



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

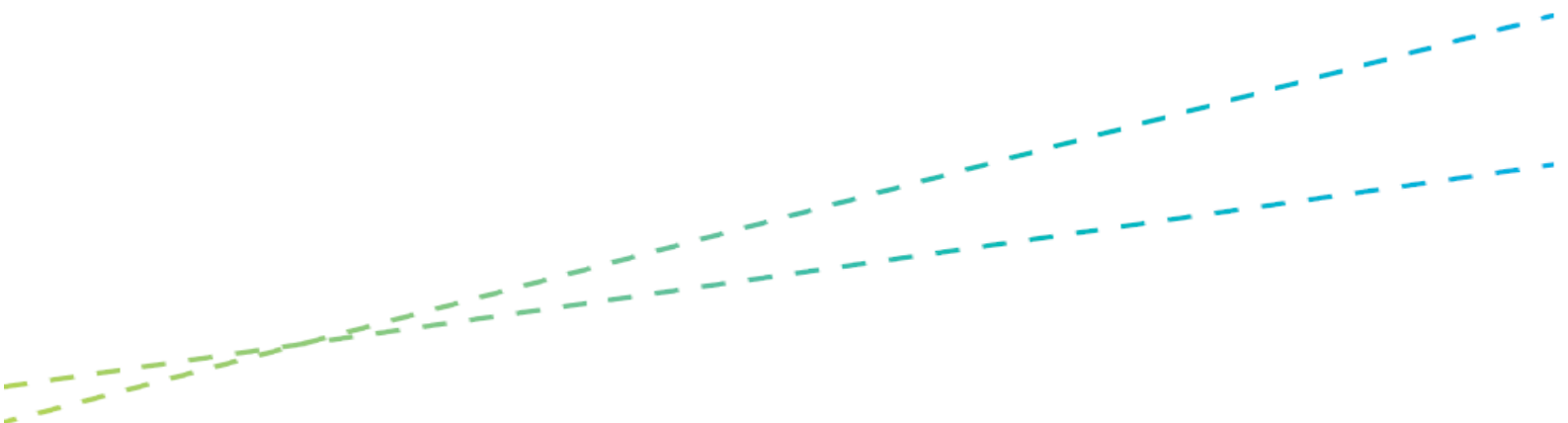
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 033

Year: 2016

Lead inspector: Catherine Hanly

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Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Dún na nÓg
Registered Capacity:	Four young people
Dates of Inspection:	25th & 27th October & 5th December 2016
Registration Decision:	Registered with condition attached from 1st November 2016 to 1st November 2019
Inspection Team:	Catherine Hanly Sinead Diggin
Date Report Issued:	8th February 2017

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

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

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

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

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

1.1 Methodology

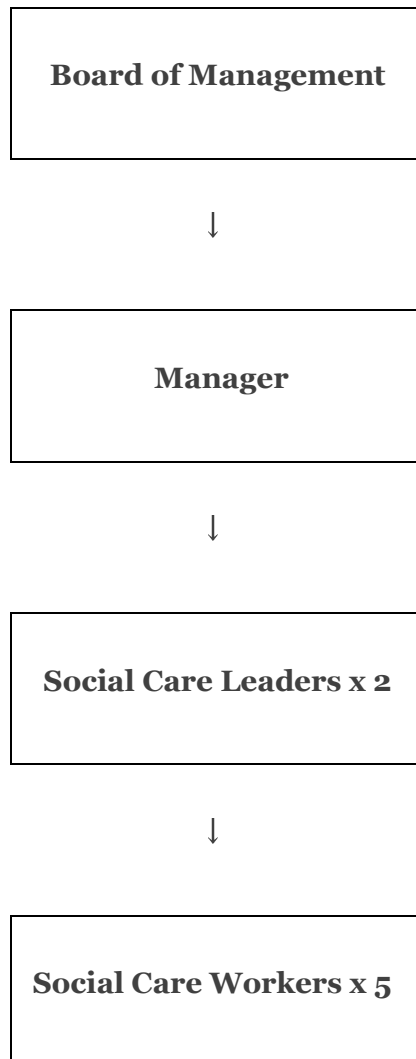
An application was duly made by the proprietors of this centre for continued registration on 19th October 2016. This thematic inspection took place on the 25th and 27th of October and the 5th of December 2016 and this report is based on a range of inspection techniques including:

