



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

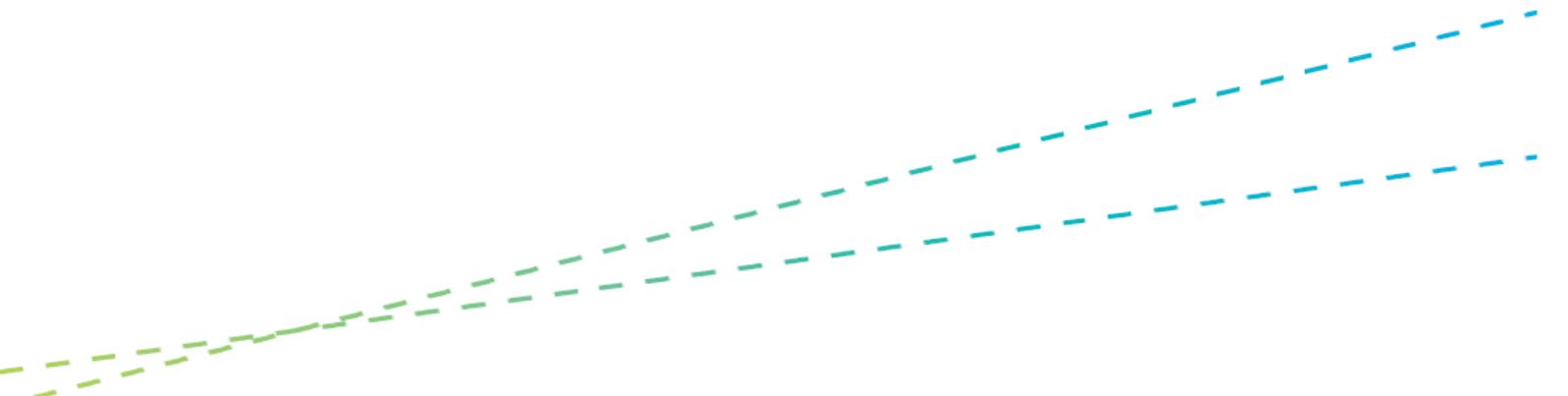
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 076

Year: 2015

Lead inspector: Paschal McMahon

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Registration and Inspection Report

Inspection Year:	2015
Name of Organization:	Trustees of St. Bernard's Group Homes
Registered Capacity:	Five young people
Dates of Inspection:	19th, 20th, 21st May 2015
Registration Decision:	Registered from 19th May 2015 to 19th May 2018
Inspection Team:	Paschal McMahon Bernard Dooley
Date Report Issued:	5th October 2015

Contents

1. Foreword	4
1.1 Methodology	
1.2 Organizational Structure	
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
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	
4. Action Plan	30

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 fulfill two statutory regulatory functions.:

1. To establish and maintain a register of children’s residential centers 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.

1.2 Methodology

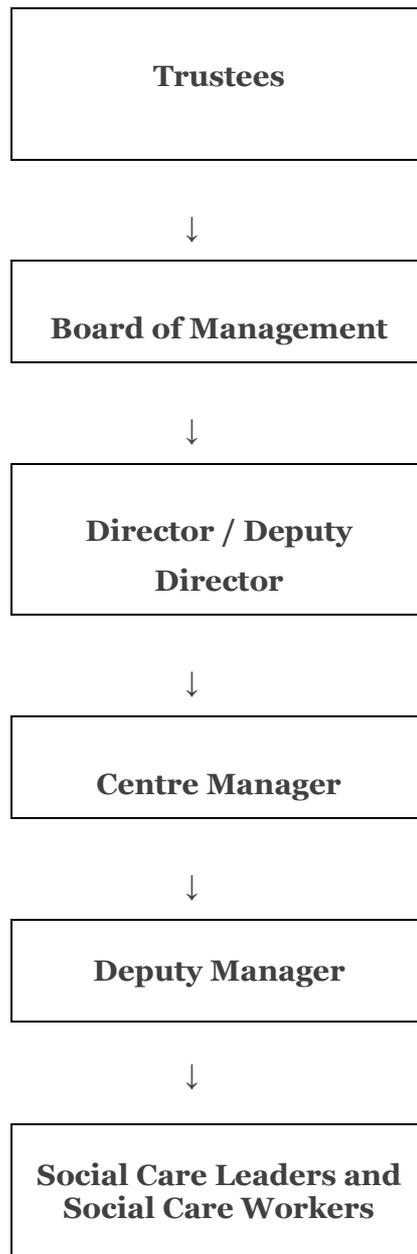
An application was duly made by the proprietors of this centre for continued registration on the 23rd March 2015. This announced inspection took place on the 19th, 20th and 21st May over a three day period and this report is based on a range of inspection techniques including:

- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Fourteen of the care staff
 - b) Five young person/people residing in the centre
 - c) Three social workers 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) Five care staff
 - c) Five young
 - d) 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



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 the 1st October 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 pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 19th May 2015 to the 19th 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 inspectors found that the centre has a clear statement of purpose and function which accurately describes what the centre sets out to do and the manner in which care is to be provided for the children.

The centre is a high support children's residential centre than can accommodate five children male or female from age 7 to 11 years on admission. The duration of placements is for a one year period. However, children's placements can be extended following statutory reviews and derogations of registration conditions have been granted where it was seen as in the best interests of children to remain in the centre for a further period. The director of the centre and the centre manager are responsible for reviewing the statement of purpose on an annual basis in consultation with the Child and Family Agency South Management.

The centre has a comprehensive written policy and procedures document. The inspectors reviewed the documentation and were satisfied that the policies and procedures met the required standard and there was evidence that they were being reviewed on an ongoing basis.

3.1.2 Practices that met the required standard in some respect only

The organisation had a service level agreement with the Health Service Executive which expired in December 2013. The inspectors understand that while discussions have taken place with TUSLA, there is currently no service level agreement in place and this matter remains unresolved. The inspectors recommend that TUSLA formulates a service level agreement with St. Bernard's Group Homes as soon as possible.

3.1.3 Practices that did not meet the required standard

None Identified

Required Action

- The inspectors recommend that TUSLA formulates a service level agreement with St Bernard's Group Homes as soon as possible.

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

The standard was well met. The centre was managed by an appropriately qualified and experienced social care professional. The centre manager is supported by a deputy manager. External line management was provided by the director and her deputy. The director / deputy director have responsibility for the oversight of the centre and the fostering outreach service which comprise the St. Bernard's Group Home's service.

The director and deputy director are both suitably qualified and experienced social care professionals. There was good evidence that the centre manager and the director and deputy director were satisfying themselves that appropriate and suitable care practices were in place.

Inspectors found evidence supporting the manager's role on overseeing practices in the centre and the staff team expressed confidence in the manager's ability to fulfill her role.

Register

A register of all those who live in the centre was maintained by the director of services. 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 present residents were properly recorded.

Notification of significant events

The inspectors examined the significant event records, and were satisfied that the significant events affecting children living in the centre were promptly notified to the Child and Family Agency. This was confirmed through interviews with the supervising social workers and the Child and Family Agency monitoring officer. The practice complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 19, and the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 16.

Staffing / Vetting

The inspectors reviewed the staffing levels in the centre and found that the deployment of staff was sufficient to address the needs of the children. Staff duty rotas were examined and there was good evidence of a high staff to children ratio in keeping with centre's commitment to providing with a high children level of support. There is additional relief staff employed by the centre to cover staffing needs as required.

The inspectors carried out an audit of staff personnel files and found that the staff team were suitably qualified and experienced, and all team members were vetted before taking up duties. Garda vetting was renewed for the long term staff on an ongoing basis.

Administrative files

The inspectors found that the centre has a comprehensive recording system. There was good evidence that care records were regularly reviewed by the centre manager. Care records and recordings relating to the children 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 examined the staff supervision records, and were satisfied that the team had received regular formal supervision during the period under review. The deputy director supervises the centre manager and the deputy manager; the centre

manager supervises the social care leaders and the deputy manager and the social care leaders supervise the social care staff. Supervision sessions were recorded and there was evidence of an effective link to practice.

The inspectors found from interviews with the staff team that they were motivated, worked as a team and received clear leadership from the manager. The director and deputy director also provided support to the staff team and additional supports such as the child and adolescent psychotherapist and a group analyst which provided support and guidance to the staff team were also seen as beneficial.

