



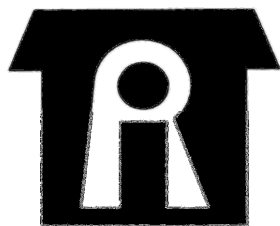
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

REGISTRATION AND INSPECTION SERVICE

STREETLINE

CHILDREN'S RESIDENTIAL CENTRE 2014

FINAL REPORT



Registration & Inspection Services
Child and Family Agency
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Blanchardstown Corporate Park
Ballycoolin
Dublin 15
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Registration and Inspection Report

Centre:	Streetline
Address:	556 North Circular Road, Dublin 1.
Name of Registered Proprietor:	Streetline
Name of Person in Charge:	Maeve Geraghty
Centre Managed By:	Maeve Geraghty
Registered Capacity:	Four young males
Dates of Inspection:	27th, 28th & 29th May 2014
Expiry Date of Registration:	31st May 2017
Current Registration Status:	Registered W/Out conditions until 31 st May 2017
Inspection Team:	Eileen Woods Jacqueline Roche
Draft report Issued:	10th February 2015
Final report Issued:	24th March 2015

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1. Foreword

The Registration & Inspection Service with the Child and Family Agency (formerly the HSE) is a regional service that acts as an autonomous agent of the Child and Family Agency. The service established in 1998 was created under legislation purveyed by the 1991 Child Care Act, to fulfil two regulatory functions on behalf of the aforementioned Child and Family Agency:

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, and amended by the 2001 Children's Act, Part XIII, Article 267.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 & The Child Care (Standards in Children's Residential Centres) 1996.

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

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

Once an application for registration has been duly made (see Part VIII, Article 61) a centre will be subject to an inspection. The content of the findings of this report is structured under the ten named national standards and is designed to provide a

comprehensive overview of the centres adherence to the standard criteria and any subsequent registration category and time period granted as a result of the findings of this inspection process.

The standards are named as follows:

- 1: Purpose and function
- 2: Management and staffing
- 3: Monitoring
- 4: Children's rights
- 5: Planning for children and young people
- 6: Care of young people
- 7: Safeguarding and child protection
- 8: Education
- 9: Health
- 10: Premises and safety

Under each standard a number of "Issues requiring action" may be detailed. These actions relate directly to the standard criteria and must be addressed.

The centre management are expected to complete a written implementation timetable with timescales and details of their proposed actions in response to the findings of this report. It should be noted that the first draft copy of our findings is forwarded to the centre management and staff and other relevant social work personnel for the purpose of verification of factual accuracy, and the interest of fairness. While every effort is made to ensure accuracy at draft stage we are conscious that this may not be so. The final document includes the centres proposed action plan and will reflect any subsequent required registration process required.

The Inspectors would like to acknowledge the full co-operation of all those concerned with Streetline and sincerely thank the young people, staff and management for their warm welcome, kindness and hospitality displayed to the inspection team during the process.

2. Executive Summary

This report is an account of the fifth full inspection of this centre, inspections took place in 2001, 2005, 2008 and 2011 and this inspection took place over three days in 2014 on the 27th, 28th & 29th May. The centre is operated by a voluntary body and provides medium to long term placements to young males aged fourteen to eighteen and has room for four young people. The house is located in the north inner city and has an aftercare house co-located with it. The centre, staff and young people are extensively linked with the local area for education, training and recreational activities. The staff team led by the Manager are an experienced and qualified group of staff who shared a strong ethos and vision for the young people and the centre. The centre is a standalone voluntary body which has since the last inspection become an associate member of a larger voluntary body in a move to secure some of their administrative and training functions in an ever more difficult financial climate. The Board now has a member from the larger organisation on the Board. The successive budget cuts that this and other services have received has had an impact on their financial viability, the centre has also had traditionally low staffing levels that caused them to be further exposed when various types of leave pertained. At the time of the inspection the Manager and the Board confirmed that they were increasing their fund raising activities and were in new negotiations with the local funding area regarding the future of the centre. The funding area, Child and Family Agency Dublin North East confirmed same and indicated that in the short term action regarding staffing levels would be supported. They further indicated the value they place in the service which shares a similar mission and ethos in improving the lives of children. The Child and Family Agency Alternative Care Manager has a key role in liaising with and oversight regarding placements at the centre. They, alongside the Monitor, the residential services management and the placement panel create strong links in the working relationship between the Child and Family Agency and the centre. Inspectors found that at the time of the inspection although there had not been a new service level agreement signed that there were arrangements in place for clear communication between the parties regarding the ongoing needs. The immediate future of the centre was reported to not be at risk at the time of the inspection but was creating cause for concern and need for action between the parties.

In the period following the inspection the centre was supported by the provision of additional staffing hours. The Inspectors found, as had the Monitor previously, that a key repetitive issue arising for the centre is the matter of the completion of thorough written records reflective of best practice nationally; this pertained to areas of recording from governance to young people's files. This has been responded to by the Manager who has decided to initiate an internal auditing mechanism to continue to improve in this area of practice at the centre. Inspectors also asked that outcomes and discharges be reviewed with feedback from young people regarding their experiences where their placements did not proceed as planned given due consideration. This centre has consistently performed well during inspection processes and continues to do with regulatory compliance being of a good standard. The decision regarding registration taking account of the findings of this inspection and the response from the centre is that the centre is registered without conditions from **31st May 2014** to the **31st May 2017**.

