



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

Centre ID number:	072
Year:	2015
Lead inspector:	Jacqueline Roche

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2015</b>
<b>Name of Organisation:</b>	<b>New Beginnings</b>
<b>Registered Capacity:</b>	<b>Four Young People</b>
<b>Dates of Inspection:</b>	<b>17<sup>th</sup> and 18<sup>th</sup> February 2015</b>
<b>Registration Decision:</b>	<b>Registered without conditions from March 14<sup>th</sup> 2014 to March 14<sup>th</sup> 2017</b>
<b>Inspection Team:</b>	<b>Jacqueline Roche Sinead Diggin</b>
<b>Date Report Issued:</b>	<b>25th August 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

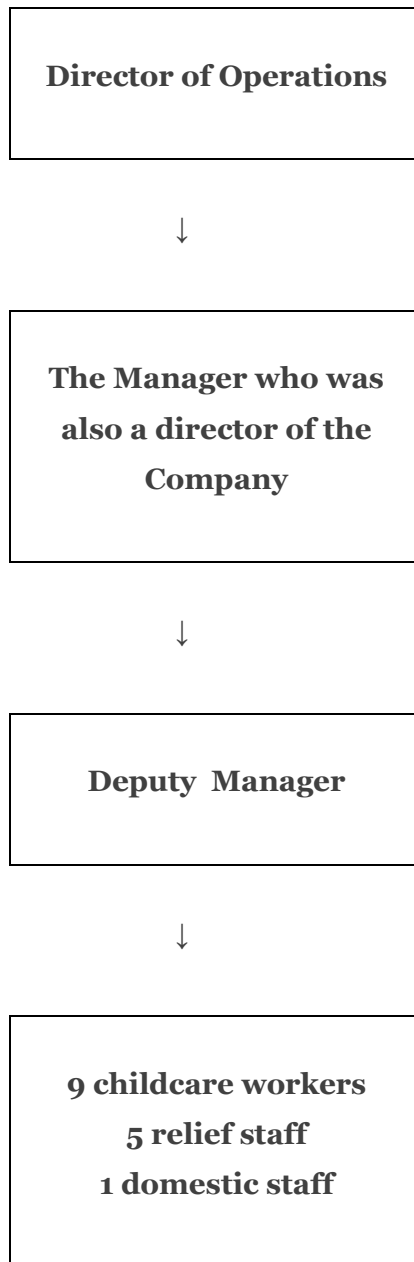
This announced inspection took place on 17<sup>th</sup> and 18<sup>th</sup> February over a two day period. The Inspection was guided by four of the National Standards for Residential Care. These are Standard 1 Purpose and Function, Standard 2 Management and Staffing, Standard 5 Planning for children and Young People and Standard 6 Care of Young People 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:
  - ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager and the Director
- ◆ An examination of the questionnaire completed by:
  - a) Two of the Care Staff
  - b) Two of the young people residing
  - c) Other professionals: -Garda Sergeant, Consultant Psychiatrist, Psychotherapist addiction service, two course tutors and a probation officer.
  - d) Parent of one of the young people
- ◆ 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.
- ◆ A systematic research of the centre's files and recording process.
- ◆ Interviews with:
  - a) The Manager
  - b) The Director of Operations
  - c) Two young people residing in the centre
  - d) Three of the care staff
  - e) The registered proprietor
  - f) One allocated Social Worker and a Team Leader
- ◆ Observations of care practices and the staff/ young person's interactions.

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

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

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on 23<sup>rd</sup> July 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 14<sup>th</sup> March 2014 to be reviewed prior to the 14<sup>th</sup> March 2017.**



## 3. Analysis of Findings

### 3.1 Purpose and Function

#### **Standard**

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

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

None identified

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

The written statement of purpose and function indicates that the centre aims to provide intensive support to young people based on a 1:1 ratio of staff to young people. The Inspectors found that this ratio of staff is not consistently maintained and consequently the statement must be reviewed in order to reflect the service offered. Young people had allocated key workers who prepare individualized placement plans and together with the staff team were available to support young people's day to day care needs. At the time of this Inspection the centre catered for three young people of mixed gender between the ages of 13-17 years on admission.