- ◆ 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) Eight of the care staff
 - b) The three young people residing in the centre
 - c) Other professionals e.g. therapists.
- ◆ An examination of the most recent report from the Monitoring Officer
- ◆ An examination of specific sections of the young people's files and recording processes in the centre.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) One staff member
 - c) One young person
 - d) The three social workers for the young people residing in the centre at this time
 - e) A Guardian ad litem for one young person in the centre.
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on this date the 30th of January 2017, found that the centre is not in full compliance with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5, Care Practices and Operational Policies. As such it is the decision of the Child and Family Agency to register this centre with an attached condition pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. The condition is as follows:

- 1) The centre must implement in full its written submitted action plan and in particular and in particular ensure that the external management structures are clarified become well established and will be robustly maintained over time.

The period of registration being from the 1st November 2016 to the 1st November 2019.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Register

The manager maintains a register of all young people that have resided in the centre. The detail in this meets with the requirements expected and a duplicate copy of this information is also maintained centrally by Tusla, the Child and Family Agency in accordance with the relevant regulations.

Training and development

The manager has oversight of the ongoing staff training needs and has ensured that staff training in First Aid, Therapeutic Crisis Intervention, Children First, manual handling, fire safety is up to date. The staff team have also completed training in Response Ability Pathways, their identified approach to working and engaging with young people in the centre.

Inspectors have suggested that attachment and trauma are areas of training that would fit with the need of the current profile of young people in this centre. The manager concurred with this view stating that it was something that had been considered by them although had not been completed and the external clinical consultant also agreed with this view. Both have indicated that this will be explored as a matter of priority.

3.2.2 Practices that met the required standard in some respect only

Management

This centre is managed by a suitably qualified and experienced person that has been in this role for over six years. Inspectors found that the manager had good systems of oversight in place including but not exclusive to the supervision of staff, presence in

the centre on a daily basis with the exception of weekends, attendance at team meetings and shift hand over, meeting with young people regularly, review of all recording in the centre, attendance at statutory review meetings and monitoring keyworking. Despite this level of oversight, inspectors found errors across a number of records and in the storage of files. Inspectors also found that the manager was somewhat over involved in the day to day care of the young people including decision making at the cost on occasions of being able to maintain objective oversight of all practices whilst also empowering the staff team. Having said this, the manager in the delivery of their role has been trying to negate the impact on the young people resident of a consistent turnover of staff whilst not being adequately supported by a robust management structure. This matter will be further discussed under staffing.

A new board of management has been established within the company. Membership of this board includes a director of services, two persons identified as Leads for Behaviour Management and TCI/SEN, the proprietors and an external consultant that has a significant role in developing the new management structure and systems of governance. The functions of this board and the roles of its identified members was very much in the early stages of development at the time of this inspection. Whilst acknowledging the establishment of the new board and its functions, there is significant ongoing progress required in order to establish and maintain adequately robust systems of governance for this centre and the company will need to make a strong commitment to ensuring this new structure becomes well established and will be maintained over time. The roles of the individual board members also require further clarity and definition which will need to be made known to the staff team in the centre. Both the centre manager and membership of the board will need to create and maintain mechanisms for assessing the quality and effectiveness of the service that is provided to young people in this centre and include in this outcomes for young people.

The board also has a role in supporting the work of the centre with adequate resources, this aspect of their responsibility will need to be realised in order to allow the service to operate with a full staff team and to attend to the upkeep of the property.