2.1 Methodology

Applications for registration or continued registration as a children's residential centre under Part VIII, of the Child Care Act 1991 must be made formally in writing to the Child and Family Agency. The Child Care (Standards in Children's Residential Centre's) 1996, Part II, Article 4 and the attached Schedule prescribes the official application information which must be provided within the registration request and places notice on the proposed proprietor to make available any additional supporting documentation that may be sought by the Child and Family Agency authorised personnel. (Also see Part VIII, Article 61, Paragraphs 7 & 8). An application was duly made by the proprietors of Streetline for continued registration on 13th May 2014. The inspection took place on the 27th, 28th & 29th May 2014 over a three day period and this report is based on the following inspection techniques:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaire completed by:

- (a) A representative of the management committee
 - (b) The Manager
 - (c) Seven of the Care Staff
 - (d) One of the young people residing there
 - (e) The Social workers with responsibility for young people residing in the centre.
 - (f) Other professionals e.g. General Practitioner's and therapists.
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of the former HSE.
 - ◆ A systematic research of the centre's files and recording process.
 - ◆ Interviews with:
 - (a) The Manager
 - (b) Two young people residing in the centre
 - (c) Two of the young people in aftercare
 - (d) Three of the care staff
 - (e) The Child and Family Agency Dublin North East Alternative Care Manager
 - (f) The allocated social worker(s)
 - ◆ Observations of care practices and the staff/ young person's interactions.

There is documentary evidence to support the statements contained under each heading in this report.

2.2 Data on Young People

On the first day of fieldwork the following young people were residing in the centre:

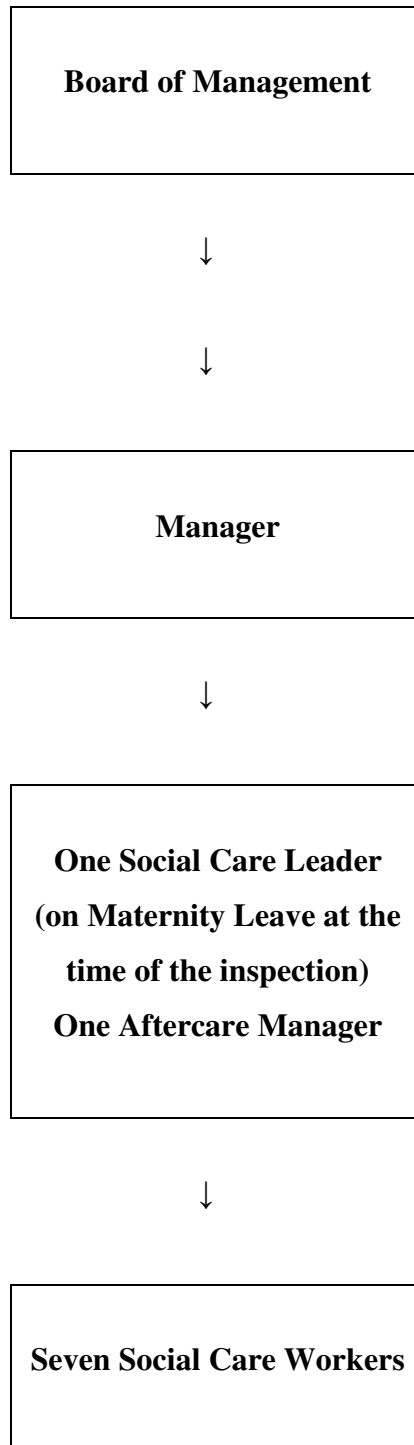
Listed in order of length of placement

Young Person	Age	Legal Status	Length of Placement	No. of previous placements	Child & Family Agency Placing Area
# Male	17:3	Full Care Order	1 year 2 months	1	DNE North City
# Male	16:9	Voluntary Care Order	5 months	None	DNE North

2.3 Centre Staffing

Position	Qualification	Employment Status	Period Appointed
Manager Female	MA Therapeutic Child Care	Permanent	14 years 4 months
Aftercare Manager Female	Diploma in Psychology / Certificate in Counselling	Permanent	5 years 5 months
Social Care Leader Female	MA Therapeutic Child Care	Permanent	13 years 4 months
Social Care Worker Male	BA in Social Care	Permanent	14 years 2 months
Social Care Worker Female	Diploma in Community Development & Leadership	Permanent	13 years 3 months
Social Care Worker Male	In Service Training	Permanent	14 years 5 months
Social Care Worker Male	BA (Honours) Social Care	Permanent	5 years 7 months
Social Care Worker Female	BA (Honours) Social Care	Permanent	1 year 7 months
Social Care Worker Male	BA (Honours) Applied Social Science	Permanent	6 months
Social Care Worker Female	MA Therapeutic Child Care	Permanent	2 years
Social Care Worker Male	BA Social Studies / Currently studying MA	Relief	4 years 10 months
Social Care Worker Male	B Social Science / Studying MA	Relief	6 years 3 months
Social Care Worker Male	BA(Honours) Social Studies	Relief	6 years 3 months
Social Care Worker Female	BA Social Studies	Relief	8 months
Social Care Worker Female	BA Social Studies	Relief	3 years 4 months

2.4 Organisational Structure



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

This centre is run by a voluntary body that since the last inspection has become an associate member of a larger voluntary body, they maintain their own Board and autonomy within this arrangement. The centre provides placements for four young males aged 14 to 18. There is an aftercare property co-located with the main centre and some of the young people over eighteen can move into this up to the age of twenty one. For a short period in the three years since the last inspection the capacity of the centre increased to five, this arrangement with regard to the property and size of team was not successful and the Child and Family Agency Dublin North East and the centre agreed to return to a capacity of four. The centre is funded by the Dublin North East Region of the Child and Family Agency, a service level agreement had not been formally agreed at the time of the inspection.

The statement of purpose and function is well and clearly written, it outlines the psychodynamic and humanistic approach used by the centre. The goal is to provide safety, stability and individualised care within a structured setting. The team promote the idea of a community living style approach and the model of care is supported by a consultant who provides group supervision every six weeks. Inspectors found that the ethos and culture of the centre are clearly reflected under strong and consistent leadership which supports this model.

