



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

Centre ID number: 063

Year: 2015

Lead inspector: Lorraine O' Brien

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2015</b>
<b>Name of Organisation:</b>	<b>Pathways Ireland</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Dates of Inspection:</b>	<b>30<sup>th</sup> of June, the 1<sup>st</sup> and 2<sup>nd</sup> of July 2015</b>
<b>Registration Decision:</b>	<b>Registered without conditions from the 30<sup>th</sup> of January 2015 to the 30<sup>th</sup> of January 2018.</b>
<b>Inspection Team:</b>	<b>Lorraine O' Brien Gary O' Connell</b>
<b>Date Report Issued:</b>	<b>9<sup>th</sup> of November 2015</b>

# Contents

<b>1. Foreword</b>	<b>4</b>
1.1 Methodology	
1.2 Organisational Structure	
<b>2. Findings with regard to Registration Matters</b>	<b>8</b>
<b>3. Analysis of Findings</b>	<b>9</b>
3.1 Purpose and Function	
3.2 Management and Staffing	
3.3 Monitoring	
3.4 Children’s Rights	
3.5 Planning for Children and Young People	
3.6 Care of Young People	
3.7 Safeguarding and Child Protection	
3.8 Education	
3.9 Health	
3.10 Premises and Safety	
<b>4. Action Plan</b>	<b>32</b>

## 1. Foreword

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

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

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

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

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

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

## 1.1 Methodology

An application was duly made by the proprietors of this centre for continued registration on the 16<sup>th</sup> of June 2015. This announced inspection took place on the 30<sup>th</sup> of June, the 1<sup>st</sup> and 2<sup>nd</sup> of July 2015 over a three day period and this report is based on a range of inspection techniques including:

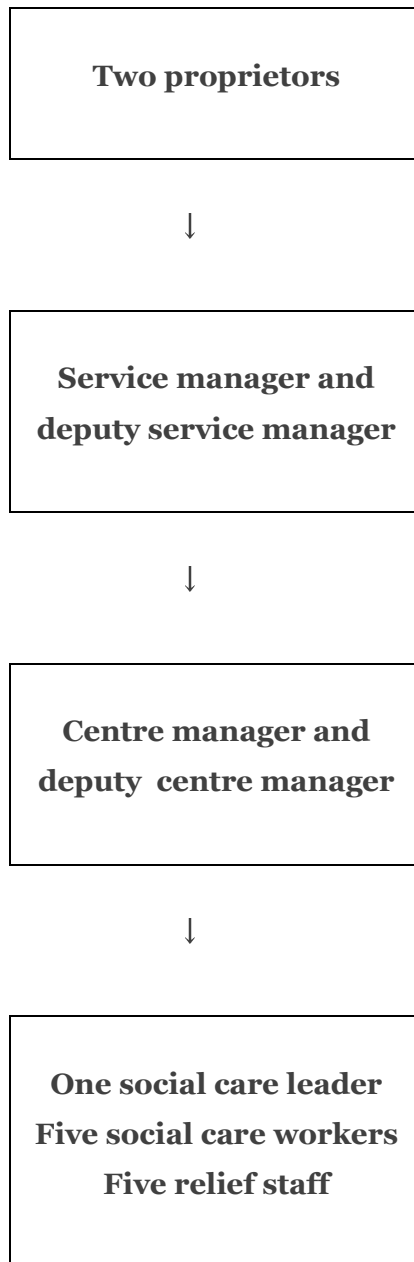
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the centre manager.
- ◆ An examination of the questionnaires completed by:
  - a) Centre manager
  - b) All social care staff
  - c) The social workers with responsibility for the young people who resided in the centre.
  - d) Service manager
  - e) Course tutor
  - f) Guardian ad litem
  - g) EPIC (Empowering People in Care)
  - h) Other professionals e.g. General Practitioner's and therapists.
- ◆ An examination of the most recent report from the monitoring officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety Officers of the HSE 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 fida interest in the operation of the centre including but not exclusively :
  - a) The centre management
  - b) Four staff
  - c) Two young people
  - d) Two social workers
  - e) One parent
  - f) The monitoring officer
  
- ◆ Observations of care practices routines and the staff/ young person's interactions.