Staffing

This centre at the time of this inspection had a staffing compliment consisting of two social care leaders and five social care workers. Inspectors found that there were gaps in the rota that had to be filled with relief staff on a number of occasions and by the director of service in one exceptional situation. Both of the social care leaders

have the required qualification and experience and were newly assigned to this centre from another operated by the company following the departure of a long-serving social care leader. The staff team has a mix of experience and qualification and inspectors found evidence within records of a demonstrated ability to communicate well and effectively with young people.

The shift pattern at the time of this inspection consisted of two staff on sleep over with a third working a long day shift. The manager was of the view that additional staffing cover was required to support the needs of one young person more appropriately and a request for additional funding to resource this measure had been submitted to the relevant social work department.

The centre does not have a dedicated relief panel and where the need arises, the manager utilises staff from another unit operated by a sister company. In order to ensure the centre has appropriate staffing levels management will need to recruit and maintain a dedicated relief panel to cover any gaps in the rota as they arise.

As previously referenced there have been issues in this centre with staff retention over a number of years resulting in persistently high levels of staff turnover. At the time of this inspection, only one staff member had been working in this centre for longer than eighteen months. The manager stated that high staff turnover has always been a feature in this centre yet exit interviews are not conducted with staff. The manager feels that this would be a beneficial addition to practice in the company and intends to suggest this to the newly formed board of management. Inspectors consider this to be an informative and necessary practice particularly in situations where staff turnover is a persistent issue.

As stated above, the manager was quite involved in the day to day decision making within the centre which should be more pertinent for the staff team with oversight from the manager. This pattern of practice may have evolved as a result of persistent staff turnover whilst the manager remained the constant figure in the centre. With the appointment of two full time social care leaders to this centre, this should support the manager in the delivery of their role, enable them to delegate more tasks to others and should eliminate the need for the managers' direct involvement in day to day practices.

The staff team informed inspectors that they feel adequately supported by their centre manager however the new board of management will need to examine carefully the matter of staff turnover and take the necessary action to address it as a matter of priority.

Inspectors examined a sample of the staff personnel files and found these to be in compliance with the necessary vetting requirements with one exception where a staff

member commenced employment a number of days prior to their Garda vetting being received by the company. This member of staff has been in the employ of the company for a number of years and therefore this issue occurred some time ago and prior to the enactment of the current vetting acts. Inspectors are aware that senior management within the company have taken steps to address any deficits within vetting practices and to ensure going forward that there are no gaps in any future vetting of staff.

There is a formal induction process for new staff coming to work in the centre which generally takes place over a 2-3 week period and records of which are maintained.

Notification of Significant Events

The centre has a prompt notification system in place for any significant events affecting young people. Social workers are generally informed verbally in the first instance of a significant event prior to receiving the written record. The social workers for the three young people currently resident stated that for the most part they are satisfied with the level of information contained in these records and certainly with the timeframes within which they are notified. One social worker did state that they would like more specific detail included regarding length of physical interventions and informed the inspector that she would raise this with the centre. The manager oversees all records before they are sent from the centre and guidance may also be sought by the staff team from a member of the board of management in completing these records. Despite this level of oversight and input inspectors found deficits within the recording of significant events. These include grammatical and spelling errors as well as insufficient detail in some of the records. This has particular relevance when accounting for staff and young people's whereabouts during significant events. The detail and description of events in some records was not always sufficiently supported by relevant information. Significant event records did indicate where relevant if a particular event or situation required review and there was evidence of learning from these although the direction from the manager was not always clearly documented. The matter of recording of significant events and recording of action/direction/guidance from the manager needs to be addressed by centre management.