Young people in the centre and particularly those in the aftercare house had a clear idea of what the centre has to offer and those who spoke to Inspectors were positive about their experiences at the house both under and over eighteen.

The Inspectors found that with regard to the centre specific policies and procedures, these sit alongside the local area standardised policies and procedures, that these were still in draft form and some were not being fully realised in practice, for example complaints and admissions and in this report Inspectors ask that the team review these and that the Manager finalise the policy document. It is a suitable document which is congruent with the ethos of the service and with its status as a voluntary body. There is a young person's booklet that the Inspectors find is overly formal in some of its use of language and not suitable for a young person with compromised literacy abilities. There was evidence though that all aspects of the centre are also gone through verbally upon admission with young people.

The Manager and staff all presented their concerns to Inspectors regarding the precarious nature of the financial future of this small charity. There have been successive budget cuts to voluntary bodies in recent years. The Manager reported that they are now actively engaging with the Child and Family Agency Dublin North East with some measures being agreed to alleviate pressure on staffing in particular. They are also fundraising and hoping to take action supported by the Child and Family Agency to secure the future of their centre.

Standard Heading	Practice met the required standard	Practice met the required standard in some respects only	Practice did not meet the required standard
Purpose and function	√		

Issues Requiring Action

- The policies and procedures should be finalised and entered into a regular review process.
- The young people's booklet should be revised and the young people consulted as part of this.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard

Management

The Manager of this centre has been in place for over thirteen years and is suitably qualified. The Manager supports the principles underpinning daily practice by direct role modelling and this is also done by the experienced staff members, who the Manager identifies as culture carriers. This small but busy project is clear in its goals and acts to meet these daily, which is the support of young people who cannot live at home using daily life and tasks as a reparative therapeutic tool. Governance at this centre is most frequently found in the unwritten forums such as daily reflection sessions, the Managers daily presence and attendance at handovers and team meetings. They also read significant event notifications, logs and manage all admissions and risk planning processes. It was clear to Inspectors that a high level of direct work was undertaken by the Manager due to low staffing levels at the time of the inspection, this had been noted by the Monitors report seven months prior and remains a cause for concern until staffing levels stabilise.

There is a Board which now includes members of the larger voluntary body of which the centre is an associate member. The Board is led by founding members of the charity, they are supportive of the centre and hold a shared vision for the service particularly for its future. The Board meet on a six weekly basis, these meetings, which the Manager attends, address the young people, their placements and any issues arising as well as staffing, the property and the budget. The young people are familiar with key members of the Board. The Manager and centre do need to improve evidenced governance structures and this has been an issue requiring attention for

some time. It is important that this is valued and delivered to a similar standard as other centres.

Meetings have taken place between the Dublin North East Child and Family Agency as the funding area and the centre and issues impacting on staffing have begun to be addressed and the capacity restored to four as part of this. For their part the centre need to reflect more on all outcomes and plan to identify factors negatively impacting on some placements and how they can adapt their practice to reduce this.

Notification of Significant Events

The notification of significant events system was operating to a competent standard at the time of the inspection. The centre had received direction from the Monitors regarding necessary improvements and these had been implemented in the months prior to the inspection.

The centre are now integrated into a local area significant event review group and report that this is positive. Inspectors found that gaps in recording resulted in there being uneven written evidence of actions taken in response to significant events particularly those likely to challenge placement stability or impact on others at the centre. This information was generally known verbally and this was verified as such by social workers.

Supervision & support

Supervision is conducted regularly by the manager and the records evidence a teaching approach in support of the model of care, linking the supervision qualitatively to the placement plans and interventions with the young people. The Manager is supervised by an external professional. The Manager reported that it is regular, the same person conducts group supervision every six weeks and this is reported to be relevant to the psychotherapeutic model of care. There were no substantial records of the latter process, and no evidence that this process informs reviews of outcomes. It would be beneficial if this took place and records maintained to support ongoing learning. The staff stated they are supported well and cited the weekly team meeting and handovers as key for planning and support. Records are maintained of all these meetings.

Training & development

The majority of core training is maintained up to date for the staff team and at the time of the inspection First Aid in particular needed to be updated. The centre has been integrated into the north city network of other voluntary bodies as well as the Child and Family Agency (formerly HSE) services and have good access to complementary training opportunities through these networks. The Inspectors recommend that the team access training in anti bullying techniques also and that a training audit and needs analysis be completed.

3.2.2 Practices that met the required standard in some respect only

Register

The centre presented two registers for inspection one of which was not closed off properly and Inspectors ask that this be done and that it be stored appropriately. The centre now uses the standardised register created by the Child and Family Agency DNE, a copy of which is maintained in the Child and Family Agency Offices.

Staffing/ Vetting

At the time of the inspection one person was on maternity leave and was not replaced due to budget, they held a social care leader role, and the second social care leader role was dedicated mainly to the aftercare work, another experienced staff had left to travel. Staffing levels were operating at seven plus the Manager leaving the team low in numbers although this was addressed somewhat following the inspection with the provision of an additional staff by the funding region. Inspectors found that the staff were clear about the purpose of their work, they were committed to the model of care and structured in their work within this. They were a robust and active group open and honest with the young people and professional and supportive in assisting the young people both practically and emotionally day to day. They are not a team that reported feeling confident with written work and this presents an additional work load for the Manager in the absence of the Social Care Leader. The team need to focus on

the small changes they can make to improve aspects of the files in support of the work at the centre.

There is an intern programme in place on a nine month cycle and there was one instance of a difficulty with this which was resolved quickly by management.