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

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

## 1.2 Organisational Structure



### 3. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on the 16<sup>th</sup> of September 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 conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 30<sup>th</sup> of January 2015 to the 30<sup>th</sup> of January 2018.**



## 3. Analysis of Findings

### 3.1 Purpose and Function

#### **Standard**

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

#### **3.1.1 Practices that met the required standard**

None Identified.

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

The inspectors found that the centre has a clear statement of purpose and function which accurately described what the centre sets out to do and the manner in which care was to be provided for the young people. It catered for three young people, males and females aged 13 – 17 on admission accessing the service on a medium to long term basis for the provision of care and protection.

The centre has a detailed written policy and procedures document that is reviewed on an annual basis by the management team. The inspectors reviewed the documentation and were satisfied that the policies and procedures met the required standard. The document would benefit from being sectioned into relevant areas which would make it easier to navigate. The centre manager agreed to review the document to ensure it is presented in a user friendly manner.

Inspectors found that the management and staff team were familiar with the statement of purpose and function and the key policies and procedures. Information regarding the purpose and function and key policies was available to young people in a user friendly booklet and should also be available to parents, guardians and social workers. The centre uses a ‘Competency and Relationship’ model of care. The inspectors found that the philosophy of care was not clearly understood by the team. When the inspectors explored this model with the staff team they found that they were unclear how the model should support their practice. The theories informing the model was also not clearly understood; an issue that the centre manager agreed to plan ongoing pieces of work around.

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

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

None Identified.

#### **Required Action**

- The management team must inform the Inspection Service how they intend to ensure the staff team are clear of the theories informing the model of care and how the model should support staff practice.

### **3.2 Management and Staffing**

#### ***Standard***

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

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

##### **Management**

The centre manager provided a consistent and stable approach to the centre and had been working within the child care field for many years. The centre manager was appropriately qualified and was involved in the setting up of this service, which opened in January 2015. The centre manager reported to the service manager who oversaw the running of the service. The service manager was supported by a deputy service manager which was a new position and clear duties were assigned to this role. Inspectors found evidence of accountability and good governance systems in place but as previously stated considered the 'Competency and Relationship' model of care should have been more clearly understood by the staff team, an issue that is the responsibility of the management team to address.

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

that the service manager's systems to oversee the running of the service were effective in practice.

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

### **Register**

The centre manager maintained a register of all those who live in the centre. The inspectors were satisfied that the register complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21. The admission details of the young people were properly recorded and at the time of the inspection the centre did not have any discharges.

### **Notification of significant events**

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

The evidence assembled by the inspectors showed that the staff team had deployed a number of strategies in order to assess and manage the risks as a result of significant incidents. The inspectors found that there were significant efforts made by the staff team to engage and consult the young people on a daily basis leading up to and after an incident. The management and review of incidents was also carried out through the young people's ICMP's, placement plans and statutory reviews. The management team attended significant event review group meetings on an eight weekly basis in order to review how incidents were managed and if patterns or trends were emerging. The inspectors found that the specific incidents under review were not stated or recorded during these meetings, an issue that the centre manager agreed to amend.

The inspectors found evidence that the service manager carried out an audit of the centre's care files and found that the standard of recording needed to improve. A deputy manager was recruited who put systems in place to address this issue and continues to oversee that quality records are maintained. During the inspection the

inspectors found that the records and reports of significant events were to a good standard.