Care practices in the centre are guided by a number of models including Therapeutic Crisis Intervention which is used as a model of behaviour management. Staff use core concepts of PACE a model of engagement with young people that recognizes the importance of playfulness, acceptance, compromise and empathy. Clinical oversight is provided by a consultant psychiatrist who guides practice, attends monthly team meetings and offers consultancy to the staff team in relation to the emotional and mental health needs of young people.

The Policy and Procedure document lists the policies that are in place.

Inspectors found that the staff team understood the purpose of the centre, were familiar with the policies and demonstrated a commitment to providing a caring and therapeutic environment to young people.

The statement is updated on a yearly basis or as necessary by the Centre Manager and Director of Operations.

The Inspectors found that young people were familiar with the key policies in the centre and there is a child friendly welcome booklet that describes life in the centre.

The Inspectors note that the statement of purpose and function has been amended since the Inspection. In April 2015 the Centre Manager applied to the Registration and Inspection to increase occupancy from three young people to four. This was approved on April 10<sup>th</sup> 2015.

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

None Identified

#### **Required Action**

- The statement of purpose and function must be reviewed in order to reflect the service offered to young people who reside in the centre.

## **3.2 Management and Staffing**

### ***Standard***

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

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

#### **Register**

There is a register of young people admitted into and discharged from the centre. The Inspectors found that this is well maintained and that this contains relevant key information on young people. There were three young people residing in the centre at the time of the Inspection. There were no discharges since the period of re - registration began.

A copy of the registration details of young people is maintained by the Child and Family Agency.

## **Administrative files**

Administrative files in the centre were well organised and maintained effectively. Relevant information relating to access, contact numbers, social workers, and schools are all easily accessible. Placement plans, weekly plans, crisis management and absence management plans are prepared by centre staff and are stored in young people's files. Monthly reports evidence progress made by young people and clear action plans for the future. There was evidence that plans are frequently reviewed and updated. There was evidence that the Manager monitored the quality of all recording and encouraged the staff team to maintain a high standard of record keeping. Young people's views and opinions were reflected in administrative records. Young people's care files did not contain Care Plans for young people that reflected their current placement. Social Work Departments must ensure that young people's files in the centre contain an up to date care plan.

Young people's files are stored in the centre for between 3 and 6 months post discharge and are then placed in secure storage for a period of five years. After this they are sent to the relevant social work department of the Child and Family Agency.

## **Notification of Significant Events**

Inspectors found that there was a competent and rapid system for the notification of significant events. There was clarity amongst the staff team interviewed in relation to what constituted a significant event. Young people's social workers and the Child and Family Agency Monitor stated that notifications were received promptly and that details pertaining to the event were clearly recorded and appropriate. Families are notified by telephone in relation to significant events.

Unauthorized absences of young people from the centre constitute a high proportion of significant events in the centre. In the twelve months prior to the Inspection there were 121 absences without permission by the three young people. This is a matter of concern and must be addressed. There was a lack of evidence of a consistent response from social Work departments in relation to these and this must be addressed.

There was a lack of clarity in relation to the reporting of young people missing or absent without permission. The Manager agreed to consult with the Monitor in order to ascertain the correct procedures in relation to this matter.

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

#### **Management**

The Manager of the centre is suitably qualified. They have many years experience working with young people both in residential care and in the community. The Manager was eight years in post at the time of the inspection. The Manager is one of two directors of the company the second being the proprietor who is also the Director of Operations

The Director of Operations and the Manager process all referrals to the centre and consider the suitability of young people. The Manager and the Director of operations have responsibility for the recruitment of staff and the review and approval of policy and procedure.

The Manager has oversight over operational and care practices. Inspectors found that they provide governance by having knowledge of and interest in the wellbeing of young people. Managerial oversight was evidenced in young people's files, approval of key working session's, observation of staff interaction with young people and the maintenance of centre paperwork. The Manager attends monthly team and daily handover meetings. There was evidence that the Manager supports the staff teams capacity to manage the care of young people in the centre.

The staff team indicated confidence in the manager and the Inspectors found that they had capacity to provide effective leadership, governance and support to the staff team.

The Director of Operations has responsibility for the external management of the centre. The Inspectors found that the Director has regular contact with the centre. Formal management meetings occur on an inconsistent basis and the Inspectors found that there was a lack of a formal structure to these meetings.