A sample of the personnel files were reviewed and Inspectors found that qualifications have not been consistently verified with the colleges and this must be done, long term staff should also have their vetting renewed in accordance with best safeguarding practice.

Newer staff confirmed that they had completed inductions but this appeared to be a modelled as opposed to a recorded process. Inspectors found that the team were concerned for the future of the centre and working hard to maintain the standards of practice they had traditionally established there.

Administrative files

Inspectors found that while there have been improvements in file maintenance at the centre some areas remain problematic. It was difficult to track how certain decisions and conclusions were reached and risk assessments were not consistently on file.

The system is very reliant on familiarity due to compromised staffing levels or on the basis that the team expect that the Manager knows the answer/decision. The quality of daily logs varied and young people's voice was not well reflected in the logs but was well represented in direct work records. In essence the centre is very much about the doing and not necessarily the recording of this. All team members must play their part in consistently improving how all information is recorded and following up on any absent documents in their role as key workers.

The Monitors commented in November 2013 that records of meetings and the decisions from these were somewhat lost on file so it is important as staffing levels improve that the team continue to be aware of the files.

3.2.4 Regulation Based Requirements

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

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

-Part III, Article 5, Care Practices and Operational Policies

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

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

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

Standard Heading	Practice met the required standard	Practice met the required standard in some respects only	Practice did not meet the required standard
Management	√		
Register		√	
Notification of Significant Events	√		
Staffing/ Vetting		√	
Supervision & support	√		
Training & development	√		
Administrative files		√	

Issues Requiring Action

- The Board and the Manager should confirm the actions being taken in consultation with the Child & Family Agency Dublin North East management to address the staffing levels and financial future of the centre.
- The Manager must enhance evidenced governance structures at the centre and all staff must oversee files and maintain good records.
- Details of training completed by the team from July 2014 to January 2015 to be forwarded as well as any identified for the coming year.
- Qualifications should be verified with the colleges and long term staff should have their vetting renewed.

3.3 Monitoring

Standard

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

3.3.1 Practices that met the required standard

An official announced monitoring visit took place at this centre in November 2013 and a written report was generated of this process to which the centre responded. In general the report found positive practices directly with the young people but with regard to the financial stability and its impact on staffing their findings were a cause for concern. Some of the young people were aware of the role of the Monitor and the centre have included information about the Monitor in the young person's booklet. The Monitor was satisfied with the standard of the significant event reporting in general.

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*

Standard Heading	Practice met the required standard	Practice met the required standard in some respects only	Practice did not meet the required standard
Monitoring	√		

3.4 Children's Rights

Standard

The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard

Consultation

Congruence and clarity typify the approach at the centre, the staff are consistent in their delivery of service and the rules and expectations are stated to the young people. The main consultation work was found by Inspectors to be undertaken on an opportunity led basis and is verbal. Young people's meetings are held on this basis but were poorly recorded and Inspectors would like to see this significantly improve. It is important that the staff place value in maintaining records that give a better written picture of their direct consultation with the young people.

The young people's voice and views were well reflected on the placement plans and key workers complete the plans with the young person where they are happy to do so. There was evidence that the young people were consulted with regarding their care plans and statutory reviews also.

Access to information

Inspectors could not ascertain how many young people had read their logs or been invited to do so. They are informed of their right to do so in the young person's information booklet. The Manager and staff operate an open door policy with young people and reported involving some young people in identifying if there has been a change in pattern either positive or negative by engaging them around their logs when completing them.

The Managers small office is the identified storage location for sensitive or confidential documents, as per the last inspection this is not a very securely

maintained area and better awareness needs to be in place around keeping key filing cabinets locked when not in use.

3.4.2 Practices that met the required standard in some respect only

Complaints

There were few recorded complaints on file but there was evidence of dissatisfactions and grievances regarding a variety of matters and one young person had raised complaints about his placement, there had also been an episode of confirmed bullying at the centre and this was investigated by the Social Workers and the assigned Child and Family Agency Alternative Care Manager. One young person moved to another placement following a serious incidence of bullying.

The manner in which grievances and all complaints are dealt with is not clear or consistent and this is not in accordance with the centres own policy on complaints. The policy is suitable if fully implemented and has a system for appeals also. There were also two different registers in operation neither of which was up to date and this must be addressed. The team should review their approach to this area and how to support young people to address their complaints. All staff have a role in this in particular around taking personal responsibility for recording these matters or following up to ensure that the young person is happy matters have been addressed.

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*

Standard Heading	Practice met the required standard	Practice met the required standard in some respects only	Practice did not meet the required standard
Consultation	√		
Complaints		√	
Access to information	√		

Issues Requiring Action

- The staff must review at team level their complaints policy and procedure. The registers should be updated and one used.

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

Contact with families

The centre ethos and team approach is to value and promote family contact in accordance with any court stipulations, social work department advice and the young person's wishes. The Manager visits families regularly and the files evidenced supportive relationships between staff and key family members. Family can and do visit the centre also.

Supervision & visiting of young people

Standard

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

There was evidence that the young people, at the time of the inspection, saw their social workers and their social work team leaders on a regular basis and in accordance with the statutory guidelines.

Social Work Role

There was evidence that some of the social workers had read the logs at the centre and others were aware of the requirement to do so from time to time. They were up to date regarding their young person and satisfied that the young person was being supported well by the team. The young people who had been through difficult times at the centre either through bullying or their own emotional issues had social workers who worked in consultation with the team to address or investigate these matters. With regard to safeguarding needs there was co-operation in place and risk awareness and safety planning in place.

Emotional & specialist support

The emotional care of the young people is prioritised by the staff, they treat the young people with respect and aim to be fair and open with them. There is a consistent stated awareness on the part of the team as to the fact that past traumas have a significant impact on young people's current ability to cope. The staff see themselves as tools for change in each of their daily interactions with the young people and this work is supported by the Manager. There was evidence of good interdisciplinary work in support of the young people's needs and evidence of referral onwards to suitable external supports, for example drug treatment, psychiatry and psychology or counselling.

