



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

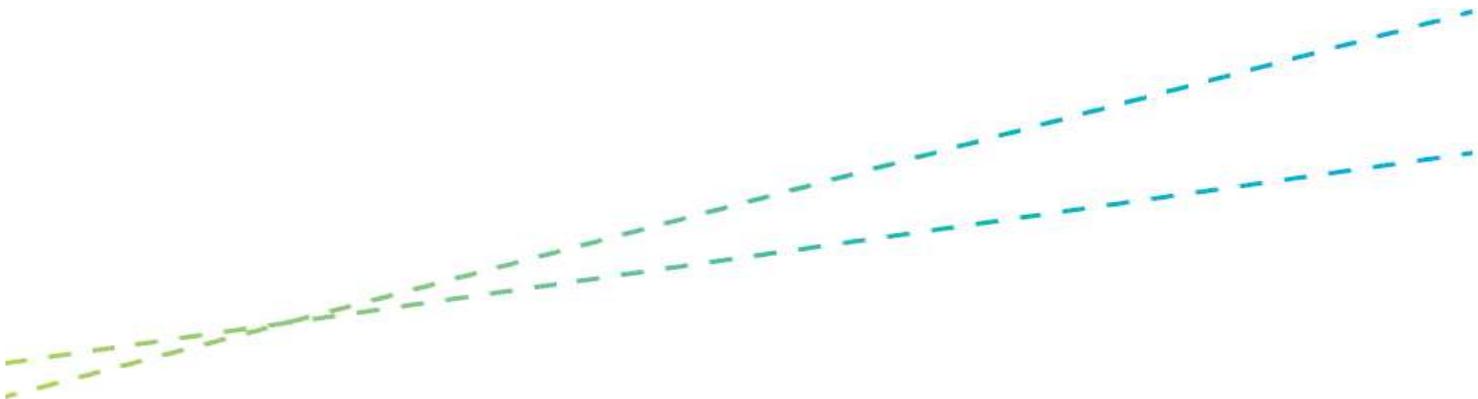
## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number: 020**

**Year: 2017**

**Lead inspector: Michael McGuigan**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Ashdale Care Ireland Ltd</b>
<b>Registered Capacity:</b>	<b>4 young people</b>
<b>Dates of Inspection:</b>	<b>03<sup>rd</sup> and 04<sup>th</sup> May 2017</b>
<b>Registration Status:</b>	<b>31 March 2017 to the 31<sup>st</sup> March 2020 no conditions attached</b>
<b>Inspection Team:</b>	<b>Michael McGuigan Catherine Hanly</b>
<b>Date Report Issued:</b>	<b>16<sup>th</sup> August 2017</b>

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## 1. Foreword

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

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 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. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

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 provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle

of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres

## 1.1 Methodology

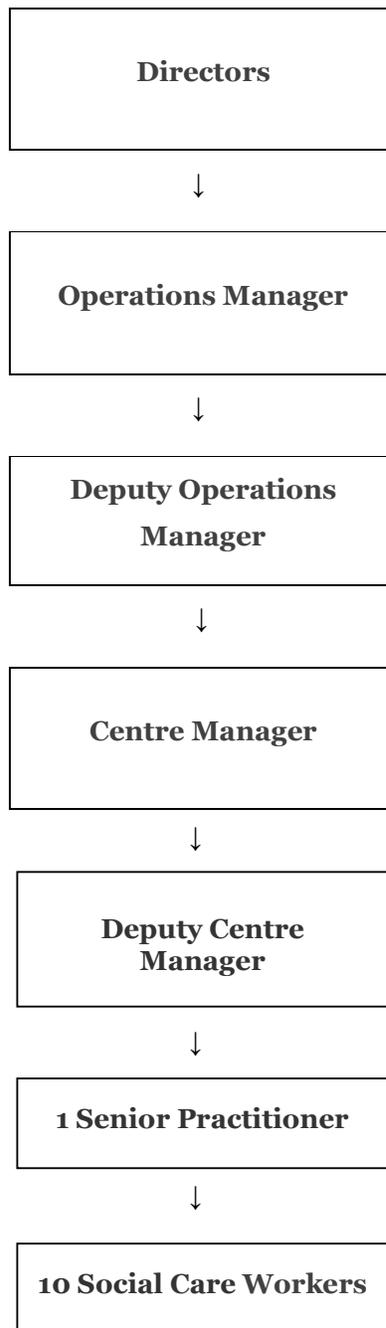
This report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was an announced thematic inspection that covered a sample of a number of standards and took place over on the 03<sup>rd</sup> and 04<sup>th</sup> of May 2017. This report is based on a range of inspection techniques and data including:

- ◆ An examination of the questionnaires completed by six of the care staff
- ◆ An examination of the questionnaires completed by four of the young people
- ◆ An examination of the most recent report from the Registration and Inspection Service
- ◆ An examination of the centre's policy and procedure document
- ◆ An examination of specific sections of the young people's files and recording processes in the centre
- ◆ An examination of a sample of staff personnel files and supervision records
- ◆ Attendance at a shift handover meeting
- ◆ 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 acting centre manager
  - b) One staff member
  - c) Four social workers for the young people residing in the centre at this time
  - d) The deputy operations manager for the organisation
  - e) The Guardian ad Litem for one young person
  - f) The lead inspector from the registration and inspection service with responsibility for this organisation.
- ◆ 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

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration.

As such the registration of this centre remains 31/03/17 to 31/03/20.

## 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**

##### **Management**

This centre has an acting manager who has been in post since February 2017 and is covering a maternity leave. This person has an appropriate social care qualification and has previously acted as deputy manager for this centre in the past. Inspectors noted that there was a defined organisational structure and the centre manager reported to the deputy operations manager who in turn reported to the operations manager.

However, inspectors noted that there had been four changes of centre manager in the two years previous to the inspection and suggest that the organisation makes efforts to provide continuity in this regard. While there is also a deputy manager in the centre, it was also observed that the post of senior practitioner that exists within the centre's management structure was vacant as the post holder was on maternity leave at the time of the inspection.

The deputy operations manager has been in post for over two years. Inspectors reviewed a sample of supervisions carried out by the deputy operations manager with the centre manager and noted that these were occurring monthly and contained discussions on the care of young people and operational matters such as staffing. The deputy operations manager stated during interview that she completes unannounced visits to the centre and audits of the care and administrative files. As part of the inspection, reviews of these audits were conducted and it was observed that they contained good evidence of oversight and auditing. Inspectors noted the deputy operations manager's signature on documents, including key work reports to evidence her governance in the centre and also observed from records she visited the centre on a four weekly basis since the new acting manager was appointed. The

deputy operations manager also attends clinical meetings, carries out staff inductions and attends team meetings where necessary.

Inspectors observed that the acting manager had signed documents in the young people's care files and also regularly reviews and signs key work reports and the young people's daily logs. The centre manager stated that she also meets regularly with young people. Centre records also evidenced that the acting manager attends the handovers when she is on site and also oversees team meetings and attends child in care reviews and clinical meetings in relation to the young people.

Attendance at a handover and a review of a sample of records for this forum evidenced that it was used for the planning of care for young people and the exchange of information among staff. Records for staff team meeting minutes also reflected the planning of care for young people and discussions on care practice.

### **Register**

During this inspection, the centre register was reviewed and found to be complete and in line with regulatory requirements and with the National Standards for Children's Residential Centres, 2001. The centre register is a hardback book and contains details of young people, their admission and discharge dates and information on their parents and social workers. A copy of the register for admissions and discharges for this centre is also held by the Child and Family Agency.

### **Notification of Significant Events**

Significant event notifications from this centre are sent to social workers and also to the registration and inspection service where a lead inspector for the organisation reviews them. During interviews with social workers each stated that they were satisfied that significant event notifications were forwarded in a timely manner and contained appropriate information and inspectors reviewed evidence that social workers responded where necessary. During this inspection a review of a sample of significant event notifications was completed along with a review of the centre significant event notification register and these were found to contain appropriate information.

Inspectors reviewed a sample of minutes for the organisation's significant event review group and observed that this meets on a monthly basis and consists of senior management and members of the clinical team. The group can also be convened on

an emergency basis if required. Correspondence held in young people's care files evidenced that feedback on significant events, including on care practice, was provided to the acting manager. Inspectors noted that the centre has a register to record the notification of significant events that includes details of the young people and the incident.

### **Training and development**

During this inspection the training audit for the centre was reviewed and inspectors noted that staff had received core training in fire safety, first aid, therapeutic crisis intervention and Children First: National Guidance for the Protection and Welfare of Children, 2001. It was also observed that staff had received supplementary training in sex education and that they were actively seeking training in internet safety for young people.

### **Administrative Files**

Inspectors reviewed a number of the administrative files in the centre and found these to be in order. It was observed that files in the centre are maintained and stored securely in line with the Freedom of Information Act, 1997. The centre also has a policy on petty cash and systems for the administration of cash in the centre.