The Inspectors found from interviews and review of documentation that the Manager felt unable to sustain her position three months prior to the Inspection as funding had become a source of concern. However they had made a decision to remain in the post prior to the Inspection. In the transfer from its status as a special arrangement funded at local level to a centre providing mainstream residential care funded at national level there was significant uncertainty in relation to financial provision. At the time of Inspection the matter was unresolved and there was evidence that this

situation had created difficulties for the stable staff team employed in the centre. The financial security of the centre must be addressed by the Director of Operations.

### **Supervision & support**

The centre has a policy on supervision and support. The Manager has completed supervision training and supervises some of the staff team. The Deputy Manager has not completed supervision training. Some of the care staff are supervised by the previous Deputy Manager who at the time of the inspection was employed as a Manager in another centre. There was no evidence of formality in relation to this process. While some staff reported satisfaction with this arrangement the Inspectors recommend that supervision should be provided by a suitably qualified person who is employed in the centre.

Matters pertaining to the young people were addressed during supervision however there was no link between supervision and young people's placement plans. The Manager must ensure that there is a formal and effective supervision process in operation in the centre, that there is a link between supervision and the implementation of placement plans. The Inspectors saw that a number of human resource matters were raised by staff during the supervision process however there was no evidence that these were dealt with formally by the Director of Operations and this must be addressed.

The Manager is supervised by the Director of Operations. The Inspectors reviewed a selection of records and found that operational matters including financial insecurity dominated supervision. The Manager must be offered formal supervision and there must be a distinction made between Management of the centre and supervision.

One Inspector sat in on the team meeting and the handover meeting and found that good communication, co-operation and consistently was facilitated within the staff team. The care, placement plans and the wellbeing of young people are addressed at the team meetings. There was evidence that staff have an interest in the young people and that they are encouraged to share their opinions and views and thus contribute effectively to the care planning process. There was evidence that the staff felt supported by, and had confidence in the Manager.

## **Staffing/ Vetting**

The Inspectors found that there is a stable and experienced care staff team employed in the centre. The majority of the staff are in post since the centre was first established in 2007. All of the staff have Social Care Degrees or equivalent. There is a low turnover of staff. Despite recorded financial challenges the Inspectors found that just two staff members left employment in the centre in the two years prior to the Inspection.

The statement of Purpose and Function states that the centre employs a staff level of a 1:1 ratio which allows for intensive individual work with young people. The Inspectors found evidence that the Manager has found difficulty on a number of occasions in maintaining this level of staffing. This must be addressed as the centre must have adequate levels of staff on shift to fulfill its purpose and function.

There was evidence that all staff are vetted before they commence employment however a number of staff have not updated their vetting for well over the five years. In line with good practice this must be addressed by the organisation.

A number of care staff had been recruited in the six months prior to the Inspection and they had not completed core training in Therapeutic Crisis Intervention, Fire Safety, First Aid and Children's First. The Management team must ensure that staff are offered formal and effective induction prior to their commencement of work in the centre.

## **Training & development**

The Inspectors found that a number of the staff team have not completed core training in fire safety, first aid and children's first. A number of the staff team had not completed Therapeutic Crisis Intervention training at the time of their appointment to the centre. The Inspectors did not find evidence of an effective ongoing staff development and training programme and this must be addressed by the company. The Manager must provide a staff training schedule in order to evidence the commitment to ensuring that staff have the capacity to manage the environment and the care needs of young people in the centre.

There was no evidence of formal training in the PACE (playfulness, acceptance, compromise and empathy) model which guides practice in the centre although there was evidence that this was integrated into the day to day work in the centre. There

was no evidence of a robust training process that would facilitate staff's capacity to manage mental health concerns and substance misuse two of the significant challenges experienced by young people referred to the centre. The Manager and the Operations Manager must ensure that there is an effective ongoing training and development programme in place that is consistent with the needs presented by young people residing in the centre.