Some young people found the fact that the team hold expectations of them difficult and there was evidence that they expressed their concerns about their ability to maintain what was asked of them, typically this related to education and training. There was sensitive and clear recognition of the young people's emotional state and strategies put in place by the team to support them and counter difficulties without diluting the requirements for aspiring to, for example, an aftercare placement.

Preparation for leaving care

This is an area of work clearly reflected in the house, for a young person open and ready to engage, and those not, this team go to great lengths to organise young people's life learning, education, training and practical skills development. The young people talked to Inspectors about this aspect of life at their house and how much it had meant to them. There were leaving care plans and assessments on file and the work was reflected in day to day life and all plans.

The centres dedicated aftercare manager leads much of the work in this area, this was shared with the social care leader before their period of leave.

Discharges

As stated earlier the register identifies that of the eleven names entered since the last inspection four were in aftercare next door and four had left not in accordance with their care plan of whom two were emergency discharges to another service.

Discharges have to be approved by the placement panel but can and have been approved on an emergency basis by the Child and Family Agency DNE Alternative Care Manager.

The two discharge reports seen by Inspectors were not formatted in the same way and some of the information contained in them was not consistent with some of the information as told to Inspectors verbally about what had happened for the young people and the reasons why they left. This suggests a need for there to be a focused review of different outcomes by the staff team. The Manager stated that they do seek the feedback not just of the young men living in the aftercare house but also those who left for other reasons.

Aftercare

There is a purpose built aftercare house attached to the main centre, funded and completed by the voluntary body. One of the staff is in charge of this house and also supports the main centre, maintaining a positive culture connecting the two projects. A young person will not qualify for a placement next door if not in a regular daily training, education or employment programme. This is made clear to the young

people who are then supported and incentivised to achieve this. Inspectors were told that in the past some of the young people had aftercare workers assigned in accordance with the national leaving care and aftercare policy and that aftercare plans had been completed with the young person in co-operation with the centre. The Manager and the Board are also linked to other housing associations with regard to all young peoples throughcare and aftercare needs

Children's case & care records

In general the young people's files contained their social histories and the relevant previous reports needed to support understanding of their needs. The files contained their birth certificates, care orders and consents were on file where needed. Any key items absent were followed up on by the Manager. The standard and level of recording varied with some staff being more comfortable than others in the area of report writing. The direct work records evidence a high level of interaction with the young people.

3.5.2 Practices that met the required standard in some respect only

Suitable placements & admissions

Inspectors found that the young men referred to the service in the intervening three years were in the majority suitable for the service - they required a placement in residential care that was close to family, had a caring therapeutic ethos and potential for support post eighteen. Some had more challenging behaviours than others and certainly those in deep crisis exhibiting criminal, violent or serious bullying behaviours may not have been able for the centre whilst in such a crisis. As stated prior in the intervening three years there had been four discharges not in accordance with the care and placement plans , four successful long term placements and three other young people resident at the time of the inspection, of which one placement was at risk but this was being addressed. The centre's Board and the Manager were concerned that they were receiving unsuitable referrals and the Child and Family Agency referral panel considered the centre to be a good service for young people in need of support. When examined by Inspectors it appeared that the majority but not all of the referrals were suitable at the time of referral. Alongside this was the

combination or mix of young people that proved problematic and in fact detrimental to placement stability for at least one young person. It is in this aspect of the communications regarding referral decisions that the Inspectors recommend that more development take place between both parties.

What Inspectors found on file regarding recent admissions was that there were inconsistencies in how and in what detail pre admissions risk assessments were done, the level of content of those seen by Inspectors varied. Inspectors also found that the pre admissions processes as visualised in the centres own policy were not being adhered to as intended. Whilst this was the case a cohort of young people had been admitted successfully and were aware of the reasons why they were in care and positive about their placement there. The Manager does all of the admissions work including meeting the families and the social workers, holding admissions meetings and completing the risk assessments. As stated prior a review of the outcomes from the previous discharges should take place.

Statutory care planning & review

One of the young people did not have a care plan on file within the statutory guidelines upon admission, although there were some other small delays the care plans and statutory reviews were generally completed within time frames for the others, were detailed and relevant to the ongoing needs. There was a high level of contact with some social workers more than others taking account of the individual issues regarding the young people.

Placements plans were in place without delay from the outset of a placement and reviewed regularly thereafter. Goals and actions were put in place for young people, they are given additional support by staff if struggling to meet these goals, for example regarding education. Key work reports are reviewed at team meetings and correspond to the placement plan and care plan goals. Individual work books are maintained by key workers and these best displayed the child centred and detailed work taking place. Matters arising not named in the placement plan were addressed in the individual work sessions highlighting that concerns are openly discussed and acted on with young people. The individual works evidence the cohesion in the work by the team, supported through the weekly team meetings and daily handovers.

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 1&2, Care Plans

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

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

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

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Standard Heading	Practice met the required standard	Practice met the required standard in some respects only	Practice did not meet the required standard
Suitable placements & admissions		√	
Statutory care planning & review	√ Placement Plans	√ Care Plan	
Contact with families	√		
Supervision & visiting of young people	√		
Social Work Role	√		
Emotional & specialist support			
Preparation for leaving care	√		
Discharges	√		
Aftercare	√		
Children's case & care records	√		

Issues Requiring Action

- Pre admission risk assessments and collective pre admission risk assessments and subsequent risk planning must be completed to a consistent standard for all admissions.
- There should be a review of discharges by the team to ensure shared learning from the difficult as well as the successful outcomes.

