



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

Centre ID number:047

Year: 2015

Lead inspector: Bernard Dooley

Registration and Inspection Services  
Tusla - Child and Family Agency

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2015</b>
<b>Name of Organisation:</b>	<b>Galtee Clinic</b>
<b>Registered Capacity:</b>	<b>4 young people</b>
<b>Dates of Inspection:</b>	<b>3<sup>rd</sup> and 4<sup>th</sup> of June 2015</b>
<b>Registration Decision:</b>	<b>Registered without attached conditions 18<sup>th</sup> of May 2015 to the 17<sup>th</sup> of May 2018.</b>
<b>Inspection Team:</b>	<b>Bernard Dooley and Gary O'Connell</b>
<b>Date Report Issued:</b>	<b>21<sup>st</sup> September 2015</b>

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## 1. Foreword

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

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

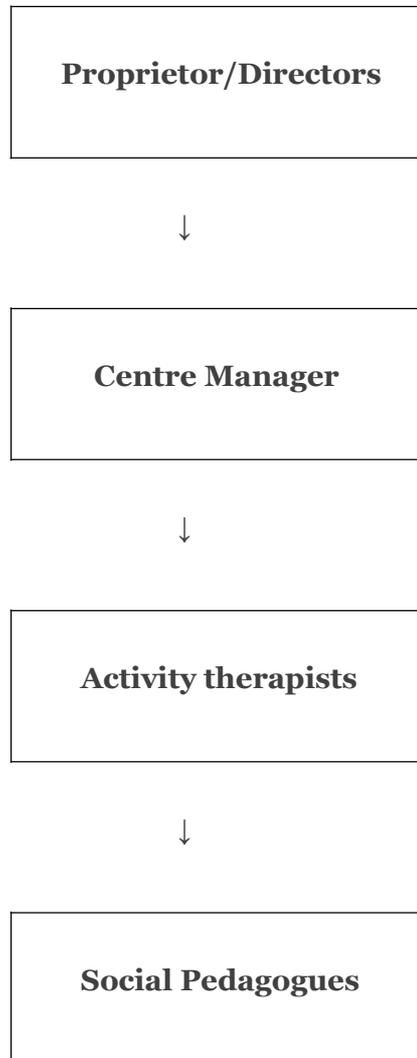
An application was duly made by the proprietors of this centre for continued registration on 14<sup>th</sup> of April 2015. This **announced** inspection took place on the 3<sup>rd</sup> and 4<sup>th</sup> of May 2015 over a two day period and this report is based on a range of inspection techniques 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) Ten of the care staff
  - b) Four young person/people residing in the centre
  - c) The social worker(s) with responsibility for young person/people residing in the centre.
  - d) Other professionals e.g. General Practitioner's and therapists.
- ◆ An examination of the most 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 fide interest in the operation of the centre including but not exclusively
  - a) The centre management
  - b) Six staff
  - c) Three young people
  - d) The Monitoring Officer
- ◆ Observations of care practice routines and the staff/ young person's interactions.

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

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

## 1.2 Organisational Structure



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

The findings of this report and assessment of the submitted action plan on this date 21<sup>st</sup> 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 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 18<sup>th</sup> of May 2015 to the 17<sup>th</sup> of May 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**

The centre is a residential centre that provides accommodation for a maximum of four young people of mixed gender aged between 12 and 17 years on a medium to long term basis. The centre is operated by The Galtee Clinic, a private provider. There is a written statement that clearly outlines this information and indicates that the service offered “aims to identify and build upon the interests and strengths of the residents to help them build the sustainable and practical skills to fulfil their goals and potential. Leaflets are available to referring social workers and families.

The centre has a comprehensive list of policies and procedures that guide staff practice in their work with the young people. The principles which inform practice in the centre are detailed in the purpose and function and consist of therapeutic relationships that aim to meet a number of the young people’s needs to feel safe, cared for, supported and respected.

The inspectors observed that the Purpose and Function was reflected in the day to day operations of the centre. Young people were placed in accordance with the Purpose and Function and when interviewed were aware of the centre’s Purpose and Function.

The Director provided evidence that the organization continued to develop and define the model of care operating within the organization.

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

None Identified.

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

None Identified.

## 3.2 Management and Staffing

### **Standard**

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

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

#### **Management**

An appropriately qualified experienced manager managed the centre on a full-time basis. The Centre Manager was appointed to manage the centre in 2012 and is well established as a manager within the organisation. There was evidence that the Centre Manager monitored and guided practice at the centre through formal supervision of staff, reading and signing daily records, reviewing significant event reports and observation of staff practices. The centre team meets regularly and there is close contact between the manager, activity workers and social pedagogies. There was evidence that staff discussed concerns and practice issues at the team meetings and this was confirmed by staff interviewed and in staff questionnaires. The Centre Manager had regular meetings with the Directors and had received advice and support with HR matters.