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

None Identified

### **3.2.4 Regulation Based Requirements**

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

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***  
***-Part III, Article 5, Care Practices and Operational Policies***  
***-Part III, Article 6, Paragraph 2, Change of Person in Charge***  
***-Part III, Article 16, Notification of Significant Events.***  
***-Part III, Article 7, Staffing (Numbers, Experience & Qualifications)***

#### **Required Action**

- The financial security of the centre must be addressed by the Director of Operations.
- The Manager must ensure that matters raised in supervision are addressed with the Director of Operations and that care staff receive a response in relation to matters they raise in supervision.
- The centre must have adequate levels of staff on shift to fulfill its purpose and function.

### 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 & admissions**

There were three young people residing in the centre at the time of the inspection. Review of documentation, interviews with social workers, centre staff and the young people themselves evidenced that their needs were met in the centre. Referrals to the centre come from social work departments via the Central Referrals Committee of the Child and Family Agency.

The Inspectors found from review of documentation, attendance at meetings and from interviews with staff and one social worker that the Manager and the Deputy Manager considered the impact of each new placement on young people residing in the centre. There were effective impact risk assessments on file. The Inspectors saw that the Manager did not admit some young people referred as assessment indicated that their needs could not be met and predisposing factors indicated that they would have negative impact on the placement of the other young people. There were no discharges since the change of purpose and function.

There was evidence that the centre staff had the capacity to manage young people who had multiple placements before coming to live in the centre. The Manager, the Deputy Manager and the staff team put effective strategies in place to support, care for and manage the young people. Clinical oversight of all placements is provided by a consultant psychiatrist who is contracted to provide sessional support and advice to the staff team.

The policy states that admissions to the centre are planned and there is a pre-admission process where young people are invited to visit the centre and meet the



staff and other young people prior to the commencement of the placement. The Inspectors found a commitment amongst the management and staff to this process.

Young people are provided with a child friendly welcome booklet that describes all aspects of life in the centre. The Manager, key workers and care staff help young people to understand the reason for their placement.

There was adequate background information on each young person. This was provided by social workers and there was evidence that centre staff had knowledge of young people's past history and that this information was used effectively to inform the Placement Plans, Individual Crisis Management Plans, Absence Management plans, Behavioral Support Plans and strategies put in place to support the young person's placement.

There was evidence that the Manager, the Deputy Manager and the staff team are aware of their responsibilities and that they put systems in place to protect young people from abuse within the centre.

### **Contact with families**

The Inspectors found that care staff encourage families to maintain contact with young people residing in the centre. The ethos in the centre is to promote the relationship between young people and their families. All three young people living in the centre at the time of the inspection had regular contact with family members and the centre staff facilitate this contact by driving young people often long distances to visit parents and siblings. Staff consider the opinions and views of young people when family access is considered and there was evidence of a commitment to ensuring the best interest of young people when access is planned.

There was evidence that parents are kept informed about their children's lives. They are invited to attend meetings pertaining to their children when appropriate. Records of family access are maintained on file.

### **Discharges**

There were no discharges from the centre since its change of purpose and function.

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

### **Emotional & specialist support**

Care staff receive clinical guidance from a psychiatrist who is employed on a sessional basis by the company. There was evidence of the involvement of the psychiatrist in all documentation pertaining to young people and this included their crisis management plans, absence management plan's, placement plans and behaviour support plans. Interviews with staff indicated the value of the clinical support offered by the psychiatrist and the inspectors saw that this specialist advice is integrated into the day to day care of young people. Staff empathize with young people and consider the reasons behind behaviours.

Alongside this there is a stable and experienced care staff team, Manager and Deputy Manager employed in the centre. Inspectors saw that staff have an interest in the young people, that there is a non-judgemental approach and that there is an emphasis in providing a nurturing and supportive environment in the centre. Key working is used as a tool to address specific goals and young people are given the opportunity to discuss and explore matters pertaining to their lives if they wish to do so.

Young people resident in the centre at the time of the inspection who met with the Inspectors indicated that they are listened to and that they felt supported by the care staff. There was evidence of a high degree of consultation with young people and this extended to discussion about rules and boundaries. One young person stated that this was the best residential home they had lived in and stated that staff are prepared to "compromise" and negotiate .

The Inspectors found that there was not a robust adolescent mental health service available to support the staff team's capacity to manage risk. There was evidence that a robust community based psychiatric support system is required. In situations where young people do not wish to engage directly with this service social work departments must ensure that community based specialist psychiatric advice is provided to the care staff.