3.6 Care of Young People

Standard

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

3.6.1 Practices that met the required standard

Individual care in group living

The young people have two key workers assigned and the whole team share the completion of tasks related to the young people's day to day life. The key workers prepare fortnightly reports. Activities, outlets and interests are explored for the young people and they are supported to develop good daily routines. There had been leaving certificates completed, college courses started, apprenticeships established and the staff, families and the young people celebrated these key life events together.

The quality of life and recognition of the achievements, small and large, of the young people are clearly evident to see at the centre. The staff and young people spend time together doing activities, cooking, sports, caring for the animals and other daily tasks.

Provision of food and cooking facilities

There is a homely well used kitchen in this house that is at the heart of all the daily activities. Staff and young people cook and eat together and ex residents and others drop in regularly for a cup of tea and a chat. There is a positive emphasis on freshly made healthy meals, there were a variety of foods and fruits available for young people and they were involved in preparation.

Race, culture, religion, gender & disability

The ethos of care embraces inclusion and fairness with respect for all at its core and this is held by the staff team. They aim to positively support young people with their identity and sense of self and to do so in a non-judgemental manner. One of the older young people unprompted stated that this culture permeated to the boys and that lads could express themselves at the centre.

Managing behaviour

The behaviour management systems at the centre meet the criteria governing this area to a good standard particularly in the area of considering the underlying causes of harmful behaviours. There were day to day practices to support children to manage behaviours and the young people at the time of the inspection and some ex young people in the house did know what was expected of them. Positive behaviour is noted and promoted and opportunities taken to create chances for positive achievement big or small.

The rules at the centre are clear to an extent but the young people's booklet does not address them directly and visually may be a daunting document and should be reviewed. A smaller flexible document for young people would be helpful as there was evidence of confusion for some young people when their placement got into significant trouble as to how it happened. There are limits at the centre and these are clearly managed by the adults and it is very important that the young people are assisted to understand this fully through different avenues. Warnings are issued to young people who significantly breach centre rules in particular regarding violence, aggression and bullying behaviours to peers, the warnings stay on file for three

months. Not maintaining a daily programme that they are judged able for can also cause difficulties in the stability of a placement if they cannot be overcome. Three warnings can result in a young person leaving the centre. The Manager writes at times to a young person where problems in the placement are mounting.

When a placement becomes troubled there was evidence that documents were reviewed somewhat, that the Social Worker and the Alternative Care Manager were alerted. Meetings were convened and decisions reached, young people could be involved in this. Sanctions, rewards programmes, centre culture, written warnings are all utilised to address difficulties and placements have been sustained past repeated written warnings to a successful outcome. By the same token some placements have not been sustained despite all the above systems and this speaks to the preadmissions procedures and continued refinement and good interagency work between the Child and Family Agency and the centre.

Inspectors found that ICMP's, individual crisis management plans, were not evidenced as being regularly reviewed but did contain suitable interventions and displayed good knowledge of the young people.

Restraint

There had been no restraints used in the centre, the team do not use it due to the limitations of the property as well as the type of programme they are offering. There have been no assaults on staff and difficulties between young people are generally addressed through the behaviour management and warning systems. Staff stated their awareness of their duty of care in the event of a serious risk of harm but on at least one occasion one young person has physically hurt another. The Manager stated that this was reviewed and that reflective practice and good professional working relationships assist the staff in managing volatile situations. The young person involved told Inspectors that staff are always close by, take action and that they felt safe at the house.

Absence without authority

There had been twenty absences from the centre without permission in the preceding twelve months, these related to one young person. Strategies have been put in place

to address these and this was ongoing at the time of the inspection. Each young person had an IAMP, individual absence management plan, on file and a curfew in place, those exhibiting high risk behaviours around absences were the subject of additional risk assessment and planning involving the centre, the family and the social worker.

3.6.4 Regulation Based Requirements

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

-Part III, Article 12, Provision of Food

-Part III, Article 11, Religion

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

Standard Heading	Practice met the required standard	Practice met the required standard in some respects only	Practice did not meet the required standard
Individual care in group living	√		
Provision of food and cooking facilities	√		
Race, culture, religion, gender & disability	√		
Managing behaviour	√		
Restraint	√		
Absence without authority	√		

Issues Requiring Action

- The team must ensure that they review and update ICMP's on a regular basis.
- Young people must be supported to understand fully, through a variety of means, how their difficulties are impacting on their placement stability.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard

Safeguarding

Inspectors found suitable policy and practice provisions in place to address safeguarding structures within the centre. The team displayed a capacity to positively question each other's practice and there was good oversight of direct day to day practice with the young people. Identified safeguarding risks are named in plans and known by the team, these are then addressed directly with the young person and rules are put in place within the house and co-operation sought with family and social workers regarding safety in the community. One resident young person had gained access to the centre during the night so the centre must be aware of their security arrangements and be confident that they are sufficient. Someone should not be able to get access into a centre without staff knowledge.

Requiring attention is a lack of written governance systems and a review of practice is needed around complaints and grievances. EPIC, Empowering Young People in Care, have visited the centre and the young people are aware that they can access support and advice through them.

Child Protection

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.

The centre has written policies and procedures in place regarding child protection reporting and up to date training in Children's First was provided to the team. There

had been no child protection reports generated from the centre in the period prior to the inspection. The team were aware of the risks involved with the group of young people they were working with at the time of the inspection and had implemented some safeguards to help counter that.

Standard Heading	Practice met the required standard	Practice met the required standard in some respects only	Practice did not meet the required standard
Safeguarding	√		
Child Protection	√		

Issues Requiring Action

- Persons should not be able to gain access to the house without security systems alerting staff members to same.