### **Staffing/Vetting**

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

The inspectors reviewed the staffing levels in the centre and found that the deployment of staff was sufficient to address the needs of the young people. Staff duty rosters were examined and there was good evidence that adequate numbers of staff were on duty at the key times. The centre manager worked office hours Monday to Friday and three staff members were always scheduled for each shift when there were three young people resident in the centre. Inspectors found a consistent staff team in place and the centre had a strong pool of relief staff to rely on to cover annual and sick leave and had not used agency staff since it opened. The staff team were supported by an on-call system comprising of the centre management team which offers advice and support if required.

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

As a result of the structure of the centre and its purpose and function the young people had an appropriately high level of staff supervision. Three staff were on shift and each young person was assigned two key workers to guide their care. All of the staff had a recognised social care qualification or equivalent. The centre manager acknowledged that a staff member with social care leader experience was not on every shift as required by criteria 2.10 of the National standards for Children's Residential Centres 2001, due to a mix of experiences of some of the staff on the team. The centres social care leader was on extended leave at the time of the inspection. In order to address this deficit the centre manager put the deputy manager on day shifts and some sleepovers, increased staff supervision and provided additional training for the staff team.

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

### **Training and development**

Inspectors found that the staff team were provided with ongoing training in areas pertaining to their work such as children first training, first aid, attachment training and combat bullying training. The centre manager and staff were happy that training opportunities were made available where needed and where particularly beneficial to the young people in their care.

Some training needs were identified by the staff team such as supervisee training, Family TCI, HACCP training and drug and alcohol information. Some staff's first aid needed updating. The centre manager stated that all training needs identified would be completed within a realistic time frame.

### **Administrative files**

The record keeping system was well organised and accessible in a way that facilitates effective management and accountability.

The Inspectors were satisfied that the centre manager and deputy manager were monitoring the quality of records. Care records and recordings relating to the young people are kept in perpetuity and the centre manager was familiar with the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003.

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

#### **Supervision and support**

The inspectors found that staff receive supervision every 4 weeks. The policy document states 4-6 weeks and the inspectors recommended that supervision remains being provided every 4 weeks until the experience of the team increases. Supervision records reviewed by the inspectors confirmed that the supervision process and recording system needed to be reviewed in order to create a supportive

and reflective forum for the staff team. There was a lack of evidence that the sessions focused on practice and professional development. There should be an effective link between supervision and the implementation of young people's placement plans, this was not evident in the supervision records.

The staff team through interview and inspection questionnaires stated that they find the practice supportive and an effective tool for accountability. However, the inspectors found that this was not clearly recorded in their supervision notes.

The staff team were supported in their role through regular staff team meeting. One inspector attended a team meeting and found that the young people are discussed and decisions communicated clearly to all concerned. The staff team meeting book was reviewed by the inspectors who concluded that reflective practice was taking place during the team meetings.

Daily handovers occurred as a form of communication, staff had a handover book to ensure consistency of practice and staff stated that they were an effective mechanism for ensuring all necessary information is shared between staff. The centre manager stated that they attend the handovers where possible to ensure handover remains an effective communication tool for the staff team. The inspectors recommended that the centre manager or deputy manager makes a specific effort to attend these meetings in order to be a support to the staff team and ensure they are accountable for their shift, given the lack of social care leader experience, a recommendation that the management team took on board.

### **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 supervision process and recording system must be reviewed in order to demonstrate a supportive and reflective forum for the staff team.

## 3.3 Monitoring

### **Standard**

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

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

The centre was monitored by the TUSLA Child and Family Agency monitoring officer. The monitoring officer had just recently taken over the monitoring of the centre and had visited the centre twice in the last number of weeks. The inspectors spoke with the monitoring officer in relation to the number of approaches put in place to monitor the centre which included the ongoing review of significant events, receiving a monthly report from the centre and the onsite visits. The inspectors found evidence that the monitoring officer met with the centre manager, reviewed records and reports and met with the young people during his visits.

The monitoring officer clarified that he is sent notification of significant events for all young people who access the service in a prompt manner which promotes the safety and wellbeing of all young people who utilise the service. There was evidence that the monitoring officer provides advice and guidance to the centre manager. The inspectors were satisfied that Standard 3 was being met in full.