Inspectors saw that staff make a genuine effort to encourage young people to make use of treatment services pertaining to their needs. There was evidence in young people's care files, from interviews and from questionnaires returned by professionals that young people have access to substance misuse, probation/welfare and educational services. There was evidence that centre staff use the professional advice of specialists to inform placement plans and the care planning process for young people.

The care staff team have had to manage many challenges since the change of purpose and function. These include self harm, criminal behaviour, drug use, inappropriate sexualized behaviour and regular absconding. The experience of the staff team provided skills to manage risk however there was a lack of evidence that the centre staff received consistent constructive support from the Social Work Departments. The Manager and social work departments must ensure that there is a robust multidisciplinary approach to the care and management of young people.

Care staff and management considered the reasons behind the behaviours presented by young people and this approach based on an empathetic framework supported young people's capacity to develop trusting relationships with staff.

Efforts are made to ensure that young people are occupied during the day. All three young people at the time of the Inspection had educational programmes in the community and tutors from these programmes reported that education is supported and valued by centre staff.

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

#### **Statutory care planning & review**

The Statutory Care Plans of two young people residing in the centre at the time of the inspection were out of date. Referring social work departments must ensure that young people have care plans in place that clearly represent the aims and objectives of the current placement and the arrangements for contact between young people and their families. Care plans must include records of arrangements to review the plan. Each young person must have a care plan that includes an up to date assessment of their educational, social, emotional, behavioural and health requirements and indicate clearly how the placement will support and promote the welfare of young people.

All three young people residing in the centre at the time of the inspection had placement plans. Individualized placement plans addressed the presentation of the young people and list actions to be addressed in order to support young people's placement goals. These actions place emphasis on the safety of the young people, contact with families, education, health and social skills. Key workers use the placement plan document to direct sessions with young people. Placement plans are prepared by key workers and are approved by the Manager. The Inspectors found that there is a link between placement plans, weekly plans and daily plans for the

young people. Because the care plans were out of date there was no evidence of a link between care plans and placement plans. The social work departments and the Manager must ensure that each young person has a current care plan in order to ensure the relevance of the placement plan.

### **Supervision & visiting of young people**

#### ***Standard***

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

#### **Social Work Role**

Young people were not visited by their social workers on a regular basis even during periods of difficulty. There was a lack of consistent evidence of professional multidisciplinary meetings being called in order to ensure co-operation and effective communication between all parties involved in young people's care. This must be addressed as centre staff require the support, guidance and oversight of social work departments in order to manage the young people. There was no evidence of social workers being involved in consistent review and analysis of unauthorized absences or of poor school attendance. Social work departments must ensure that young people are visited regularly and that they are aware that they have an advocate external to the centre.

Young people did not have up to date care plans in place that reflected the goals of their current placement and there was a lack of evidence that professional strategy meetings were called when necessary. The Manager must ensure that social work departments are aware and are part of all decisions relating to the young people and social work departments must be aware of their responsibility to maintain regular contact and to review and address critical instances for example the high number of missing from care episodes.

#### **Preparation for leaving care**

There were three young people residing in the centre at the time of the Inspection. All of the young people were over sixteen years of age. None of the young people had an aftercare needs assessment or a plan in place for their future living arrangement.

Consequently preparation for transition from the centre could not take place effectively.

The Inspectors acknowledge that when young people are resident for less than one year the care emphasis was on providing them with the opportunity to stabilize in the placement before their preparation for leaving care could begin with them. However care plans must incorporate an assessment of need and evidence that there is consideration given to young people's living arrangements post statutory care. There was evidence that the young people's key workers and the staff team supported and encouraged young people to develop the skills for independent living.

Young people's care plans were out of date and did not outline the preparation and support in place for leaving care. Young people and their families were not involved in developing a leaving care plan.

### **Aftercare**

The Child and Family Agency has a policy on its aftercare provision the ***National Policy and Procedure Document for Aftercare Service Provision 2011***. However there was no evidence that this policy was adhered to.

Young people did not have an allocated aftercare worker, an aftercare plan or an aftercare needs assessment. There was no evidence of the existence of a support system for young people up to a minimum of 21 years.

This must be addressed by the Child and Family Agency and Placing area service directors.