Supervision and support

Inspectors found that staff members are receiving regular and formal supervision in accordance with the centre's own policy. These records were reflective of staff

interactions and practices with young people with feedback on performance and suggestions for improvement by the supervisors evident. Inspectors found that whilst there was some evidence of a link between the supervision process and the implementation of young people's placement plans, this was insufficiently robust and needs to be evidenced to a more substantial extent. The current format for the recording of the supervision session could also be altered to refine this process. Inspectors noted that there is an obvious focus on staffing issues, including staff interactions amongst the team, individual members' progress and development, and some HR related issues, with less documented emphasis on implementation of placement plans and the progress of young people in accordance with same. Whilst supervision can be a forum for monitoring the professional development and practices of staff members, such matters are more appropriately monitored through an appraisal system. The manager needs to revisit the practice of supervision and ensure a documented focus on effectively linking supervision with the implementation of young people's placement plans.

An external clinical consultant has recently been contracted by the company to, among other specific tasks, provide regular supervision to the centre manager. Prior to this a part time director of services was responsible for providing the managers' supervision however this had not been happening on a regular basis for some time and was not in line with the centres' own policy on the practice of supervision. To date the manager has had one formal supervision session with the new external consultant with a second date set. The manager identified this as a significant forum for support in and development of their role. It is important that this practice comply with policy in future.

Staff meetings take place on a weekly basis and there is a daily shift hand over between staff. The manager participates in these forums and staff referenced the team meetings as an important forum for group discussion and agreement with regard to engaging with the young people.

The staff team indicated to inspectors that they feel very well supported by the centre manager. The manager also reported that they feel supported by the new structures that have recently been implemented within the company which includes a Board of Management and an external clinical consultant. The consultant will provide regular professional supervision as well as ongoing support to the manager. However the manager did highlight that whilst there are some supportive mechanisms in place for staff in the event of injury or stress as a direct result of their work, these are limited and the manager feels that an improvement in supportive packages would have a

positive impact on staff retention within the centre. The external consultant and inspectors share this view. The company that operates this centre was at the time of this inspection in the process of reviewing staff contracts and terms and conditions of employment. Senior management must ensure that all statutory provisions in relation to employment law are adhered to within this process. Additionally, inspectors have asked the new director of services to consider the matter of appropriate support mechanisms within this process.

Administrative files

Inspectors found recording systems in the centre to be well organised and cognisant of the requirements of the Freedom of Information Acts. However as referenced under the significant events section of this report inspectors found some deficits in recording systems thus all records will need to be monitored more stringently in order to ensure that deficiencies are rectified for the purpose of safeguarding the interests of young people and staff.

Records pertaining to young people are kept in perpetuity.

The manager oversees the financial systems and records which are clearly maintained.

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 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.***

The centre has not 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.***

Required Action

- The proprietors must commit to the implementation of the board of management and the delivery of all its functions that will support the achievement of adequate governance of the operation of this centre.
- The manager must ensure that the practice of supervision is effectively linked to the implementation of young people's placement plans.
- The manager must monitor all records and ensure that deficiencies are rectified for the purpose of safeguarding the interests of young people.

3.5 Planning for Children and Young People

Standard

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

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

The centre manager and each of the three social workers for the young people in the centre at this time were satisfied that this placement was suitable for them and could meet their individual needs at this time. The centre is provided with sufficient background information on young people via the National Placement Team. The centre has a written policy on its admission process however in practice each young person has not been afforded the opportunity of a gradual transition a matter which should be given more careful consideration by all parties involved in this process. Young people are provided with written information on the centre. Inspectors found this to be quite detail-heavy and therefore may not be the most appropriate manner in which to give it to the younger residents currently. Centre management may need to review their formats for this information in the case of future admissions of a young age.

The young person that met with inspectors had a clear understanding of the reason for his placement in this centre and inspectors were satisfied from talking with the

manager and staff and from documentary evidence that the other two residents also understood the purpose of their placement.

The centre's comprehensive pre-admission and impact risk assessment processes take cognisance of the need to protect young people from the behaviours of one another. These do inform placement planning in a broad sense but the detail of these are not transferred in an evident way to placement plan documents, a matter that could be considered by management in the review of placement plans.