Overall the Inspectors found there were good systems in place in relation to the governance and management of the centre. The centre manager has daily contact with the social pedagogies and activity therapists. There was evidence during the inspection that there is good communication and regular contact with the manager and staff team. The director is in daily contact with the centre manager and is available also to the activity therapists when requested.

#### **Register**

The Centre Manager maintained a register at the centre. The Inspectors were satisfied that the register complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995. There was a protocol in place where the Centre Manager notified the local CFA Area Manager and the Monitoring Officer in writing of all admissions and discharges.

#### **Notification of Significant Events**

The centre had a written policy relating to the notification of significant events. There were written guidelines as to what constitutes a significant event. Significant event reports were promptly notified to the Social Work teams and the Monitoring Officer.

The monitoring officer confirmed to the inspectors that she received and reviewed significant events regularly and contacted the centre if she had any concerns. The monitoring officer also informed the inspectors that she was in regular contact with the centre.

Significant event reports were stored on the young people's individual care files. The centre maintained a register of significant events and significant event reports were also referenced in the daily logs. The Social Workers and the Monitoring Officer were satisfied that all significant events had been reported in a prompt manner. Inspectors found a high standard of record keeping and report writing in relation to all significant events. It is practice in the centre that significant events are reviewed at team meetings and in staff supervision and the Inspectors found evidence of this. There were 3 significant event notifications on file.

### **Staffing**

Inspectors found there was a sufficient number of staff with a varied skills mix to deliver the service as set out in the statement of purpose and function. The team comprised of a core group of eight staff, three male and five female. The team have regular relief staff. All of the team have appropriate qualifications.

An audit of the personnel files was carried out. Personnel files were well organised. Three references were secured for staff members. Garda vetting was on file for all employees. Where required, police checks were secured and placed on file.

There was evidence on file that newly recruited staff members undertook a structured induction process that included 'shadowing' staff on duty prior to the commencement of employment.

All staff had contracts of employment.

### **Training and development**

The Inspectors found that the organization placed a strong emphasis on training and the on-going development of skills within the team. Training required the staff to develop a deep understanding of the young people's behavior along with developing the skills they need to support the young person to have positive, respectful and trusting relationships with adults.

### **3.2.2 Practices that met the required Standard in some respects only**

#### **Supervision and support**

The centre had a written supervision policy. Staff supervision files were subject to inspection. Inspectors were of the view that these supervision records were not sufficiently detailed. The Centre Managers supervision records should provide a more detailed account of the issues discussed and decisions taken within the supervision

process. The centre manager is supervised by the Director. The centre team meets regularly and there is close contact between the manager, activity workers and social pedagogies. There was evidence that staff were provided with the opportunity to raise concerns in supervision and practice issues were addressed within this forum. Staff members interviewed confirmed this. The centre's supervision policy needs to be reviewed. The organization's attachment specialist also provides guidance and support to the manager and staff regularly.

Team meetings were undertaken every two weeks and a structured handover meeting was undertaken every day when staff came on duty. The records showed that there was good attendance at staff meetings. The Inspectors attended a staff handover. The Inspectors found that these handovers contributed to the placement planning process and consistency amongst the staff team so as to ensure the implementation of agreed programmes of care for the young people.

There was evidence that team members were confident to challenge a colleague's practice and give feedback to each other and there is a policy in relation to this. However, there is no policy in place in the event of a complaint or concern regarding the manager. The Centre Manager and the director provide an out-of-hours on-call service for the Care team.

### **Administrative files**

The organisation had written guidelines for staff to support effective recording practices. The work within the centre was supported by a comprehensive recording system. Files and records were well organised and maintained in a manner that facilitated good communication and accountability. There was some evidence that the Centre Manager monitored centre records but this area needs to be improved. All records relating to the young people are kept in perpetuity. It is the policy of the organisation that should the company cease to operate in the future the individual care records would be returned to the placing area.

### **3.2.3 Practices that did not meet the required standard None identified**

### **3.2.4 Regulation Based Requirements**

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

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies***

***-Part III, Article 6, Paragraph 2, Change of Person in Charge***

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

***-Part III, Article 16, Notification of Significant Events.***

### **Required Action**

- **The centre manager must ensure that supervision is comprehensively recorded and reviewed.**
- **The centre manager must read and sign logs and significant event notifications.**
- **The organization must ensure the Policies and Procedures document includes steps to be taken in the event of a complaint regarding the centre manager.**

### 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**

This standard was met. The inspectors spoke to the monitoring officer and she expressed satisfaction as to her visits to the centre and found little or no issues of concern. She is promptly notified of any significant event. There was evidence of a good working relationship between the monitoring officer and the centre.

