve and seventeen on admission and at the time of inspection there were six young people resident in the centre. The centre has a written statement of purpose and function describing the service and how they work with young people on a daily basis. The manager and staff care for the young people use a holistic approach, and inspectors found from staff interviews and centre records, that this was reflected in practice. The manager informed inspectors that they have the responsibility for reviewing and updating the purpose and function and staff are consulted in this process. While the manager and staff were working on a daily basis in line with the purpose and function, some of the staff interviewed expressed concerns that more was expected of them from the social work department, in the assessment of young people. The staff interviewed stated to inspectors that they did not see this as their role and raised with inspectors that their observations may be inaccurate and this could have consequences for the young people. Inspectors recommend that management request a meeting with the social work department to address the issues regarding the expectations of the staff and the purpose and function of the centre.

The centre has a comprehensive policy and procedure document and inspectors found that staff were less familiar with the content of the document which is a vital working tool. Inspectors recommend that the manager utilises time at staff meetings to review this document as a way of keeping it live.

There is an information booklet about the service available to social workers. The centre had a young person's booklet but the manager reports that there were issues with the format of the booklet. The manager reports that the centre developed an interactive programme to inform young people. Inspectors recommend that management review this system as a booklet is more accessible to young people.

3.1.3 Practices that did not meet the required standard

None Identified

Required Action

- Management must request to meet with the social work department to raise the issues brought to the attention of the Inspectors regarding the purpose and function and the expectations on the staff team.
- The manager must ensure that the staff are familiar with the policies and procedures to assist them in their daily practice with the young people.
- The manager and staff team must look at alternative ways to make the young person's information booklet more accessible to them.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Register

The centre has a register for young people in the centre as required by the regulations. The inspectors viewed the register and found that the addresses of discharge were not always entered. The centre may not always have this information and inspectors recommend that if this is the case, then it should be recorded as unknown. The inspectors also found that the date of discharge was not recorded in consistently. A duplicate copy of the register is also kept by the Child and Family Agency.

Notification of Significant Events

The centre has a system in place to notify all significant events to the relevant professionals. From reviewing a cross section of significant event notifications, inspectors found that they were sent to the relevant professionals in a timely manner.

Inspectors found from the register that the types of incidents were not always recorded and the manager needs to ensure all details are completed as required.

Administrative files

Inspectors found that overall the files were of a good standard but they lack consistency at times. There was evidence of oversight from the manager but inspectors could not find any evidence of external oversight. Upon discharge from the centre, young people's files are sent to the allocated social work department. The manager reports that the budget is adequate to meet the needs of the young people and there are allowances for any additional costs if necessary.

3.2.2 Practices that met the required standard in some respect only

Management

The manager of the centre has been employed by the agency for a number of years. The manager has an appropriate qualification relevant to the role, and has experience in social care. Inspectors found that they had a very child centred approach and were a good advocate for the young people in the centre. In interview with the manager, they stated that they are responsible for overseeing all aspects of the service within the centre. The manager is supported in their role by two team leaders who take on additional responsibilities including some supervision. Inspectors found there were good systems in place to ensure care and appropriate operational practices are in place including monitoring of centre paperwork and daily interactions with the young people. From reviewing a cross section of centre paperwork, minutes of meetings, and staff interviews conducted, inspectors found that the manager needs to demonstrate more leadership in relation to decision making. Inspectors found that staff were not always clear about the direction from the manager or in some cases if conclusions had been reached.

The manager of the centre is line managed and supervised by the C.E.O of the agency. The C.E.O meets formally with the manager and two team leaders on a monthly basis to discuss practices and any issues within the centre. The C.E.O does not attend staff meetings unless there are staff issues but visits the centre and is familiar with the young people.

Staffing

All staff have a qualification relevant to social care and all have experience of working in residential care. Inspectors found from interviews conducted that the staff had a good knowledge of working with young people availing of this service. The staff through getting to know young people and their individual needs, endeavour to establish good working relationships with them.