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

The focus on education and training with the young people has proven to be a very positive aspect of the work at the centre. This was reinforced by what the young people past and present said to Inspectors. The experienced team are aware of many local schools, courses, clubs and supports, resources that they tap into once a young person joins the centre. Inspectors found that education is planned for, individualised, informed by assessments, is part of the culture at the centre and is promoted through positive rewards systems. The young people's ability to learn and right to have an equal opportunity to access training and development the same as their peers in the community is respected and brought to life through the centres many links. The

young people at the time of the inspection had school or training placements and for those experiencing difficulty maintaining placements options were being looked at.

Standard Heading	Practice met the required standard	Practice met the required standard in some respects only	Practice did not meet the required standard
Education	√		

3.9 Health

Standard

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

3.9.1 Practices that met the required standard

The young people's medical, dental, optical, orthodontic and G.P. needs were well addressed at the time of the inspection. The records on file were generally clear regarding day to day health needs and past immunisation histories had been acquired from the social workers. The detail of young people's involvement with specialists was not clearly recorded and Inspectors asked that the files be reviewed to improve this aspect.

There was good attention to and intent regarding giving the young people suitable personal health and sexual development information.

3.9.4 Regulation Based Requirements

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

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

Standard Heading	Practice met the required standard	Practice met the required standard in some respects only	Practice did not meet the required standard
Health	√		

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 & 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard

Accommodation

At the time of the inspection the physical layout of the upstairs of the property was undergoing alterations. Previously converted to introduce an extra bedroom Inspectors were told this decreased the available space where young people and staff could spend time together and increased pressure on staffing numbers if five as opposed to four young people were resident at the house. The Child and Family Agency Dublin North East supported the adjustment of the centre back to its original configuration of rooms. The house is an older property with maintenance and repair demands commensurate with that fact, the large roof had to be replaced since the last inspection costing a significant amount of money and this was financed through their own reserves. The centre also requires rewiring the Manager told Inspectors and funds are being raised to deal with this. The centre is homely and always busy with a sense of ownership promoted for all of the house and its appearance.

Proof of adequate insurance was provided to Inspectors as part of this process.

Maintenance and repairs

There are regular maintenance persons and members of the team who undertake small repairs and jobs around the centre.

Safety

Health and safety systems at the centre require development to reflect audits and systems necessary for robust health and safety standards. It is important that although the house is well maintained and has an identified person for fire and safety that safety audits and policy and procedure continue to enhance and develop.

The team required first aid training at the time of the inspection and Inspectors were told that this was planned. Medication storage and recording was well organised by the team.

Fire Safety

The centre has suitable fire safety systems, signage and equipment in place. These are subject to regular evidenced service contracts and ongoing repair where issues arise. The staff hold fire drills from time to time and these are recorded. The most recent date regarding fire safety training should be forwarded to Inspectors in response to this report.

3.11.3 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 & Safety)

-Part III, Article 13, Fire Precautions.

Standard Heading	Practice met the required standard	Practice met the required standard in some respects only	Practice did not meet the required standard
Accommodation	√		
Maintenance and repairs	√		
Safety	√		
Fire Safety	√		

Issues Requiring Action

- Health and Safety procedures should continue to be enhanced with regard to audits and records.

4. Summary of Issues Requiring Action

3.1

- The policies and procedures should be finalised and entered into a regular review process.
- The young people's booklet should be revised and the young people consulted as part of this.

3.2

- The Board and the Manager should confirm the actions being taken in consultation with the Child & Family Agency Dublin North East management to address the staffing levels and financial future of the centre.
- The Manager must enhance evidenced governance structures at the centre and all staff must oversee files and maintain good records.
- Details of training completed by the team from July 2014 to January 2015 to be forwarded.
- Qualifications should be verified with the colleges and long term staff should have their vetting renewed.

3.4

- The staff should review at team level their complaints policy and procedure. The complaint register should be updated and one only used.

3.5

- Pre admission risk assessments and collective pre admission risk assessments and subsequent risk planning must be completed to a consistent standard for all admissions.
- There should be a review of discharges by the team to ensure shared learning from the difficult as well as the successful outcomes.

3.6

- The team must ensure that they review and update ICMP's on a regular basis.
- Young people must be supported to understand fully, through a variety of means, how their difficulties are impacting on their placement stability.

3.7

- Persons should not be able to gain access to the house without security systems alerting staff members to same.

3.10

- Health and Safety procedures should continue to be enhanced with regard to audits and records.

5. Response & Action Plan

Standard	Issues Requiring Action	Response
3.1	<p>The policies and procedures should be finalised and entered into a regular review process.</p> <p>The young people's booklet should be revised and the young people consulted as part of this.</p>	<p>Two staff discussion days will take place before the summer. Both days will be facilitated by an outside consultant. Completion date: before 1 June 2015.</p> <p>Centre will consult with the partner voluntary body re implementing their already endorsed complaints procedure.</p> <p>Centre is in the process of consulting other agencies young person policy documents/handbook to help develop our own unique young person's handbook. Given that our current resident group are busy with educational programmes; we will wait until early June to begin the process of resident input into the document. A draft form of the booklet should be available by 1 August 15</p>
3.2	<p>The Board and the Manager should confirm the actions being taken in consultation with the Child & Family Agency Dublin North East management to address the staffing levels and financial future of the centre.</p> <p>The Manager must enhance evidenced governance structures at the centre and all staff must oversee files and maintain good records.</p>	<p>With respect to the same Child and Family Agency senior management Dublin North East secured additional hours over Xmas period. More recently, an additional 24 hours (8 Sat, 8 Sun) per weekend has being allocated and to review in 14 weeks time at May 15. It is hoped that by this time the centre will have a SLA where staffing levels can be explored. In addition, the BOM will write to Tulsa requesting staffing levels be addressed by 25th March 2015.</p> <p>The centre legitimately cite low staffing levels and time spent on the floor, as an explanation for minimal recording practices. However, the benefits of good recording systems ensure a clear and consistent approach to the young people being cared for where the staffs do shift work. With regard to the standardised recording systems, the manager and the staff team will continue to improve on this practice.</p> <p>File management requires regular monitoring to ensure files are properly maintained. The centre have nominated one staff member to take responsibility for checking the required documents for a general maintenance. Each residents file will be checked on a monthly basis. With the additional staffing on weekends, time will be allocated in the handover enabling a staff member to dedicate time to file management. This will be reviewed in October 15.</p>