The staff team were supported in the course of their work by shift handover meetings and fortnightly staff meetings. Inspectors noted from an examination of staff meeting minutes that attendance at staff meetings was low in the months prior to the inspection. This was also the case in relation to attendance at the consultation sessions provided by the centres external consultants (see section on *Emotional and specialist supports*). This issue was raised with the management during the course of the inspection who acknowledged that there were difficulties in organising staff rotas and that the roster was under review.

Training and development

Inspectors were provided with staff training details that showed staff had been trained in Children First, behaviour management, fire training and, First Aid. In addition to this staff had attended a wide range of training courses including, attachment theory, understanding self harm, manual handling and wellness at work. Inspectors noted that there were number of staff had not received First Aid refresher training in the three years since the last inspection and recommend that staff receive refresher training as soon as possible.

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 management team must review the centre's staff roster to maximise attendance at staff meetings and at the external consultant psychotherapist bi-biweekly meetings.
- The management team must arrange First Aid refresher training for staff.

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.

Monitoring

3.3.1 Practices that met the required standard in full

The standard on monitoring was met. The monitoring officer met with the children and staff regularly .and was viewed as a valuable resource for guidance to the centre manager. The monitor confirmed to the inspectors that she received notification of all significant events and had regular phone contact with the centre.

The inspectors reviewed a number of reports provided to the centre by the monitoring officer. The reports evidenced that monitoring officer met with the centre manager, reviewed records and there was information on children's files outlining the monitor's role.

3.3.2 Practices that did not meet the required standard

None identified.

3.3.3 Regulation Based Requirements

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

The centre has a number of policies on promoting children's rights including a "Children's Rights Participation Policy" which emphasises the need to ensure that the views of children are sought when decisions are made that effect their daily life and future. The staff team encourage young people to attend daily community meetings at which all present in the unit at the time are expected to attend. These meetings are a forum for children to express their feelings, raise any issues of concern and where achievements can be acknowledged and celebrated.

Records inspectors viewed showed evidence of children attending all or part of their care plan review meetings which is appropriate given the age of the children.

Complaints

The inspectors were satisfied that a centre complaints procedure was in place and that children were listened to. There were no complaints during the period under review. It was evident from interviews with staff that they had a clear knowledge of the centre complaints procedure, and recognised the need for such safeguards.

Access to Information

The inspectors found that there were written guidelines for staff and children in relation to children's access to information which outlined the criteria for children accessing information on their file based on the age and level of understanding of each child.

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.

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.

3.5.1 Practices that met the required standard in full.

Suitable placement and admission

The centre is a High Support Childrens residential centre that caters for up to five young people of mixed gender from age 7- 11 years on admission.

Referrals are made by TUSLA social workers and are processed through the centre's admission committee .All admissions are planned and children who come to live in the centre are all the subject of a Child Protection Conference or a Child in Care review that recommends that the child is in need of a therapeutic intervention in a high support residential setting .In assessing the suitability of a placement consideration is also given to the needs of the children already living in the centre. Once a child has been offered a placement a placement contract is drawn up by the centre and is signed by the referring social work department. Following this a placement meeting is arranged at which the placement contact between the referring

social work department is finalised. This contract outlines the care plan the exit strategy for the young person and the adherence to the National Policy in relation to the placement of Children aged 12 years and under in relation to reviewing care plans.

Inspectors found comprehensive referral information on file in relation to the five current residents.

Placements are offered for a maximum duration of one year. However, at the time of inspection three of the residents had resided in the centre for longer periods after derogations of registration conditions had been granted. This was due to the fact that statutory reviews identified that it was in the best interests of these children to remain on in the centre for longer periods.

Inspectors were satisfied from reviewing the children's files and discussions with the children's social workers and the monitoring officer that it was of significant therapeutic benefit for the children to extend their placements, which continue to be reviewed on a monthly basis.

Inspectors recommend that copies of correspondence from the Child and Family Agency in relation to the granting of requests for derogations are maintained on the children's files.

Statutory care plans

The inspectors were satisfied that care plans were in place for the five children and were satisfied that the care plans in place outlined the aims of the placement, the supports required by the young people, and the arrangements for family contact. In addition to the statutory care plans therapeutic care plans were in place which were developed in consultation with the external consultant and reviewed on a regular basis.