Inspectors viewed a number of personnel files and found that there was no Garda clearance on file for one staff member. References were not consistently verified as there was little detail recorded. In some cases qualifications were not on file and no verification from the associated colleges. Inspectors also noted that evidence of a consistent induction for staff was not reflected. For the centre to be in compliance with 2.11 of the National Standards for Children’s Residential Centres the personal files need to be amended.

Supervision and support

The manager is trained in supervision, with a team leader due to receive supervision training following the inspection. The manager reports that the staff team received supervisee training provided by the agency. Inspectors found that there were long gaps between supervision sessions and it was not in compliance with the centre policy.

Supervision is shared between the manager and team leaders. Inspectors found from reviewing supervision records that there was inconsistency in areas covered in supervision and in what was recorded in notes. In best practice it is advised that the manager conducts the majority of the supervision, as a safeguard, support mechanism and for overseeing staff practice. Inspectors view that supervision could be shared between the manager and one team leader only with the other team leader facilitating key working supervision and any students that may be on placement. The manager receives supervision from the CEO who has no training or experience in residential care. To support the manager in their role and to ensure best practice, it is recommended that the manager be supervised by an external professional qualified to facilitate this task.

Shift handover occurs daily with the manager or a team leader generally present. Team meetings are held fortnightly with all staff required to attend. An inspector attended a staff meeting during the onsite inspection. Young people were discussed in detail and there was good communication from all staff present.

Training and development

Training for staff is provided by the agency. Inspectors found that not all staff had the core training required such as refreshers in behaviour management or the revised training in ‘Children First, National Guidance for the Protection and Welfare of Children’ (2011). There was no evidence on file of staff completing Fire Safety training. While staff have taken part in some additional training, it is imperative that all essential training is completed and updated within the required timeframe. From

interviews with staff, they felt they required additional training to meet the needs of the young people availing of this specialised service.

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.

-Part III, Article 7, Staffing (Numbers, Experience & Qualifications)

The centre has not met in full 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

Required Action

- The manager must display more leadership in relation to decision making within the centre.
- The manager must ensure that if a forwarding address for a young person is not known, then it is recorded as such in the register.
- The manager must ensure that the type of incident is recorded in the significant event register.
- The manager needs to ensure that all of the required documentation is on the staff personnel files.
- The manager must review supervision as outlined in the report.
- Management must ensure that staff complete all core training and update as required.
- The CEO must establish an audit tool as a way of providing external oversight in the centre.

3.3 Monitoring

Standard

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

3.3.1 Practices that met the required standard in full

None identified

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

The monitor for the centre visited the centre in July 2014 but the manager stated it was to introduce themselves, and was not a formal visit so no report was issued. The manager states that all significant event notifications are sent to the monitor and inspectors confirmed this with the monitor who stated they received them promptly. The manager states that they have some phone contact with the monitor and that one young person made contact with them in relation to an issue outside of the centre.

3.3.4 Regulation Based Requirements

The Child and Family Agency has not 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*

Required Action

- The Monitoring officer must provide an annual report to Child and Family Agency to ensure that its practice is in compliance with the national standards for children's residential centres.

3.4 Children's Rights

Standard

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

3.4.1 Practices that met the required standard in full

Consultation

Inspectors found generally that there was a good level of consultation between young people and staff. The young people have a key worker allocated to them on admission to the centre. Young people's meetings were held fortnightly and inspectors found that staff followed up on any requests made. The manager also meets with the young people on an individual basis to learn views regarding their care in the centre. There was evidence that young people are consulted and are involved in their statutory reviews. Activities are encouraged by the staff and young people have a choice based on their own interests.