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

The Inspectors found that young people's files were well maintained by the centre staff. Records were well written and the style reflected a child centred approach to care. The views of young people were reflected in files.

Young people's files did not contain up to date care plans. Referring social work departments must ensure that there is an up to date care plan maintained on young people's files.

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency has not met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995***

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

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

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

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

***-Part IV, Article 22, Case Files.***

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

***-Part III, Article 17, Records***

***-Part III, Article 9, Access Arrangements***

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

### **Required Action**

- Referring social work departments must ensure that young people have care plans in place that clearly represent the aims and objectives of the placement and the arrangements for contact between young people and their families. Care plans must include records of arrangements to review the plan. Each young person must have a care plan that includes an up to date assessment of their educational, social, emotional, behavioural and health requirements and indicate clearly how the placement will support and promote the welfare of young people.
- The Manager must ensure that social work departments are aware and are part of all decisions relating to the young people and social work departments must be aware of their responsibility to review and address critical instances for example the high number of missing from care episodes in the centre.

- The Child and Family Agency and referring social work departments must ensure that specialist services are provided to young people and that care staff are offered specialist guidance when they are managing complex situations that carry high risk.
- The Manager and Social Work Departments must ensure that there is a robust multidisciplinary approach to the care and management of young people.
- The Manager must ensure that social work departments are aware and are part of all decisions relating to the young people. Social work departments must be aware of their responsibility to maintain regular contact with young people and to review and address critical instances for example the high number of missing from care episodes in the centre.
- Referring Social Work departments must give consideration to young people's aftercare arrangements and incorporate a leaving care plan and needs assessment into care plans post their sixteenth birthdays
- The Child and Family Agency must put systems in place to support young people leaving care.

### 3.6 Care of Young People

#### ***Standard***

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

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

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

There was evidence that young people were cared for in a respectful manner. The therapeutic environment created in the centre was evidenced by the fact that staff were attuned to young people and they demonstrated interest in individual needs. This was evidenced by the provision of practical supports to ensure that young people are comfortable in the centre. The Inspectors saw that young people were respected, valued and liked by staff.

The emotional needs of young people are given particular attention. The care team are motivated to protect young people and have a commitment to maintaining a positive living environment in the centre. Young people who were interviewed reported that they feel respected and they believe that staff are concerned about them. Staff use the advice and support of the consultant psychiatrist to inform care practices in the centre. Each young person has a key worker and a co key worker who are available to support them and advocate on their behalf.

Special occasions are celebrated and young people are given the opportunity to participate in local clubs and activities. Achievements are acknowledged and applauded by staff in the centre. Young people are offered the opportunity to develop skills necessary for adulthood.

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

Young people have adequate quantities of nutritious and appetizing food and their preferences are taken into consideration in planning menus. Young people are encouraged to eat nutritious food and to develop healthy eating habits. Staff and young people eat meals together and mealtimes are regarded as a positive social event.

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

There is a non judgmental and supportive ethos in the centre. Young people are not subject to any form of discrimination. Young people are given the opportunity to practice their religion if they wish to do so.

Families are respected by the care staff and there was evidence that staff support young people to maintain positive relationships with family members. Young people residing in the centre at the time of the inspection were encouraged to develop positive images of each other and there was evidence of an anti-discriminatory ethos in day to day practice.



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

#### **Managing behaviour**

The centre has a policy for responding to inappropriate behaviour. Each young person has a behaviour support plan. Young people are clear about the behaviour that is expected of them and the young people's booklet explains the reasons for limits to acceptable behaviour. The Inspectors saw evidence that positive behaviours are reinforced.

The management of behaviour in the centre is a piece of the overall service provided to young people. There is a high degree of consultation with young people. Limits were negotiated rather than being imposed. Young people interviewed demonstrated that they understood the rules in the house such as respect for others, themselves and the property. Welfare officers from the Juvenile Justice system work with young people and restorative justice is a technique used with young people to support positive behaviour. The Gardaí are asked to intervene if young people use drugs in the house or if drugs are found in their possession. Key workers and care staff use opportunities to explore behaviour and to offer advice in relation to concerning behaviour.

When inappropriate or anti-social behaviour presented sanctions were used. These are planned following consultation with young people and this democratic approach was seen by staff as a strategy to get young people to manage their own behaviour. There is a record of sanctions maintained.