Contact with families

There was good evidence from interviews and centre records that there was regular contact with families and carers where appropriate. One of the children's parents informed the inspectors that she was very happy with the contact she had with the centre and felt her child had made great progress during her time there.

Supervision and visiting of children

As part of the placement contract social workers were required to visit the children in the centre every two weeks and this was generally adhered to. A record of social work visits was kept on the children's care file and there was evidence that social workers had reviewed records.

Social work role

The Inspectors spoke with three of the supervising social workers and all of them were clear about their role and responsibilities. The social workers spoke highly of the service provided to the young people. They said they had a good relationship with the staff team, and that the team were in regular contact with them. There were no issues about communication in general, and the social workers said they were promptly notified of all significant events occurring in the lives of the children.

Discharges

The centre has a discharge policy. Four children were discharged in the period under review. Inspectors were satisfied that every effort is made to ensure that children do not leave placements in an unplanned manner and a Placement Crisis Protocol is in place to prevent this.

Children's case and care records

The inspectors reviewed the care files of the five children and 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. This practice complies with the *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 22*.

Preparation for leaving care

Not inspected as not applicable to the centre at this time.

Aftercare

Not inspected as not applicable to the centre at this time.

3.5.2 Practices that met the required standard in some respect only

Emotional and specialist supports

The principal aims of the centres therapeutic intervention offered are:

- To enable the children to make trusting relationships with staff so that they can make up for crucial developmental deficits
- To help children to recover from possible traumatic experience
- To prepare children to return, where appropriate to their carers or to prepare them for alternative care arrangements, such as foster care or medium term care.

Inspectors found from interviews and a review of placement plans / therapeutic care plans that staff were aware of the emotional and psychological needs of the children. It was evident from reviewing care files that the young people's key workers play a central role in working with the young people's emotional needs through individual work. The children's key workers provide an opportunity for the young people to explore and express any worries, views or concerns they may have on an individual basis. The combination of mature staff who bring life experience and younger staff provided a good balance and appeared to work well and inspectors observed warm, open interactions between the children and the staff.

The centre is supported in their task by weekly meetings with an external consultant psychotherapist. The inspectors met with the consultant psychotherapist during the course of the inspection .The consultant's role includes providing guidance and support to staff empowering them and facilitating decision making within the staff team. The consultant also plays a key role in the development and review of the children's placement plans.

Records of the consultant's sessions were recorded for staff that were not present at these consultations. Inspectors noted that the attendance at these sessions in the period prior to the inspection was quite low. Inspectors recommend that attendance at these sessions is maximised to ensure the optimum benefit for staff given the key role the consultant plays in the therapeutic process.

3.5.3 Practices that did not meet the required standard

Statutory care plan reviews

Inspectors were satisfied that reviews had taken place within statutory required timeframes for most of the children .However, there were a number of occasions in

which monthly reviews did not take place for one child which in breach of the National Policy in relation to the Placement of Children aged 12 and under in the care of the Health Service Executive (Child and Family Agency)

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 IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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 V, Article 25and26, Care Plan Reviews

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

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) 1996***

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

Required Action

- The director of services must ensure that copies of correspondence from the Child and Family Agency in relation to the granting of requests for derogations are maintained on the children's files
- The placing area principal social worker must should ensure that social workers ensure that statutory reviews take place in accordance with the National Policy in relation to the Placement of Children aged 12 and under in the care of the Health Service Executive (Child and Family Agency).

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 inspectors found evidence that the management and staff team are cognisant of the importance of maintaining children's individuality within the group. The health, educational and emotional needs as well as the general well being of each of the children in the centre are assessed and considered on an individual basis. The inspectors met with the five children during the inspection and they were all very positive about the centre. The children were aware of their key worker's role and found it helpful to have someone to discuss issues with. The inspectors observed that the children were cared for in a manner that takes account of their wishes, preferences and individuality. The atmosphere in the centre was friendly and hospitable, and it was obvious to the inspectors that the team treat the children as individuals. The children in turn were observed to be respectful towards staff in their interactions with them.