Access to information

The centre has a policy on young person's access to information. Through interviews with staff, there was reference that young people can access their files however, in the absence of a young person's handbook it was difficult to determine if young people were aware of what information pertaining to themselves they could request.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre has a written policy on complaints. The manager must ensure that staff and young people are familiar with the policy and the process in which it is recorded. Inspectors found through staff interviews that there was no clear understanding of the complaints process. From an overview of centre records, inspectors found evidence of informal complaints made, however they were not recorded as such. Some of these complaints related to curfews or food. Young people also need to be aware of the process they can follow in the event they are not satisfied with the outcome.

3.4.3 Practices that did not meet the required standard

None identified

3.4.4 Regulation Based Requirement

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 manager must ensure that young people are aware of what information they can access from their files.

- The manager must ensure that staff and young people are familiar with the policy on complaints and the process in which it is recorded.

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 placements and admissions

The centre has a clearly defined and detailed admission process. Referrals are accepted from the Child and Family Agency. The management team within the centre take account of all of the information provided as well as considering the needs of the young people already resident in the centre. If a young person is deemed to be a suitable admission, then the centre plan for a transitional move so as to prepare the young person and other young people resident in the centre. The manager reports that young people are aware of why they are placed in the centre.

Statutory care planning and review

The young people in the centre all had up to date individual care plans on file. There was evidence that young people are consulted regarding their care plans. Young people are encouraged by staff to attend their care plan reviews and in the main they do. Placement plans on file were detailed and outlined the aims and objectives of the placement. Inspectors found that they are reviewed on a regular basis with progress identified and future goals planned for.

Contact with families

Given the purpose and function of the centre, contact with family is supported by the care staff when appropriate.

Standard

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

Supervision and visiting of a young person

Inspectors found that social workers visit with the young person in line with the statutory regulations. Inspectors found from reviewing daily logs that there was some evidence of social workers reading young people's daily log books.

Social Work Role

All young people have allocated social workers. Through questionnaires and conversation with young people, they confirmed that they saw their social workers regularly and could meet with them in private in the centre and sometimes met with them outside of the centre. Young people confirmed that they were aware of what was in their care plans and contributed in the preparation of it. Social Workers were satisfied that they were informed of all significant events in writing and over the phone in a timely manner. The social workers informed inspectors that they have regular communication with the centre and are informed of any issues that may arise. One social worker stated that they feel the ethos in the centre is very child focused and staff have good understanding and acceptance of the young people and their needs.

Emotional and specialist support

All young people have allocated key workers and there was evidence of both structured and opportunity led key working sessions. Staff displayed an understanding of the needs of young people and endeavour to build relationships with them. The young people had access to specialist services outside of the centre and staff encouraged and supported young people to attend their appointments.

Discharges

Inspectors found that discharges are in the main planned for all young people leaving the centre. Where there have been unplanned discharges, staff expressed concern that young people are given no time to prepare. Inspectors recommend that the management of the centre and the social work department devise a plan, so that all involved are aware of the process, should it be deemed necessary for young people to be discharged in an unexpected manner.

Children's case and care records

Inspectors found that generally files were well organised and easy to navigate. Inspectors did find that there were a number of documents that did not contain full signatures and this needs to be addressed by the manager. When a young person leaves the centre, their files are archived and returned to the social work department.

3.5.2 Practices that met the required standard in some respect only

Preparation for leaving care

All of the young people were nearing or had reached the age of preparing to leave care. Inspectors found that care plan reviews on file referenced preparation for leaving care however there was no preparation for leaving care plans on file.

Inspectors found one life skills needs assessment completed. There was an aftercare worker allocated from the Child and Family Agency for the young people and there was reference on file of some of the young people meeting with them. The aftercare worker provided guidance to the staff team on some of the skills to work with the young people on.

Inspectors found evidence from daily records of preparation for leaving care completed, but was not recorded as such in key working or placement plan reports. The staff should record this so as to evidence the work completed and to monitor progress.