Contact with families

Inspectors found that family contact was an area of practice prioritised and valued by the centre manager and staff team. Practices in this area were in accordance with care planning decisions and facilitated where appropriate in accordance with the relevant regulations. Young people are being supported by the staff team to maintain their familial connections via telephone contact and through visits both at the centre and in other locations. Some social workers were complimentary of the extensive lengths that the manager and staff team go to in order to facilitate family contact for young people.

Supervision and visiting of young people

Social work visits to each of the three young people in the centre are occurring on a regular basis. Visits between young people and their social workers also take place outside of the centre and records of all such visits are maintained.

Social workers indicated to inspectors that they have read records pertaining to the young people at the centre and were satisfied with the content of these.

Social Work Role

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.

The application process for placing a young person in a private residential centre requires a significant amount of background information to be forwarded to the National Placement Team. Inspectors found that all relevant information had been forwarded by the placing team to the centre following approval of the placement there. The manager and staff team indicated that they felt adequately informed about

all relevant aspects of a young person's background prior to their placement in the centre.

Two of the three young people residing in the centre at the time of this inspection had up to date statutory care plans on file that were reflective of their placement in this centre. The third young person's statutory care plan was going to be updated at a statutory review meeting to reflect this placement the week immediately following this onsite inspection. All three social workers were aware of the timeframes for conducting statutory reviews and were inclusive of the young person, relevant family members and other professionals in convening this process. The social worker for the newest resident that is under the age of thirteen stated their familiarity with the expectations of the National Policy for the Placement of Children 12 Years and Under in Residential Care pertaining to monthly statutory reviews. Their first statutory review was convened the week after this onsite inspection. The social worker for the other young person under the age of thirteen had convened monthly statutory reviews in accordance with this policy.

All three social workers visit with the young people in the centre as well as outside of it and are satisfied with the level of information they receive from the centre and the manner in which it is shared including significant incidents, unauthorised absences and incidents of physical intervention. One social worker did identify a need for more specific information in significant event records and has raised this with centre management. Social workers have taken the opportunity to examine care records in the centre and they maintain their own case files.

Each of the three social workers was satisfied that the young people were safe and well cared for in this centre at this time.

Emotional and specialist support

Inspectors found ample supporting evidence of a good level of awareness by the manager in particular and staff team of the emotional needs of young people. There was good documentary evidence, in keyworking records particularly, of the efforts made by staff to engage with young people on an emotional level and to address some of their presenting issues. Inspectors found that there was less documented evidence of attention to the emotional needs of the oldest of the three current residents. This may be explained by a prolonged absence by this young person from the centre over the summer time. However the staff team must make robust efforts to continue to engage with this young person and to address their emotional needs in an appropriate manner.

Two of the three residents are connected to and engaging with external professionals and there is evidence documented in placement plans that the work of the various

professionals is being well coordinated in the interests of both of the young people concerned. The manager has highlighted the need for assessment for specialist services of the third young person who was only recently admitted to the centre. The social worker is aware of this and has made a number of relevant referrals and was at the time of this inspection awaiting the outcome of same.

Preparation for leaving care

One young person resident in the centre at the time of this inspection was aged sixteen. Their placement plan did reflect that some aspects of preparation for leaving care had been identified and the key working records demonstrated that some pieces of work had commenced. At this time the young person's individual circumstances and wishes were clearly being considered in the planning for their future and the young person themselves was active in this process. Inspectors are of the view that the structure and focus of the placement plan and the delivery of specific key work tasks linked to this plan could be more focussed and robust in order to achieve identified tasks that will prepare them for their move from this centre.