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

None identified

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

None identified

### **3.3.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

## 3.4 Children's Rights

### **Standard**

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

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

#### **Consultation**

The inspectors were satisfied that the young people are consulted with and that their opinions and views are sought on decisions affecting their lives and future. The staff team encouraged young people to attend weekly young people's meetings. The meeting was a forum for the young people to express their feelings on topics and issues arising in the centre. The inspectors found that a record was kept of the meetings containing a brief outline of the agenda with outcomes and decisions made.

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

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

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

The staff and young people carried out discussions before every meeting like care plan reviews in order for the child's voice to be heard. The inspectors found consultation taking place through key working as goals were identified in key working sessions by the young people. The young people's files recorded interactions between the young people and the staff on duty, which also evidenced young people's



participation in their care. Young people's views were sought, recorded and any issues the young people had were brought to the staff meeting.

EPIC (Empowering People in Care) visited the centre and provided information for the young people in relation to their advocacy service. A representative of EPIC informed the Inspectors that they found the centre very welcoming and liaised with them regularly.

### **Access to Information**

The inspectors found that there was a clear written procedure which sets out how the young people can access information about themselves and the services available to them. In practice young people in the centre were encouraged to read their daily logs and they were aware of their right to request to read their main file.

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

### **Complaints**

The centre had a comprehensive complaints policy to guide the staff and management team if a young person wanted to exercise their right to make a complaint. The policy was approved by the management team and was reviewed on an annual basis. The inspectors found that the management, staff team and young people were clear about the procedure to follow where a complaint was made about the centre manager and what the appeals process entails if a young person is dissatisfied about the outcome of a complaint. The inspectors found that the staff team did not record where the complaints process was offered to a young person and they decline, a practice that should be put in place.

Complaints and grievances recorded during the period under review were dealt with in a satisfactory manner. A young person made a complaint about an outside service, they were fully supported by the staff team and the complaint was satisfactorily resolved for the young person. The complaints were signed off by the centre manager and service manager. The inspectors found that all information in relation to a complaint was not kept on the young people's individual file in a specific complaint section, an issue that should be addressed.

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

None identified.

#### **3.4.4 Regulation Based Requirements**

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

### **Required Action**

- The staff team must record where the complaints process was offered to a young person and they declined.
- All information in relation to a complaint should be kept on the young people's individual file in a specific complaint section.

### **3.5 Planning for Children and Young People**

#### **Standard**

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

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

##### **Suitable placement and admission**

The centre catered for three young people, aged 13 – 17 on admission accessing the service on a medium to long term basis for the provision of care and protection. Social workers applying for a placement in the centre completed an application form and provided background information in support of the application. Applications were then considered by the TUSLA Child and Family Agency Placement Team and due consideration was given to the impact of a new admission on existing residents. Pre-admission risk assessment were completed for the young people in the centre and full plans was put in place to make the young people's admission into the centre as successful as possible.

Social workers were required to encourage the young people to visit the centre prior to admission. Young people had an opportunity to meet with the management and staff with their social worker where any questions regarding the service could be answered. Young people were given an information brochure on the service. Once the placement was offered a plan was developed taking into account the needs of the young person. During the inspection one young person was transitioning into the

centre and the inspectors found that the centres policy and procedures in relation to referrals and admissions were being fully implemented in practice.

There was good evidence that the centre manager and supervising social workers were satisfied that the current placements were suitable and would meet the needs of the young person placed. The centre manager was generally satisfied that social workers were providing adequate information at the referral stage.

The centres first admission to the centre was admitted in an emergency. The inspectors acknowledged that this was done in agreement with the TUSLA registration an inspection service and that the placement was progressing positively for this young person. However, the inspectors found that the centre had an ‘Unplanned Admissions Policy’ which was contrary to the centres registration status as a medium to long term service. The inspectors discussed the policy with the centre manager and TUSLA children’s residential centre registrar and all agreed that the policy should be removed from the policy document. The centres policy document was duly amended.