Aftercare

As stated earlier in the report, aftercare plans based on their needs assessment were not on the young peoples files. Young people nearing the age of leaving care need to be aware of the options available to them and in so far as possible a plan needs to be developed and worked from as per the Leaving and Aftercare Policy (2011). The young people would also benefit from meeting a representative from EPIC who can provide further information for young people leaving care.

3.5.3 Practices that did not meet the required standard

None identified

3.5.4 Regulation Based Requirements

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

Regulations 1995

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

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

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

-Part IV, Article 24, Visitation by Authorised Persons.

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- The Child and Family Agency must ensure that each young person has a life skills assessment and a preparation for leaving care plan completed from the age of sixteen.
- The staff must evidence the life skills work they complete with young people in their key working sessions and placement plans.
- The Child and Family Agency must ensure that each young person nearing the age of eighteen has an aftercare plan completed based on their needs assessment.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people’s individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

Inspectors found from reviewing young people’s files and interviews carried out that staff have a genuine care and respect for the young people they are working with. Each young person has their own key worker and time is allocated for key working sessions and activities that the young person would like to do. Special occasions such as birthdays or other cultural events are also celebrated.

Provision of food and cooking facilities

The centre has a large dining area with a small kitchen enclosed by a breakfast bar. Young people are given the opportunity to have their own budget to buy their own cultural preferences in food or they can choose to eat food provided by the staff.

Race, culture, religion, gender & disability

The centre has a written policy on equality where by the above topics are referred to. Young people resident, are given the opportunity to practice their religion in the centre. Staff work with young people in a way that is respectful of their culture and have had training in cultural awareness.

Restraint

The centre has a policy in which it states that ‘physical intervention is not to be used in the centre. No restraints have been carried out in the centre. In the event where intervention may be required, then as a last resort the staff would call the Gardai , The staff use the intervention techniques from the behaviour management training they have completed. Not all staff have completed the refresher training in this course which is a requirement and this needs to be facilitated by management immediately.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The centre has a policy on managing behaviour to include sanctions and consequences. Each young person had in individual crisis management plan (ICMP) which is reviewed regularly. Inspectors found from reviewing the sanctions and consequences given to young people that there were inconsistencies in consequences allocated. There were no positive consequences allocated to two of the young people, however three of the young people had received them. There were also inconsistencies in how staff managed inappropriate behaviour and the manager must monitor the use of sanctions and ensure that all young people are treated equally.

Although not a regular occurrence at the centre a room search was requested and this was brought to the attention of the inspectors. Inspectors noted that the centre do have a policy on room searches which included the circumstances outlined to the inspectors. The inspectors recommend that the manager and staff review and familiarise themselves with the policies they have in the centre so that future issues such as this do not arise.

Absence without authority

There were absence management plans (AMP) on file for each young person and these were updated accordingly. The inspectors noted that the centre were not using the missing in care forms but were using absence without permission forms. Inspectors addressed this with centre management at the time of inspection.

3.6.3 Practices that did not meet the required standard

None identified

3.6.4 Regulation Based Requirements

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

-Part III, Article 12, Provision of Food

-Part III, Article 11, Religion

Required Action

- Management must ensure that all staff have completed including refresher training in behaviour management.
- The manager must monitor sanctions/consequences allocated to ensure all young people are treated equally.
- The manager and staff must familiarise themselves with the policy on room searches.
- The correct missing in care forms must be used by the centre.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

Safeguarding

The centre has a number of policies in place in relation to safeguarding and child protection. Inspectors found from staff interviewed, they had a good awareness of safeguarding practice and referenced supervision of young people, alarm buzzers on bedroom doors, child safety precautions on the use of internet, educating young people on keeping safe. The manager informed inspectors that bullying among young people can sometimes occur and the centre intends to conduct an anti-bullying workshop with both staff and young people.

Standard

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

3.7.2 Practices that met the required standard in some respect only

Child Protection

The centre has a policy on child protection. Not all staff has up to date Children's First Training and it is essential that this is provided as a matter of priority.