The Inspectors did not see a link between the number of times young people were absent from the centre without permission and strategies in place to manage these absences. Due to the high level of risk during these periods the centre manager must ensure that the behaviour management plan that is used to address these instances is agreed with social work departments and all other people with a bone fide interest in them.

Therapeutic Crisis Intervention is used as a framework to support the management of the behaviour of young people in the centre. The policy states that all staff receive TCI training however the Inspectors found that a proportion of the staff had not done so. In line with company policy the Manager must ensure that all staff receive training and that bi-annual refresher training is undertaken by all of the staff team.

The young people have Individual Crisis Management Plans ICMP. The Inspectors reviewed these documents and found that they detail matters that might trigger inappropriate behaviours in young people. These are reviewed on a monthly basis or more frequently if necessary.

A positive and safe environment is promoted in the centre and the staff team are expected to be positive role models and to carry out their duties in a positive and consistent manner.

### **Restraint**

The centre has a policy for the use of restraint which states that it may be used in exceptional circumstances where the safety of the young people is at risk.

The Inspectors found that contrary to company policy not all of the care staff were trained in TCI techniques. This must be addressed by the Manager and the Operations Manager.

There were no instances of restraint recorded in the centre and the Manager reported that restraint is not used as a method of behaviour management.

### **Absence without authority**

The centre has a policy in relation to unauthorized absences which is in line with ***Children Missing from Care a joint protocol between an Garda Síochána and the Health Service Executive Children and Family Services 2012.***

There were 122 absences from the centre in the twelve month prior to the inspection and this is an area where vigilance is required by the centre management.

Risk assessments are prepared prior to admission and agreed by referring social work departments and the Management team. Individual Absence Management Plans IAMP's are prepared. The Inspectors reviewed these documents and found that they include relevant information on young people including photographs, places frequented and names and contact details of peers and family members. These documents also include contact details of the Garda stations in locations that young people might spend unauthorized time in.

From review of centre documentation, attendance at handover and team meetings, interviews with staff and social workers the Inspectors saw that staff maintain contact with young people by phone, use the house car to search for young people

and organize collection when they are absent. Social Workers and the Monitor report that absences are reported in a timely fashion. There was evidence that IAMP's are reviewed and updated on a monthly basis or more often if required. The Manager and the Monitor report that they consult on a regular basis in an effort to manage and reduce the absences of young people.

The local District Liaison Sergeant for young people in care visits the centre on a weekly basis, meets with young people and organises missing from care meetings in line with the National Protocol when this is appropriate. The Sergeant reported a positive relationship with the centre staff.

Absences without authority are of significant concern in this centre and there are high levels of risks associated during these periods. There was evidence that the centre staff were making efforts to manage absences and to work therapeutically with young people to help them consider their personal safety, to develop self esteem, and to encourage them to discuss the activities that they participate in while absent. There was however a lack of evidence that the management of the risk and absences was shared with social work departments and of collective analysis of these events with a multi disciplinary strategic approach to ensuring the safety. The Inspectors found that the Garda Liaison Officer maintains contact with the centre and that they are proactive in the organisation of strategy meetings in line with the national protocol.

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

None Identified

### **3.6.4 Regulation Based Requirements**

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*  
*-Part III, Article 12, Provision of Food*  
*-Part III, Article 11, Religion*  
*-Part III, Article 16, Notifications of Physical Restraint as Significant Event.*

## Required Action

- Behaviour management plans must address the management of young people when they are absent from the centre without permission. These plans must be agreed by social work departments and all other people with a bone fide interest in the young person.
- In line with company policy the Manager must ensure that all staff receive training in Therapeutic Crisis Intervention and that bi-annual refresher training is undertaken by all of the staff team.
- The Management team must ensure that there is a multidisciplinary approach to the management of risk when young people are absent from the centre without authority.
- Social work departments must ensure that they liaise with relevant parties in order to assess the risk and to put systems in place to support the safe outcomes for young people when they are absent from the centre without permission.