Discharges

Seven young people have been discharged from this centre in the last two years. Four of these were planned and each of the young people had turned eighteen years; the other three were unplanned and the decision to discharge was linked to at risk behaviours that could not be safely managed in the centre. Inspectors reviewed the end of placement report on file for the most recent discharge from the centre. The manager identified this young person's placement and ultimate move on from this centre as being very successful and positive. The report is well detailed and describes the aims of the placement at the outset as well as documenting how these aims were achieved. The young person was moved on in a planned manner in accordance with their statutory care plan and their own wishes. Whilst this was undoubtedly a success for the young person and the team in the centre, management must review the unplanned discharges and use any learning for future planning.

Aftercare

There was one young person resident in the centre at the time of this inspection that was aged sixteen. A referral had been made by their allocated social worker to the aftercare team however an aftercare worker had not been appointed as yet and the social worker stated this was not likely to happen before the young person turned seventeen and a half, if at all, and would then be very much based on prioritisation of

need. This may potentially impact on placement planning and both the allocated social worker and centre management will need to consider this as planning progresses for this young person in the placement.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Two of the three young people in the centre at the time of this inspection had up to date statutory care plans on file that were adequately detailed, reflective of the young person's individual needs and indicated the actions necessary to endeavour to meet these needs within this placement. One of these young people is approaching thirteen years of age and has been placed in this centre for over twelve months. The records indicate that statutory reviews have been convened on a monthly basis for the duration of their placement in accordance with the requirements of the national policy referred to previously. The third young person, who had been most recently placed in this centre, did not have an up to date statutory care plan on file that was reflective of their placement in this centre. However this young person's statutory review was scheduled for the week after this onsite inspection and the allocated social worker assured inspectors that the care plan would be updated subsequent to the review. This young person is under the age of thirteen and their social worker indicated to inspectors that they are familiar with the national policy and will ensure going forward that this policy is adhered to with regard to the holding of monthly statutory reviews. At the time of issuing this draft inspection report, these statutory reviews had not been happening strictly on a monthly basis as required by this policy, a matter that must be addressed by the relevant social work department going forward.

Young people and their parents have been invited and supported to attend their statutory reviews and to have their views made known within these processes. Copies of the minutes of the reviews that have taken place were forwarded to parents and are also on file at the centre.

All three young people had placement plans on file that were devised by key workers following a format established in the centre. These plans are aimed to operate within the broader care planning process and are reviewed on a monthly basis including after statutory reviews. Inspectors found these documents to be unnecessarily lengthy and detailed with one example whereby forty-six goals were identified for one young person in a month. Staff supervision records demonstrated that some staff were challenged by the length of these and struggled to complete them in a timely

manner. Inspectors did not find these documents to be particularly effective as a planning tool and queried whether the realisation of the goals identified in them would be achievable within the timeframes specified. Inspectors recommend reviewing the format and content of these documents for the purpose of optimising effective care planning within the placement.

Children's case and care records

Social workers indicated that they maintain a case file for each of the three young people placed in this centre.

Inspectors found that care records in the centre were maintained in an organised way and in a manner that took account of the need for confidentiality. However as identified elsewhere in this report, there were some deficits across records that had not been identified by management and the use of language in some significant event records needed attention. The manager and senior management within the company must ensure accurate and appropriately detailed recording takes place and must implement the necessary processes that will identify any deficits so that these can be addressed without delay.

There was evidence across some of the records of the young people's views being sought by the manager and staff regarding various aspects of their lives and care in this centre.

There are copies of birth certificates and care orders on file and the manager is aware of the company's responsibility to maintain files in perpetuity.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

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

Regulations 1995

-Part IV, Article 23, Paragraphs 1and2, Care Plans

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

-Part 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

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

Required Action

- Social work management must ensure that statutory care planning review arrangements are in compliance with the relevant regulations and current national policy.
- The manager and senior management within the company must ensure accurate and appropriately detailed recording takes place and must implement the necessary processes that will identify any deficits so that these can be addressed without delay.