Inspectors found through staff interviews and from questionnaires that staff were clear of what procedures to follow in the event of a young person disclosing abuse or making an allegation but noted that, whistle blowing was not referenced at all. This is something that needs to be addressed by the management team.

3.7.3 Practices that did not meet the required standard

None identified

Required Action

- Management must ensure that all staff are trained in the revised Children's First training (2011)
- Management must discuss with the team 'whistle blowing', to give them knowledge and awareness in their work.

3.8 Education

Standard

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

3.8.1 Practices that met the required standard in full

All young people have a school placement and each young person has had an educational assessment. The provision of tutors is provided if deemed necessary. The manager reports that poor school attendance is currently an issue within the centre and this is the first time that staff have come across this particular issue. From records observed in young people's files staff have addressed the issue of non school attendance with the young people and encourage them to attend school. From care plans observed by inspectors, the centre addressed their concerns about young people not attending school with the social work department. The inspectors did not

find evidence of a consistent approach to encourage young people to attend their educational placement. At a team meeting that an inspector attended while on site, the team discussed the possibility of introducing an incentive programme for the young people as a way of encouraging them to attend school. Inspector's recommend that staff must continue their efforts in encouraging attendance at school consistently with young people.

3.8.2 Practices that met the required standard in some respect only

None identified

3.8.3 Practices that did not meet the required standard

None identified

3.9 Health

Standard

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

3.9.1 Practices that met the required standard in full

Each young person has a medical assessment prior to their admission to the centre. There were no medical histories on file for the young people as this was not always available to the social workers or centre staff. All young people have an allocated G.P and there were medical cards on file. From reviewing care files there was evidence of young people attending medical appointments as well as dental and other services as required.

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 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

Accommodation

The centre is a large purpose built building especially to accommodate residential living. There is ample space for the young people with enough rooms to accommodate friends or meetings with their social workers. The centre would benefit from more colour and accessories to make it more homely. The bedrooms are quite small and young people have complained about lack of storage space in their rooms. Young people are allowed to have their room decorated to their own personal space. Young people have recreational equipment such as computer games. The centre has outside space which is in need of care and attention. The centre is close to shops and other local amenities. The centre has adequate insurance and proof of this was provided to the inspectorate.

Maintenance and repairs

The centre has a maintenance person but they are employed to cover all buildings associated with the agency and the manager reports that delays can occur. This was evident to inspectors in maintenance log books.

Safety

There are arrangements in place within the centre for named staff to oversee Health and Safety audits. There are daily inspections and inspectors found from maintenance logs that an audit is completed monthly.

Medication is stored in a locked cabinet in the office.

Fire Safety

The Inspectorate was provided with a copy of the centre's compliance with the regulations. The centre has a log that shows that fire drills are carried out quarterly. The manager reports that they do a fire drill when they have a new admission. The fire alarm system is checked regularly.

3.10.2 Practices that met the required standard in some respect only

None identified

3.10.3 Practices that did not meet the required standard

None identified

3.11.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

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

-Part III, Article 15, Insurance

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

-Part III, Article 13, Fire Precautions.