	<p>Details of training completed by the team from July 2014 to January 2015 to be forwarded.</p> <p>Qualifications should be verified with the colleges and long term staff should have their vetting renewed.</p>	<p>To be forwarded</p> <p>All staff members with the centre over 3 year have being given new Garda clearance forms. These will be collected 11 March 2015 and sent for clearance. The manager will consult with human resources to seek advice on improving staff files. All staff will be given a generic letter to submit all educational establishments to ensure that qualifications are verified.</p>
3.4	<p>The staff should review at team level their complaints policy and procedure.</p> <p>The complaint register should be updated and one only used.</p>	<p>The review of the complaints policy and procedure will be discussed during the 2 day team consultation/discussion day facilitated by an external consultant. Before this time the centre will meeting with human resources in the affiliated Trust to consider implementing their already endorsed complaints procedure.</p> <p>This is now in place</p>
3.5	<p>Pre admission risk assessments and collective pre admission risk assessments and subsequent risk planning must be completed to a consistent standard for all admissions.</p> <p>There should be a review of discharges by the team to ensure shared learning from the difficult as well as the successful outcomes.</p>	<p>The centre recognise the importance of this process and will make improve our use of the form. <i>Inspector: The development and implementation of good quality individual and collective risk assessments are a key building block for supporting placements for young people</i></p> <p>The staff team fully agree with this advice and concur that significant learning will emerge. Accurate and in-depth discharge reports would aid this process. The staff team will use the consultation day review the same. Dates of the consultation day can be forwarded when agreed.</p>
3.6	<p>The team must ensure that they review and update ICMP's on a regular basis.</p> <p>Young people must be supported to understand fully, through a variety of means, how their difficulties are</p>	<p>In consultation with external consultant, the team have now improved use of ICMP which are reviewed on a monthly basis and updated when required. The team undertook a TCI training day with in February 14. Part of this day included properly establishing the ICMP which are now in place and reviewed monthly at team meetings.</p> <p>Why placements have not being sustained despite the procedures in place to manage distressed behaviour, can be better understood by not only focusing on the young person but also the group dynamic and suitability of the placement</p>

	impacting on their placement stability.	<p>in the first place. It highlights the importance of the combined risk assessment but this procedure does not take into account cases where unforeseen issues arise after placement. This recommendation will require a completion of the review of discharges which is in progress.</p> <p><i>Inspector: It is important that the team hear that young people can struggle to process some of the rules and that this needs to be individually recognised.</i></p>
3.7	Persons should not be able to gain access to the house without security systems alerting staff members to same.	The centre have a new alarm monitoring service in place and have made application to Croke Park to have windows replaced.
3.10	Health and Safety procedures should continue to be enhanced with regard to audits and records.	<p>The affiliated Trust commission an external Health and Safety consultant to risk assess all their projects. This will now include the centre in this assessment which is due to take place in the first half of 2015.</p> <p><i>Inspector: Feedback on this should be forwarded to the Inspectors once completed</i></p>

Please Note: The outcomes recorded on the table above relate to actions taken or proposed by the centre and reported to the inspectorate on or before March 2015. Progress on identified issues requiring action subsequent to this date will be recorded on the centres registration & inspection file as maintained by our office and progress reports on outcomes will be made available upon request.

6. Summary of Compliance with Regulations

Standard	Criteria No.	Practice met the required standard	Practice did not meet the required standard
2	2.3 Operational Policy	√	
2	2.5 Change of Manager	√	
2	2.7 Register	√	
2	2.9 Notifications	√	
2	2.10 Staffing	√	
3	3.1 Monitoring	√	
4	4.1 Consultation	√	
5	5.9 Care Planning	√	
5	5.11 Care Planning Consultation	√	
5	5.13 Care Planning Review	√	
5	5.18 Access	√	
5	5.24 Authorised Person	√	
5	5.26 Case Files	√	
5	5.28 External Supports to YP	√	
5	5.40 Care Records	√	
6	6.9 Food Provision	√	
6	6.14 Religion	√	
6	6.31 Notifications	√	
9	9.1 Medical Assessment	√	
9	9.3 Specialist Services	√	
10	10.1-10.9 Accommodation	√	
10	10.13-10.18 Safety Precautions	√	
10	10.19-10.23 Fire Safety	√	

7. Findings with Regard to Registration Matters

This is the fifth full inspection of Streetline, inspections took place in 2001, 2005, 2008 and 2011 and this inspection took place over three days in 2014 on the 27th, 28th & 29th May. The centre is operated by a voluntary body of the same name.

Registration 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 both the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and ultimately the Department of Health & Children's National Standards for Children's Residential Centres.

The findings of this report demonstrate that the centre, having met the issues requiring action detailed in the report, are now in compliance with the regulatory framework and the National Standards for Children's Residential Centres. As such it is the decision of the Inspectorate to register Streetline without conditions attached pursuant to Part VIII, Sections 59, 60 & 61 of the 1991 Child Care Act. The period of registration being from the 31st May 2014 to be reviewed prior to the 31st May 2017.

The public register of non-statutory Children's Centres as maintained by our office has been duly altered.