### **Statutory care plans and care plan reviews**

The inspectors found that the young people who resided in the centre had up to date care plans on file. The inspectors found that the care plans and reviews were detailed and reflective of the young people’s needs. The centre also had their own clear plans and reviews in place, such as personal placement plans, behaviour management plans and individual crisis management plans.

### **Contact with families**

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

The Inspectors spoke to one parent who was very positive about the support provided to them and the young person from the centre. They stated that communication with the centre was very good. They visited the centre and found the atmosphere and house very pleasant. The parent stated that their child had progressed in this placement when a number of previous placements had broken down.

### ***Standard***

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

### **Supervision and visiting of children**

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

### **Social work role**

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

### **Emotional and specialist supports**

The centre assessed and worked with young people around their emotional needs. The centre recognised that each young person resident has specific individual needs relating to their age, developmental progress and past experiences. Young people were appropriately connected to specialist services they required such as counselling services. The inspectors saw evidence through care files that the centre liaise appropriately with the specialist services accessed by the young people outside of the service and embrace any recommendations made in the best interests of the young people. The inspectors noted that where young people had disengaged with an external service, there was evidence that the centre were actively encouraging them to attend, a practice that should be sustained.

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

## **Preparation for leaving care/aftercare**

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

The centre manager stated that the service can, where requested, continue to work with young people after they leave the centre. The inspectors spoke to one young person in relation to independent living and they were very positive about the support they were receiving from the centre and from the social work team.

## **Discharges**

There have been no discharges since the centre opened on the 30<sup>th</sup> of January 2015. The centre manager was aware of the requirements to record young people's information in the centres register on discharged.

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

The care files of the young people were examined, and the inspectors found that the records were maintained to a good standard and in a manner that facilitates effective management and accountability. The care files were sub-divided into sections and the key documentation was mostly in evidence. The records were filed in chronological order and were kept up to date.

In general the inspectors found that records and reports were signed and dated but noted that there was some room for improvement in this regard. The inspectors saw evidence that the service manager signed reports that showed there was external oversight of the centre. During the review of care files the inspectors found reports were wrongly filed on young people's care files on two occasions. The staff team should be vigilant when filing young people's information as it could result in a breach of the Data Protection Act 2003.

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

None identified.

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

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 1and2, Care Plans***

***-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan***

***-Part V, Article 25and26, 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).***

### **3.6 Care of Young People**

#### ***Standard***

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

#### **3.6.1 Practices that met the required standard**

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

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

The young people were aware of their key worker's role and found it helpful to have someone to discuss issues with. The inspectors observed that the young people were cared for in a manner that takes account of their wishes, preferences and

individuality. The culture created in the centre was non-judgemental and one of friendliness and homeliness while insisting on a respect and dignity for all who work and live there on an individual basis and as part of a group.

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

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

Young people in the centre were provided with cooked meals that were nutritious and appetising. The inspectors joined the staff and young people for dinner and found the provision of food was very good and varied. The inspectors found that there was an established culture where all staff and young people eat lunch and dinner together on a daily basis. This enhanced the homely culture of care provided in the centre. It facilitated the young people's interactions with staff and other young people and encouraged the development of secure relationships.

From a review of young people's records there was some evidence that at times a notable amount of take away food was bought. The management and staff team agreed that the staff monitoring of the amount of take away food could be improved, an issue that was being addressed by the centre manager.

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

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

There was evidence that the staff team considered one young person's needs as they were facilitated to go to mass at their request as that was their routine prior to being admitted to the centre.

### **Restraint**

There were no incidents resulting in a restraint over the period under review. If young people became overly aggressive and were deemed a danger to themselves or

others the staff would call the Gardaí for assistance. All of the staff team were trained in TCI and had regular refreshers.