Appendix 1

4. Action Plan

Standard	Required action	Response with time frames	Inspectors commentary
3.1	<p>Management must request to meet with the social work department to raise the issues brought to the attention of the inspectors regarding the purpose and function and the expectations on the staff team.</p> <p>The manager must ensure that the staff are familiar with the policies and procedures to assist them in their daily practice with the young people.</p> <p>The manager and staff team must look at alternative ways to make the young person's information booklet more accessible to them.</p>	<p>Two such meetings have already taken place since the inspectors have visited the centre and it has been agreed that a meeting is to be held every quarter. A number of issues have been discussed regarding the young people (some relevant at that time). However there seem to be some confusion in relation to young people moving out of care in as far as some are being given advice to stay in Bellevue after their 18th birthday based on circumstances such as mid school term and some others with similar circumstances are not. A clear policy agreed by both needs to be drafted as a matter of urgency. This is ongoing.</p> <p>At present we are working on updating a number of policies and all staff are invited to partake in this process. Suggestions are discussed at team meetings as well as implementing a procedure whereas policies as being reviewed during team meetings is ongoing.</p> <p>While the interactive software seems to be working with the young people the manager is in the process of designing a booklet. This will be ready in January and it will be done in consultation with our current residents (they might have suggestions in relation to the design and presentation of it)</p>	<p>The inspectors were satisfied with this response</p> <p>The inspectors were satisfied with this response</p> <p>The inspectors were satisfied with this response</p>

<p>3.2</p>	<p>The manager must display more leadership in relation to decision making within the centre.</p> <p>The manager must ensure that if a forwarding address for a young person is not known, then it is recorded as such in the register.</p> <p>The manager must ensure that the type of incident is recorded in the significant event register.</p> <p>The manager needs to ensure that all of the required documentation is on the staff personnel files.</p> <p>The manager must take responsibility for the majority of the staff supervision.</p>	<p>The manager is involved in any decisions making process playing a dual role 1) making important decisions during meetings/handovers 2) acting as an advisor/observer when it is felt that staff need to be empowered in making some of the decisions;</p> <p>Ongoing (register has been amended in accordance to this recommendation);</p> <p>Ongoing (SEN log updated accordingly); Also the manager has dedicated one day a week (usually Wednesdays) to check and sign on important paper work;</p> <p>Ongoing- all relevant qualifications and references as well as Garda clearance (we are currently seeking updated Garda clearance for each staff in accordance with Novas policies) will be present on files;</p> <p>A new process of supervision has been implemented already whereas operational supervision is carried out by team leaders while the manager meets each staff in a supervisory capacity every eight weeks on average. In these supervision sessions, matters of support/prizing (as essential tools), guidance and constructive criticism/areas that require improvements are being addressed as well as any personal matters that staff are willing to discuss. This is ongoing;</p> <p>A comprehensive training program has been established for 2015, inclusive of all core training such as TCI, Children's First, First Aid as well as supplementary training eg. Effective Communication and Report Writing, Mindfulness etc, has been allocated for all staff. This ongoing and we're now looking to seek more training for</p>	<p>The inspectors were satisfied with this response</p> <p>The inspectors were satisfied with this response</p> <p>The inspectors were satisfied with this response</p> <p>The inspectors were satisfied with this response</p> <p>The inspectors were satisfied with this response</p>
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	<p>Management must ensure that staff complete all core training and update as required.</p> <p>The CEO must establish an audit tool as a way of providing external oversight in the centre.</p>	<p>2016;</p> <p>The CEO is visiting the centre every month on average, participates in the managers' meetings as well as some of the staff meetings. The CEO is informed and kept updated on all developments in the centre from referrals to personnel issues, maintenance and safety matters just to name a few. He occasionally meets up with the young people and listens to their suggestions while taking an active role in advising on the implementations of some suggestions that are relevant</p>	<p>The inspectors were satisfied with this response</p> <p>The inspectors were satisfied with this response</p>
3.3	<p>The monitoring officer must provide an annual report to Child and Family Agency to ensure that its practice is in compliance with the national standards for residential care.</p>	<p>The monitor has visited the centre twice (both the old house as well as the new premises), however a monitoring visit is still due.</p> <p>The monitor advised the registration and inspection service that a monitoring visit is scheduled for the 2nd week in December 2015.</p>	<p>The inspectors were satisfied with this response</p>
3.4	<p>The manager must ensure that staff and young people are aware of what information they can have access to from their files and daily records.</p> <p>The manager must ensure that staff and young people are familiar with the policy on complaints and the process in which it is recorded.</p>	<p>All staff and young people are aware of this process as follows: the young people can review and amend daily logs as they wish. Some sensitive information in their files may be only viewed in the presence of their social workers (for instance when it comes to negative decisions in regards to their status, or else pending on the young person we may require that the social worker is present when they look at their files to ensure that they fully understand the reasons for which we keep these records);</p> <p>This is ongoing and has been addresses with both by the manager; It is a key element of our practice and I have personally been surprised to note that there was a lack of clarity</p>	<p>The inspectors were satisfied with this response</p> <p>The inspectors were satisfied with this response</p>
3.5	<p>The Child and Family Agency must ensure that each young person has a life</p>	<p>This is ongoing and has been addressed in meetings with the principal social worker. There has been improvement in some cases but not in all; As a team we will keep asking</p>	<p>The social work department communicated they had no corrections to the issues with the</p>