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

### **Supervision and support**

Inspectors were provided with a copy of the centre's supervision policy and noted that it contained appropriate information and direction for management and staff. This policy states that supervision will occur for new staff on a fortnightly basis for the first six weeks and is then provided monthly thereafter. The policy also notes that informal supervision and consultation with the clinical team are parts of the overall process and that supervision will be carried out by the staff member's line manager.

As part of the on-site inspection process, inspectors reviewed a sample of supervision records for four staff members. It was observed that supervisions for all of the staff were being carried out by the acting manager and that the deputy manager was also frequently present at this forum to take minutes and offer advice where appropriate. These records also evidenced that supervision was occurring within the prescribed time frames for three of the staff members and that supervision contracts were also in place. A decision had been made to increase supervision for the fourth staff member to fortnightly; however, the records reflected that supervision was still being provided

at four weekly intervals. Further, detail on this issue is provided in the section below on staffing.

The minutes of supervisions for staff members evidenced that these were focused on reflective practice and the analysis of incidents for young people. Inspectors also observed discussions on positive events for young people and the oversight of care practice by the centre manager. However, inspectors found that recurring themes arose in supervision for one staff member and that progress was not made in this forum on improving the staff member's performance. Also while some of the supervision minutes referred to lengthy discussions on issues, the notes did not contain clear details or specified actions that allow the reader to trace progress or the addressing of poor practice. Further, inspectors did not find a clear link between supervision and the review of the individual development plans for young people and a stronger focus on key working and placement planning was required.

As noted above, the centre staff have access to the organisation's clinical team to provide them with support and information on how to address the young people's behaviours and they also meet frequently with the deputy operations manager and operations manager in clinical settings and at training.

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

#### **Staffing**

The centre currently has a whole time equivalent staff complement of ten social care workers, a deputy manager and an acting centre manager. There are three staff on shift each day with two sleeping overnight and a third staff working during the busy periods of the day. From a review of the information provided by the organisation, inspectors noted that four of the ten staff currently working in the centre were on probation and had recently been recruited. As noted above, the position of senior practitioner in the management structure had been vacant for a period, although inspectors were informed that the appointed person for this position was due to return to work in the centre a number of weeks after the inspection. Inspectors found that there was a system for induction including a programme of training prior to beginning work in the centre and that staff spend days on site reading relevant documents and completing a number of support shifts as part of this process.

From a review of the information provided, inspectors observed that seven staff had left their posts in the centre in the 12 months prior to the inspection. The records also reflected that three of these staff had not passed probation. Further, during

interviews with young people they noted that there had been a large turnover of staff in the past 12 months and they stated that they were unhappy about this and that they wanted to be cared for by people that they knew and had relationships with. During interviews with the centre manager and the deputy operations manager, both acknowledged that staff retention was an issue in the centre but stated that a clear action plan was now in place to address the issues which included a review of pay scales and allowances and recruitment nights.

Further, inspectors observed from the sample of staff files that were reviewed that the majority of staff had limited social care experience before starting work in the centre. Inspectors also noted from a review of personnel files that the reference form for one staff member was not fully completed by the referee and many of the sections were blank. The centre manager explained that as this was an academic reference that it was accepted despite many of the sections not being completed. Inspectors also observed that copies of qualifications for one staff member had not been obtained. As such the centre did not meet the requirement for vetting as set out in the Department of Health and Children Circular dated 08<sup>th</sup> September 1995.

Inspectors reviewed the personnel file for one staff member and noted that there were issues relating to this person's previous employment in another children's residential centre. The file reflected that the staff member had made the organisation aware of these issues before beginning work in the centre in November 2016. However, correspondence held on file evidenced that a risk assessment (including correspondence with the Tusla Registration and Inspection Service) and full follow up on the issues was not conducted for a further four months while the staff member was working in the centre. When this risk assessment was carried out in March 2017 a decision was made to revert to fortnightly supervision for a period to support the staff member with their practice.

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1996 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 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 7, Staffing (Experience, Qualifications and numbers)***

### **Required Action**

- The acting centre manager must ensure that supervision records clearly reflect the discussions that occur and that there is a focus on placement planning and care practice in this forum.
- The operations manager must ensure that vetting arrangements meet the requirement set out in the Department of Health and Children Circular dated 08th September 1995.
- The operations manager must provide inspectors with a plan for staff retention and notify the registration and inspection service in writing of any changes in staff in the centre between 12/06/17 and 12/12/17.

### **3.4 Children’s Rights**

#### ***Standard***

The rights of the 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 in full**

None identified.