The staff team were due to receive training in Therapeutic Crisis Intervention for Families (TCIF) in order to assist meeting the needs of a young person transitioning into the service. Therapeutic Crisis Intervention for Families (TCIF) stresses crisis prevention and crisis de-escalation in ways that help young children learn to avoid losing control.

### **Absence without authority**

The inspectors reviewed the centres policies and procedures and documentation regarding young people who absent themselves from the centre. There was good evidence that the revised Garda / HSE Joint Protocol 2012 requirements were put into practice by the centre. Incidents of unauthorised absence and missing from care in the period under review were high. One young person had 15 overnight absences in a 9 week period and the second young person had 12 overnight absences in a 10 week period. The staff team in consultation with the young people's social workers were constantly reviewing the strategies and interventions used to try and reduce the episodes of absences. The inspectors saw evidence that these interventions were working in practice as the incidents were reducing for both young people. The inspectors spoke to one young person's mother who was happy that the centre had clear systems in place to minimise the amount of absences in the centre.

Individual absent management plans were on file for the young people in the centre and were regularly reviewed.

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

#### **Managing behaviour**

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

Although there were few incidents in the centre, the incidents that did occur were of a serious nature. The inspectors saw evidence that the incidents were reported and recorded appropriately. One incident of bullying was clearly managed by the centre



manager where they requested the support of EPIC to facilitate a piece of work called 'Bullying 4U'. The centre found this resource very useful to manage this complex behaviour.

The inspectors found clear evidence from interviews with the centre manager, social care staff and the young people that the team did not rely on consequences as a means of managing young people's behaviours. The centre realistically adapted a practice where the young people had some consequences for their behaviour and view this as a learning experience. Through interviews with staff the Inspectors viewed the consequences applied to behaviours as appropriate, individual and fairly applied. The inspectors found evidence that the staff team rely on relationship building and good role modeling as the main influence on their practice. However, from the review of care files, the way consequences were recorded and worded could give an impression that a lot of sanctions were used. In consultation with the staff team, the centre manager must review how consequences are recorded to ensure they are reflective of the context and meaning of the consequence and reflects the centres model of care.

The staff team assessed the challenging behaviour presented by young people and the underlying reasons for it were examined. Staff stated that behaviour management is dealt with through consultation with young people through one-to one work with the young people's key workers, staff team and where appropriate individual counsellors. The staff team also utilised a number of plans to ensure the young people's behaviour was being appropriately managed such as, individual crisis management plans, individual absent management plans, behaviour management plans, risk assessments and personnel placement plans.

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

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

None identified

### 3.6.4 Regulation Based Requirements

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

*-Part III, Article 11, Religion*

*-Part III, Article 12, Provision of Food*

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

#### Required Action

- In consultation with the staff team, the centre manager must review how consequences are recorded to ensure they are reflective of the context and meaning of the consequence and reflects the centre's model of care.

### 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

##### Safeguarding

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

#### **Standard**

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

##### Child protection

The inspectors found that the centre had written and agreed policies and procedures in relation to child protection. All of the staff team had received training in Children First. The staff team when interviewed were clear of the procedures to follow in the event a young person disclosed some form of abuse. The two social workers

interviewed and the TUSLA Child and Family Agency monitoring officer were satisfied that the staff report any concerns to them promptly. The inspectors saw evidence where one serious incident was reported on a standard reporting form and sent to the relevant social work department by the centre. At the time of the inspection this incident was under review and the inspectors note that an outcome should be placed on file within a prompt time scale.

### **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.

## **3.8 Education**

### ***Standard***

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

### **3.8.1 Practices that met the required standard**

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

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

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

None identified.

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

None identified

## 3.9 Health

### *Standard*

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

#### **3.9.1 Practices that met the required standard**

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

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

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

The inspectors note that one young person had disengaged with attending medical appointments. There was evidence that the centre were actively encouraging them to attend, a practice that should be sustained.