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

On their initial site visit, inspectors found that the property was in need of significant repair and decoration to bring it up to an acceptable standard. There was visible evidence of significant property damage caused by young people and documentary evidence to indicate that this damage had continued over a period of time with efforts by management to address it somewhat. Internally the overall appearance of the property was poor with paint peeling, evidence of recent plastering that hadn't been painted over, scuff marks on walls and doors. The garden and exterior of the house required attention as did the backyard. There were obvious stains on carpeting in one room and some of the kitchen units were in disrepair and needed to be replaced. There is a room upstairs that is currently described by staff and the manager as a playroom. This room was quite bare and in the view of inspectors lacking

appropriate soft furnishings and necessary materials to qualify it as such particularly given the age and stage of development of the current residents.

When one inspector returned a number of weeks later, having given this feedback verbally to centre management, they observed that many of the identified issues had been addressed. Internal doors had been replaced and the main areas of the house had been painted; efforts had been made to make the designated playroom a warmer, more comfortable and play-friendly environment; a kitchen cupboard door had also been replaced. However as will be discussed further, closer oversight of and attention to the appearance of the property is required going forward.

Centre management submitted the necessary paperwork evidencing adequate insurance cover.

3.10.2 Practices that met the required standard in some respect only

Maintenance and repairs

Inspectors examined relevant records pertaining to health and safety audits and maintenance and repair issues within the centre. These records demonstrated incomplete record keeping in that matters identified as requiring attention were not consistently brought to the attention of management. The documentary evidence available indicated that the same or similar issues of property maintenance/repair continued to present and were not addressed in full.

Senior management must ensure that there is an effective and prompt programme of maintenance that competently addresses issues as they arise in this centre.

Safety

The staff team are trained in first aid. Medicines are now stored in a secure location with clear records of administration maintained. Having said this, records indicated that the lock to the first aid/medicine cabinet was broken for a time and this matter hadn't been promptly addressed. Although regular health and safety audits are undertaken, inspectors noted that these records were incomplete and were not effective in ensuring that identified deficits were attended to in a prompt fashion as would be expected.

Fire safety

The centre has the necessary documentation verifying that all statutory requirements pertaining to fire safety and building control have been complied with.

The centres' safety statement has a specific piece around fire safety and there are adequate fire safety measures in place.

The staff team have completed fire safety training. Regular fire drills have taken place however the most recent documented one states that evacuation took seven minutes which far exceeds the length of previous drills undertaken. There is no documented explanation for this and nothing to indicate that remedial action is required. The manager should revisit this record and determine whether further action is required.

An inspector noted that an interim measure to ensure that a pet rabbit would be contained securely in the back garden was effectively presenting as an obstacle to the fire escape route. This matter, although identified with staff at the time, was not addressed when the inspector returned and was then only removed.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

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

-Part III, Article 15, Insurance

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

-Part III, Article 13, Fire Precautions.

Required Action

- Senior management must ensure that there is an effective and prompt programme of maintenance that competently addresses issues as they arise in this centre.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.2	The proprietors must commit to the implementation of the board of management and the delivery of all its functions that will support the achievement of adequate governance of the operation of this centre.	<p>The proprietors have committed to continue to implement the Board of Management to ensure that there is adequate governance of the operation of service delivery and staff practice. The board meets monthly and discusses operational practice, care issues, behaviour management, staffing and training needs. It collates data on SEN, staffing, and supervision so there is an overview of some of its functional areas.</p> <p>It aims to provide a forum where managers and proprietors can discuss the practice of the home in line with regulatory guidelines and share good practice</p> <p>The board is enabling managers to information share in a managed and more proactive way in planning for the needs of the young people, through management and development of the staff team.</p> <p>The service director has direct contact with the centres at least three times per week and will read through statutory logs, raises any issues of concern with the manager or the external consultant.</p> <p>All managers now submit weekly reports to the Director of Services, external consultant and a</p>	Inspectors are satisfied with the level of detail in this response and the intended actions of centre management as a response to the issue identified. However inspectors have not been presented with one consistent definition and description of the board of management including its membership, responsibilities of its respective members that is replicated across the two centres in this organisation. Therefore inspectors are not yet satisfied about the ability of the board and its members to ensure the level of governance that is required in order to satisfy the requirements of the specific regulation that applies to this area. Centre management must ensure that they establish and maintain adequately robust systems of governance for this centre and the company will need to make a strong commitment to ensuring this new structure is clarified, becomes well established and will be maintained over time.