Provision of food and cooking facilities

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

Children in the centre are provided with cooked meals that are nutritious and appetising. The inspectors joined the staff and children people for a number of meals and found the provision of food was very good and varied. The inspectors found that there was an established culture where all staff and children eat lunch and dinner together on a daily basis. This enhances the homely and therapeutic style care

provided in the centre. It facilitates the children's interactions with staff and other children and encourages the development of secure relationships.

Race, culture, religion, gender and disability

The centre has a policy on Diversity and Anti-Discrimination and in their work with children staff endeavour to enable them to enjoy the same opportunities as their peers without being subject to discrimination and this is evident in the centre. Staff recognise the importance of family in childrens lives and supports them in maintaining contact. Young people are afforded the opportunity to attend religious services as appropriate.

Managing behaviour

The inspectors found that the centre had an appropriate policy on managing behaviour .All of the young people have an Individual Crisis Management Plans which were regularly reviewed. There was a clear sanctions policy in place. Sanctions were only administered when there was unacceptable conduct, and the inspectors found that no inappropriate sanctions were administered. There was a good team approach and emphasis on relationship building with the children which was a key factor in managing behaviour. The external consultant sessions were also used as a forum to discuss the children's behaviour and the group dynamics within the centre.

Restraint

The centre has a policy on the use of physical restraint .There were forty restraints recorded in the 14 months prior to inspection. All restraints are reviewed by an internal monitoring group which meets weekly and includes the full management team for the service (director, deputy director, centre manager and fostering support service manager). The children's social workers confirmed to inspectors that they were notified when restraints took place .The monitor is also informed of all restraints and was satisfied that these incidents in which restraints took place were appropriately managed.

Absence without authority

There were two instances of unauthorised absence from the centre in the previous twelve months in relation to two children. The duration of these absences were one to two hours. Inspectors were satisfied that these incidents of absence without authority were properly recorded and that the HSE Children Missing from Care, A joint

protocol between An Garda Síochána and the Health Services Executive Children and Family Services had been followed.

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

Child Protection

The safeguarding, and child protection policies and procedures in the centre were examined and the inspectors found that they met the required standard. The staff team when interviewed were clear of the procedures to follow in the event a child disclosing some form of abuse.

Staff members spoke of an open and approachable management system and expressed confidence in their ability to approach management or colleagues if they had a concern about attitudes or bad practice.

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

Safeguarding

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.

None identified

3.7.5 Practices that met the required standard in some respect only

In the twelve months prior to the inspection there had been five child protection notifications submitted to the social work department. Inspectors read details on the standard notification forms on the care files but it was difficult to ascertain if an acknowledgement by the social work department was received on receipt of the report, or a record of the reports current status from the files. Inspectors recommend that the Child and Family Agency should ensure that on receipt of child protection reports from the centre, the social work departments formally acknowledge the reports and ensure centre management is informed of the steps taken to address these reports and the outcome of same so as to maintain a clear record on the child's file.

3.7.6 Practices that did not meet the required standard

None identified

Required Action

- The Child and Family Agency must ensure that on receipt of child protection reports from the centre, the social work departments formally acknowledge the reports and ensure centre management is informed of the steps taken to address these reports and the outcome of same so as to maintain a clear record on the child's file.

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

The centre has a comprehensive policy on education. Practice in the unit promoted and emphasised the importance of education and achievement for each child. All of the children in the centre were attending school. All children admitted to the centre are registered in the local primary school. Children living in the centre who are unable to attend mainstream school due to educational deficits, emotional troubles, or behavioural difficulties attend the high support classroom on centre. This classroom is part of the local School. The teaching staff are provided by the school and it is subject to inspection as per NCCA Standards. The centre views the attendance in the high support classroom as an interim measure and in partnership with the school work towards the children re-integrating into mainstream school placement. It was evident that staff in the centre work closely with the school in meeting the educational needs of the children. Records are kept of all school meetings and reports and assessments are stored in the children'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 in full

All the children had access to a G.P. and dental services. Staff had a good awareness of the health needs of the children. Records of appointments were maintained. 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.

3.9.2 Practices that met the required standard in some respect only

Medical assessments on admission to care were carried out. Inspectors noted that immunisation records were absent in the medical histories on four of the children's files.

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 not 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).***

Required Action

- The supervising social workers for four of the young people must provide the centre with immunisation records for the young people.