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

None identified.

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

None identified.

### **3.9.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

### **3.10 Premise and Safety**

#### **Standard**

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

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

##### **Accommodation**

The centre was a very large comfortable house with extensive gardens in a rural location. The house was relatively newly built and had been fitted with all necessary conveniences. It had a number of rooms the young people could utilise such as two sitting rooms and a games/activities room. There was adequate space to accommodate family and social work visits in private. Each young person had their own bedroom and the staff team involved the young people when decorating the premises. The young people had access to a large garden area where sports and other outside activities can take place. The house was decorated with pictures, paintings and murals the young people had made which created a bright and inspiring culture in the centre.

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

##### **Maintenance**

The centre had two maintenance people who respond to requests for repairs. The agency also used outside contractors for specialist work such as boiler services. The

inspectors found at the time of inspection that the centre was in good repair and all maintenance work was raised at handovers, discussed at house meetings and housekeeping took place regularly.

## **Safety**

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

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

The centre manager was satisfied that safe food hygiene practices were undertaken in the centre where regular checks were put in place by the staff team.

The inspectors carried out a safety audit of the centre and did not find any outstanding issues.

## **Fire Safety**

The inspectors observed that fire safety systems were in place in the centre such as fire blankets, fire extinguishers and fire alarm. All fire prevention equipment was regularly checked by fire safety consultant and by the health and safety representatives. The staff carried out smoke alarm checks regularly to ensure they were working properly. The health and safety representatives informed the inspectors that fire drills were regularly carried out and this was reflected in the centres records. Staff had completed fire safety training.

### **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.

### **3.10.4 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.*

## 4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors comment
3.1	The management team must inform the Inspection Service how they intend to ensure the staff team are clear of the theories informing the model of care and how the model should support staff practice.	Training and education sessions will occur on 22 <sup>nd</sup> of September with the staff team which will cover the specific model of care used at the centre and with particular emphasis on why this model was chosen and how it works in practice. This training will be in the form of theory, practice examples and Q&A in order to ensure clearer understanding for the staff team. A test will also be completed by the staff team the following week to ensure the content of the training session has been clearly understood by the team.	Response accepted. Monitoring officer to follow up during monitoring visits to ensure theories informing the model of care are fully understood. By the centre management and staff team.
3.2	The supervision process and recording system must be reviewed in order to demonstrate a supportive and reflective forum for the staff team.	The management team have met to discuss this issue and the report's comments were noted in this regard. Supervision template has been updated to allow for more detailed recording of discussions. The supervision policy already encompasses the outlined concerns as it follows directly the four functions of the Tony Morrison model used by TUSLA. Within the template there is clear guidance to cover topics such as management & case discussion, support, professional development and engagement. These topics are covered at every supervision session in detail by the Social Care Manager. Changes being made are to allow for more space in each section on the recording template to better outline the supervision sessions discussed content.	Response accepted. Monitoring officer to review supervision records to ensure its effectiveness.



<p><b>3.4</b></p>	<p>The staff team must record where the complaints process was offered to a young person and they declined.</p> <p>All information in relation to a complaint should be kept on the young people's individual file in a specific complaint section.</p>	<p>The minutes of the young person's weekly meeting will now record where the complaints process was offered but declined by a young person.</p> <p>Young people's files have been amended to include a specific complaint section which includes any complaints made by a young person and all relevant information about that complaint.</p>	<p>Response accepted.</p>
<p><b>3.6</b></p>	<p>In consultation with the staff team, the centre manager must review how consequences are recorded to ensure they are reflective of the context and meaning of the consequence and reflects the centre's model of care.</p>	<p>Staff meetings will discuss this issue in full in the next two weeks. Following completion of the model of care training and information session outlined above, further staff meetings will explore the issue of consequences with regard to the model of care.</p>	<p>Response accepted.</p>