## 4. Action Plan

Standard	Issues Requiring Action	Response
3.1	The statement of purpose and function must be reviewed in order to reflect the service offered to young people who reside in the centre.	The statement of purpose and function has been reviewed.
3.2	<p>The financial security of the centre must be addressed by the Director of Operations</p> <p>The Manager must ensure that matters raised in supervision are addressed with the Director of Operations and that care staff receive a response in relation to matters they raise in supervision.</p> <p>The centre must have adequate levels of staff on shift to fulfil its purpose and function.</p> <p>The Management team must ensure that staff are offered formal and effective induction prior to their commencement of work in the centre.</p> <p>The Manager and the Operations Manager must ensure that there is an effective ongoing training and development programme in place that is consistent with the needs presented by young people residing in the centre.</p>	<p>The financial security of the centre has been addressed by the Director of Operations.</p> <p>Matters raised in supervision are addressed with the Director of operations, more robust methods of recording same are being developed to evidence of correlation between these discussion and the notes of same.</p> <p>The purpose and function of the unit has been changed.</p> <p>Staff are provided with induction, shadow shifts and a 'buddy' system is being rolled out with new staff to ensure they are adequately inducted.</p> <p>A training and development programme for 2015/2016 has been updated and is being implemented.</p>

<p>3.5</p>	<p>Referring social work departments must ensure that young people have care plans in place that clearly represent the aims and objectives of the placement and the arrangements for contact between young people and their families. Care plans must include records of arrangements to review the plan. Each young person must have a care plan that includes an up to date assessment of their educational, social, emotional, behavioural and health requirements and indicate clearly how the placement will support and promote the welfare of young people.</p> <p>The Manager must ensure that social work departments are aware and are part of all decisions relating to the young people and social work departments must be aware of their responsibility to review and address critical instances for example the high number of missing from care episodes in the centre.</p> <p>The Child and Family Agency and referring social work departments must ensure that specialist services are provided to young people and that care staff are offered specialist guidance when they are managing complex situations that carry high risk.</p> <p>The Manager and Social Work Departments must ensure that there is a robust multidisciplinary approach to the care and management of young people.</p>	<p>No response from the Child and Family Agency social work department .</p> <p>The Manager has regular email, telephone communications with the social work department. Evidence of this communication is being placed on young people's files to ensure same is apparent. Ongoing meetings with professionals to try to reduce same.</p> <p>No response from the Child and Family Agency social work department .</p> <p>Ongoing efforts are being made by the centre to use a multi-disciplinary approach to the care and management of young people. This includes more communication with the Social Work Department and efforts to seek their input.</p>
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	<p>The Manager must ensure that social work departments are aware and are part of all decisions relating to the young people.</p> <p>Social work departments must be aware of their responsibility to maintain regular contact with young people and to review and address critical instances for example the high number of missing from care episodes in the centre.</p> <p>Referring Social Work departments must give consideration to young people's aftercare arrangements and incorporate a leaving care plan and needs assessment into care plans post their sixteenth birthdays</p> <p>The Child and Family Agency must put systems in place to support young people leaving care.</p>	<p>The social work department are aware of all decisions relating to young people. Email correspondence is being placed on care files to evidence same.</p> <p>No response received from the Child and Family Agency social work departments.</p> <p>No response received from the Child and Family Agency social work departments.</p> <p>No response received from the Child and Family Agency.</p>
3.6	<p>Behaviour management plans must address the management of young people when they are absent from the centre without permission. These plans must be agreed by social work departments and all other people with a bone fide interest in the young person.</p> <p>In line with company policy the Manager must ensure that all staff receive training in Therapeutic Crisis Intervention and that bi-annual refresher training is undertaken by all of the staff team.</p>	<p>Behaviour Management plans are reviewed by the team on a monthly basis. There will be a correlation between behaviour Management Plans and Absence Management plans from 1<sup>st</sup> August 2015.</p> <p>The Manager has scheduled training for staff in TCI full course, refreshers and recertification.</p>

	<p>The Management team must ensure that there is a multidisciplinary approach to the management of risk when young people are absent from the centre without authority.</p> <p>Social work departments must ensure that they liaise with relevant parties in order to assess the risk and to put systems in place to support the safe outcomes for young people when they are absent from the centre without permission.</p>	<p>The Centre will continue to liaise with the Gardaí, Social Work Departments, Probation, therapeutic services to manage the risk.</p> <p>No response from the Child and Family Agency social work departments .</p>
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