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

Accommodation

The centre is a large spacious purpose built bungalow on the outskirts of a rural town. The house has large gardens providing adequate play areas for children and is equipped with age appropriate play equipment. The centre was in good structural repair and with adequate furnishings and facilities for the number of children living there. Inspectors found the centre to have pleasant and comfortable surroundings.

One of the recent additions to the centre is the conversion of one of the rooms to a professionally designed sensory room containing multi-sensory equipment. This was very popular with the children and staff who felt it was of great therapeutic value to the children who view it as a safe place.

There is adequate space to accommodate family and social work visits in private. Each child has their own bedroom and the staff team involve the children when decorating their bedrooms.

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

Maintenance

The centre has a maintenance person who responds to requests for repairs. The agency also uses outside contractors for any specialist work. The Inspectors were satisfied that all repairs were carried out promptly, and the centre maintains a record of repairs.

Fire Safety

Inspectors received the necessary written confirmation that all statutory requirements relating to fire safety and building control had been complied with. The centre has adequate means of escape and these are marked throughout the premises. The fire fighting equipment is located throughout the house and is serviced annually. The fire equipment is also checked by a member of the Health and Safety Committee fortnightly to ensure the equipment is located correctly and has not been moved or tampered with. Fire drills take place regularly and are recorded. All staff have recently received training in fire safety.

3.10.2 Practices that met the required standard in some respect only

Safety

The Inspectors carried out a safety audit of the centre and did not find any issues outstanding within the centre. The centre has an up to date health and safety statement which sets out effective means for reporting health and safety hazards, and the centre has an identified health and safety representative: However, the statement was not signed by all staff. While there were an appropriate number of staff members were trained in first aid, some staff required refresher training

The vehicles used to transport the young people were roadworthy, legally insured and driven by persons who were properly licensed. All medicinal products were stored safely and securely in the staff office and the Inspectors were satisfied that the administration of medicines was properly recorded.

310.3 Practices that did not meet the required standard

None identified

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

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

-Part III, Article 15, Insurance

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

-Part III, Article 13, Fire Precautions.

Required Action

- The centre manager must ensure that all staff read and sign the organisation's Health and Safety statement.

4. Action Plan

Standard	Requiring Action	Response
3.1	The inspectors recommend that TUSLA formulates a service level agreement with St Bernard's Group Homes as soon as possible.	TUSLA have not issued a Service Level Agreement since December 2013. The BOM will continue to liaise with TUSLA personnel to ensure a Service Level Agreement is implemented for the service.
3.2	The management team must review the centre's staff roster to maximize attendance at staff meetings and at the external consultant psychotherapist bi-weekly meetings. The management team arranges First Aid refresher training for staff.	This matter is currently under discussion with the centre staff team. The management team are committed to amending the staff rosters to ensure a larger attendance at staff meetings/ sessions. The management team agrees with this recommendation. We are actively organising First Aid refresher training and hope to have this completed by January 2016.
3.5	The director of services must ensure that copies of correspondence from the Child and Family Agency in relation to the granting of requests for derogations are maintained on the children's files. The placing area principal social worker must ensure that social workers ensure that statutory reviews take place in accordance with the National Policy in relation to the Placement of Children aged 12 and under in the care of the HSE .	The correspondence previously received in respect of Child and Family Agency has since been transferred from a file in the director's office to the children's files. The centre believes this is the responsibility of Tusla. The manager consistently highlights the need for statutory reviews to be held on a monthly basis in accordance with the National Policy.
3.7	The Child and Family Agency must ensure that on receipt of child protection reports from the centre, the social work departments formally acknowledge the reports and ensure centre management is informed of the steps taken to address these reports and the outcome of same so as to maintain a clear record on the child's file.	The centre agrees with this recommendation and hopes it is implemented by the relevant social work departments.
3.9	The supervising social workers for four of the young people must provide the centre with immunisation records for the young people.	The manager requested the documentation from the placing social worker on admission. The centre believes this is the responsibility of the placing social worker to ensure this information is provided to the centre for the child's file.
3.10	The centre manager must ensure that all staff read and sign the organization's Health and Safety statement.	The staff were requested by the Centre Manager to read & sign the Health and Safety Statement. This requirement has been highlighted to the centre staff team and will be adhered to.