	<p>The manager must ensure that the practice of supervision is effectively linked to the implementation of young people's placement plans.</p> <p>The manager must monitor all records and ensure that deficiencies are rectified for the purpose of</p>	<p>named proprietor. These reports summarise the operation, activities and behaviours of the young people. It enables management to be kept up dated and involved in the analysis of practice and outcomes for the young people. The external consultant attends all management board meetings and feedback on practice, service management and development, training and improvement proposals.</p> <p>The manager receives clinical supervision and additional support as required. Monthly audits of statutory documents and feedback is given to improve analysis of information and improve the care of the young people.</p> <p>A new supervision template has been implemented and the focus will be on work undertaken with the young people. The supervision session is now focusing on evidence based practice. Staff need to demonstrate what, why and how they have worked with the young people, ensuring that placement plan targets are being covered.</p> <p>Tasks are set in supervision for the staff to work on with the young people and these are monitored through the centre manager daily reading the key working sessions and entries in logs, daily case notes etc.</p> <p>The centre manager reads through all the logs entries, statutory docs and diary entries each day. Issues from SEN are cross referenced with daily case notes, log entries to verify appropriating logging and accuracy of</p>	<p>Inspectors are satisfied with this response.</p> <p>Inspectors are satisfied with this response.</p>
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	safeguarding the interests of young people.	information. Mistakes are raised with staff for correction and they are shown the correct way to complete entries. The roles of checking statutory docs are also delegated to the team leaders. All SENs are scrutinised to ensure safeguarding of the young person.	
3.5	<p>Social work management must ensure that statutory care planning review arrangements are in compliance with the relevant regulations and current national policy.</p> <p>The manager and senior management within the company must ensure accurate and appropriately detailed recording takes place and must implement the necessary processes that will identify any deficits so that these can be addressed without delay.</p>	<p>The PSW with responsibility for the case referenced in this report has stated that the matters highlighted have been addressed.</p> <p>A staff member has been identified to complete a weekly check on all young people's folders. This staff member will identify any deficits. These areas identified will be passed over to the team leader who will ensure that any deficits are rectified. When this is completed and prior to sending reports, the manager will review all records to ensure that the appropriate information is recorded. In relation to SEN reporting manager/team leader will discuss the SEN details with the staff member who has recorded to ensure that they have included all relevant information in order that all SEN's have a clear and accurate account of the incident. External consultant will carry out regular audits and will review all reports to identify any gaps.</p>	<p>Inspectors are satisfied with this response.</p> <p>Inspectors are satisfied with this response.</p>

<p>3.10</p>	<p>Senior management must ensure that there is an effective and prompt programme of maintenance that competently addresses issues as they arise in this centre.</p>	<p>Director of Services has recently taken on the role of overseeing any maintenance issues. Manager currently ensure that the home's maintenance officer promptly reports any faults/maintenance issues to the Director of Services and request a timeframe of completion. All issues are recorded in the maintenance log by the team leader and manager reviews said log. In addition, staff have contact numbers for the maintenance person whom they will contact directly to prevent delay in the case of an emergency or out of hours call outs. Maintenance issues are resolved promptly with this more robust system in place. Staff will conduct a daily walk through of the home and note any maintenance issues.</p>	<p>Inspectors are satisfied with this response.</p>
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