#### **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 in full**

##### **Consultation**

There was evidence on file that the young people were consulted in all aspects of their care. The young people received information on their rights in the young people's handbook. Inspectors found evidence that young people's rights were valued and respected by the staff team.

Inspectors found that young people in placement were actively encouraged to exercise choice and participate in decision-making about their lives. Young people's views were sought about various aspects of daily living through house meetings and key-work sessions. This allowed for discussions around activities, daily living, care and school programmes where the young people were encouraged to participate and make positive choices and express views on the issues that affected them. Community meetings are scheduled every two weeks and each house has a weekly meeting. A record was held of the meetings and issues raised are discussed at the team meeting.

##### **Complaints**

There is a complaints procedure in place and there had been no complaints since the centre opened. The complaints procedure is of a good standard, child friendly and easily accessible and is included in the young person's handbook.

##### **Access to information**

The young people have access to their files. When interviewed, young people were aware of the complaints procedure as did staff members. This was also reflected in the questionnaires returned.

The organization Empowering People in Care has visited the young people in the centre.

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

None identified

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

None identified

### **3.4.4 Regulation Based Requirements**

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

### **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 in full**

##### **Suitable placements and admissions**

Social workers agreed that the placement was suitable for the young people. Family contact was very good and the parent of one of the young people has stayed overnight in the centre and visits regularly. There is ample space for privacy and access. All young people had social workers who visited regularly.

##### **Statutory care planning and review**

Care plans and statutory reviews were up to date and the young people and their families, where appropriate, were involved in care planning and reviews.

There was one issue regarding the care plan for one of the young people but the issue, which was in relation to family access, was satisfactorily resolved.

##### **Contact with families**

Family contact was very good and the parent of one of the young people has stayed overnight in the centre and visits regularly. There is ample space for privacy and access.

##### **Supervision and visiting of young people**

Social workers visited the centre regularly and met the young people privately. A record of social work visits was kept but there was no evidence that social workers read or signed young people's logs.

## **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

### **Social Work Role**

The inspectors spoke to four social workers and all were clear as to their roles and responsibilities. All were satisfied as to the care the young people were receiving and all confirmed to the inspectors that they had a good working relationship with the management and staff of the centre. All confirmed that they were promptly notified of significant events involving the young people.

### **Emotional and specialist support**

The young people have access to a clinical psychologist who also supports the staff team. There was evidence on file and through interviews that when necessary and if required the centre had good access to specialist services for the young people.

### **Preparation for leaving care**

There was strong evidence on file for the preparation for leaving care. Two of the young people were actively involved in their leaving care plan and were due to leave the centre in the near future. The young people, their social workers and staff interviewed confirmed to the inspectors that the preparation was inclusive and comprehensive.

### **Discharges**

There had been one discharge since the last inspection and it was well planned and supported. The inspectors also reviewed the centre's discharge policy.

### **Aftercare**

There had been one discharge since the last inspection and the centre continues to link into the young person and provide support when requested and when necessary

### **Childrens case and care records**

The young people's files contained all relevant information and the young people had regular access to log books and their files. This was confirmed to the inspectors through interviews and questionnaires.

There was little evidence of social workers routinely reading logs or of social work visits.

### **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).***

#### **Required Action**

- **Placing social workers must sign young people's logs and the centre keeps a separate record of social work visits.**

## 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**

The young people are consulted as to their individual preferences and are encouraged to participate in their respective programmes. Inspectors found that individual work carried out by the activity therapists was carefully planned, reviewed and documented and was specific to the individual needs of the young people. Daily routines were well evidenced and included strong input from the young people. All the young people have access to a clinical psychologist. The young people have the same opportunities as their peers and are encouraged in learning skills for adulthood and independent living.

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

Meal planning and participation is part of the centre programme and meal times are seen as therapeutic and inclusive. Inspectors observed that there were adequate quantities and varieties of food available to the young people. The inspectors' shared a meal with the young people and staff on one evening of the inspection.

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

There was evidence during the inspection through interviews, observations and questionnaires that the centre promotes the identity, race background and religious practices of the young people.

#### **Managing behavior**

The centre uses Professional Management of Aggression and Violence as its method of managing disruptive behaviour and all staff has received training. All interviewed agreed that it was an effective method and training was up to date. The centre has a policy for unauthorised absences. Absent management plans were in place for all the young people and there had been two incidents of unauthorised absences in the

previous twelve months prior to the inspection. Both were recorded appropriately and the centre adhered to the Joint H.S.E/Garda protocol.

### **Restraint**

There had been no restraints in the previous twelve months.

### **Absence without authority**

The centre has a policy for unauthorised absences. Absent management plans were in place for all the young people and there had been two incidents of unauthorised absences in the previous twelve months prior to the inspection. Both were recorded appropriately and the centre adhered to the Joint H.S.E/Garda protocol.