	<p>skills needs assessment and a preparation for leaving care plan completed from the age of sixteen.</p> <p>The staff must evidence the life skills work they complete with young people in their key working sessions and placement plans.</p> <p>The manager and the social work department must have a clear plan of the process to be taken should a young person have to be discharged in an unexpected manner.</p> <p>The Child and Family Agency must ensure that each young person nearing the age of eighteen has an aftercare plan completed based on their needs assessment.</p>	<p>and reminding the allocated social workers about this requirement however it seems that not all social workers are responding within the required timeframe;</p> <p>This is ongoing and evident in the young people's files. As we mostly deal with adolescents in their 16 to 17 years of age we emphasise the need to acquire these skills; The manager takes a personal interest to see this is common practice;</p> <p>This is still ongoing as there seem to be disagreement on some cases although some progress have been made; However it is my understanding now that the Principal Social Worker can ultimately recommend this based on clear evidence of given circumstances; We also agreed that the centre's staff can seek clarification on such matters; Yet there is lack of clarity of how these young people are being assessed (age for instance) which needs to be further explored;</p>	<p>draft report</p> <p>The inspectors were satisfied with this response</p> <p>The inspectors were satisfied with this response</p> <p>The social work department communicated they had no corrections to the issues with the draft report</p>
<p>3.6</p>	<p>Management must ensure that all staff have completed including refresher training in behaviour management.</p> <p>The manager must monitor</p>	<p>TCI has been completed by all staff and all refreshments sessions will be completed by all staff by the end of 2015;</p> <p>All consequences are being addressed in handovers/meetings with the manager usually present and</p>	<p>The inspectors were satisfied with this response</p> <p>The inspectors were satisfied with this response</p>

	<p>sanctions/consequences allocated to ensure all young people are treated equally.</p> <p>The manager and staff must familiarise themselves with the policy on room searches.</p> <p>The correct missing in care forms must be used by the centre.</p>	<p>advising on it or else a team leader is present; Moreover we are looking on most cases to implement some learning process for the young people rather than rushing into consequences (something I talked about in my interview with the inspectors for it there is recognition that the manager is child focused);</p> <p>We have a clear policy on room search, deriving from our health and safety however when room searches are necessary for other reasons we need to have clarity on whether social worker needs to be present or else members of the Gardai pending on the nature of the room search (this is coming from past experiences whereas we felt it is risky for staff to conduct a room search for very volatile young people); In agreement with the social workers the manager will review this particular policy in the upcoming weeks</p>	<p>The inspectors were satisfied with this response</p>
3.7	<p>Management must discuss with the team 'whistle blowing', to give them knowledge and awareness in their work.</p> <p>Management must ensure that all staff are trained in the revised Children's First training (2011)</p>	<p>The team has awareness on 'whistle blowing' however the manager will propose and seek specific training which will be incorporated into the 2016 training program;</p> <p>This training is scheduled on November 20th for all staff. The Training is provided by TUSLA in Bellevue House;</p>	<p>The inspectors were satisfied with this response</p> <p>The inspectors were satisfied with this response</p>