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

None identified

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

None identified

### **3.6.4 Regulation Based Requirements**

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

*-Part III, Article 11, Religion*

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

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

## **3.7 Safeguarding and Child Protection**

### **Standard**

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

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

#### **Safeguarding**

There was evidence of good care practices in the centre. The young people were confident and were aware of their rights. The centre had a recent visit from the advocacy group Empowering People in Care. Staff were aware of the policy on safeguarding the young people and there was evidence of appropriate professional relationships between the staff team and the young people.

Staff members interviewed expressed confidence in their ability to question each other's practice and to bring issues of concern to management.

### **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

#### ***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.

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

The centre has a child protection policy in place and it contains all the relevant policies and procedures regarding recruitment and vetting. Staff, when interviewed understood the policy. The association Empowering Young People in Care had visited the centre recently and the young people met with them. All the staff team have had training in Children's First.

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

None identified

### **3.7.6 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 in full**

All of the young people were attending school. One of the young people had completed her Leaving Certificate. There was evidence that the centre encourages and supports the young people to fulfil their potential educationally. The activity therapists attend school meetings and the social pedagogies are also involved with the young people education. There was evidence also that any extra supports needed was provided.

### **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**

All the young people have a named G.P, a medical card and all the young people had medicals on admission. Medical histories for the young people were on file. All medical visits are documented and consent forms are on file for all young people. The administration and recording of medication was of a high standard. Unused and out of date medication was disposed of appropriately. There was evidence of appropriate guidance for the young people in health education. The centre has a no smoking policy in place.

### **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 centre 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 & 13 of the Child Care Regulations, 1995.

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

##### **Maintenance and repairs**

Repairs and ongoing maintenance was of a good standard. The centre vehicles were serviced regularly and well maintained. All maintenance and repairs are recorded in a maintenance log which includes servicing of vehicles.

##### **Safety**

There is adequate insurance in place and a Health and Safety statement that is signed by all staff. All staff is trained in First Aid. There is a policy on the administration and disposal of medicines. Staff interviewed and files inspected confirmed that the administration and disposal of medicines was in line with the centre policy.

##### **Fire Safety**

All documentation regarding fire safety was on file. Certificates regarding the fire doors were on file. Fire drills were held regularly and recorded appropriately in the centre fire register. There were three clearly signed means of escape from the centre in the event of a fire. Dates for the last three fire drills were evidenced on the fire register. Fire and maintenance logs are routinely reviewed by the centre manager. All staff had received fire training.

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

The centre is located in a rural setting. It was well maintained, nicely decorated and homely in appearance. Some of the furniture is dated and needs to be upgraded. The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The young people have rooms of their own and there are age appropriate recreational facilities in place. There is plenty space available for privacy for the visit of families, social workers and friends. There were adequate toilet and bathroom facilities in place and there was evidence of proper facilities for the refrigeration and storage of food

There was written confirmation from a certified engineer confirming that all statutory requirements and building controls were complied with.

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

**None identified**

### **3.10.4 Regulation Based Requirements**

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

*-Part III, Article 8, Accommodation*

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

*-Part III, Article 15, Insurance*

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

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

### **Required Action**

- **The centre must upgrade the furniture as some is outdated.**

## 4. Action Plan

Standard	Required Action	Response
3.2	<ul style="list-style-type: none"> <li>• <b>The centre manager must ensure that supervision is comprehensively recorded and reviewed.</b></li> <li>• <b>The centre manager must read and signs log and significant event notifications.</b></li> <li>• <b>The organization must ensure the Policies and Procedures document includes steps to be taken in the event of a complaint regarding the centre manager.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Supervision in all its various forms will be recorded and signed. The manager and deputy manager attended a supervision course on the 11<sup>th</sup> of June 2015 and the supervision policy will be reviewed and amended to reflect more accurately the frequency and different kinds of supervision provided to the staff in the centre. An updated supervision policy is to be sent to the supervision trainer, inspectors and monitoring officer for review.</li> <li>• This will be done regularly for the logs and every SEN is to be read and signed.</li> <li>• Complaints policy to include actions to be taken in the event of a complaint made against the centre manager.</li> </ul>
3.5	<ul style="list-style-type: none"> <li>• <b>Placing social workers must sign young people’s logs and the centre keeps a separate record of social work visits.</b></li> </ul>	<ul style="list-style-type: none"> <li>• A sign in sheet has been developed and placed at the front of each person’s file.</li> </ul>
3.10	<ul style="list-style-type: none"> <li>• <b>The centre must upgrade the furniture as some is outdated.</b></li> </ul>	<ul style="list-style-type: none"> <li>• A new suite of furniture has been purchased for the living room. A new coffee table has also been purchased.</li> </ul>