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

##### **Complaints**

The centre has a policy on complaints and grievances that stipulates what constitutes a complaint; how a young person can make a complaint; who they can complain to; what the procedures around complaints are and how to appeal the outcome of a complaint. Further, young people are provided with information on their rights and responsibilities on admission to the centre and this includes information on complaints. As part of this inspection, a review of the complaints and the grievances registers for the centre was completed and it was observed that action had been taken to resolve each of the recorded complaints and that social work departments had been involved in these processes. Inspectors noted that the registers had been signed

by external line managers and there was evidence that work with young people had been completed in relation to their complaints, however, some practice was not in compliance with the centre's policy.

During interview young people stated that they were not happy about the care being provided to them and some of the rules in the centre. Inspectors reviewed the daily logs for young people and observed that these expressions of dissatisfaction were being recorded in the young person's voice section but had not been acknowledged as a complaint by the centre manager or staff team. Inspectors requested that these complaints were recorded and notified on the young people's behalf. The centre's policy states that the suggestions or complaints made by young people should always receive a response; however, inspectors found that this was not always the case.

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

None identified.

#### **Required Action**

- The deputy operations manager must review the policy on complaints with the centre manager and staff team to ensure that staff practice reflects centre policy and that young people are supported to have their voices heard.

### **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**

This centre has a policy on admissions and discharges that contains appropriate information and provides direction on admissions to the centre. Referrals can be made by social workers from any region of the country through the Tusla national private placement team or from health and social care trusts in Northern Ireland. At the time of the inspection there were four young people living in the centre with each

having been placed by social work teams in the Republic of Ireland. Centre policy also states that referrals are made to the organisation's operations managers or to the clinical team lead and that pre-admission group impact risk assessments will be created to assess the suitability of the referred young person. Inspectors reviewed the most recent risk and impact assessments held on file for young people and also reviewed referral information and social history reports provided by their social workers. It was observed that these documents were detailed and provided information on how the behaviours and vulnerabilities of the referred young person would be managed and the systems in place to ensure the safety of all of the young people. There has only been one admission to the centre within the past two years and inspectors found that this was in line with the purpose and function. Inspectors also observed that young people were provided with information on their placements upon admission to the centre and that there was adequate pre-admission information held on file for each resident.

### **Contact with families**

Inspectors met with three young people to discuss the frequency and nature of family contact and were informed by young people that they were happy with this and no issues existed. From a review of the care files for young people, inspectors found that they had frequent contact with family members and the centre records reflected that contact was facilitated and promoted by centre staff. Social workers also stated during interview that they were happy with how the centre supported young people with family contact.

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

From interviews with allocated social workers for each of the young people and from reviews of the care records for young people, inspectors found that each of the social workers visited young people in line with regulatory requirements. Inspectors also noted that the centre held records for all communication and contact with social workers. As well as being visited in the centre three of the young people met with social workers in the community, at meetings and family access and at child in care reviews. Social workers also confirmed that they had direct phone contact with young people where appropriate.

However, during interview with one young person she stated that she was unhappy with some of the aspects of the care being provided to her and wished to see her social worker more often to discuss this. Inspectors raised this issue with the social

worker during interview and she stated that she would make arrangements to visit the young person.

### **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.

### **Social Work Role**

From a review of the young people's care files and also interviews with social workers inspectors noted that young people met with their social workers in private when necessary and that social workers received copies of significant event notifications, including incidents of restraint. Each of the social workers interviewed stated that they were satisfied with the care being provided in the centre and with the communication processes in place. As noted above, two young people stated that they were unhappy in the centre. When these issues were raised with the allocated social workers both stated that they would meet with the respective young people to support them.

Three social workers also stated that they had read the care files for young people and there was evidence that they had visited the centre and young people at regular intervals.

### **Discharges**

This centre has a discharge policy that notes that discharges can be planned or unplanned. Planned discharges will be to an agreed placement and this policy also notes that work will be undertaken with young people on aftercare. The policy states that young people will be supported when discharged and that their belongings will be stored safely and given to them when they leave the centre and that this event will be marked with a celebration for the young person. The centre's policy states that unplanned discharges will only occur in extenuating circumstances and where there is a risk to the safety of the young people. From a review of the register of young people for this centre, inspectors observed that there have not been any discharges in the past 12 months and only one discharge in the previous two years. This was a planned discharge in line with the young person's care plan to an agreed placement and was supported by the staff team.

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

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

During this inspection a review of the care plans for each of the four young people was completed. Inspectors observed that three of the young people had care plans that were in date, contained appropriate information and had been regularly reviewed. These plans included information on the progress for young people, their emotional needs and therapeutic requirements, details for family contact and general plans for their care.

However, the care plan on file for the fourth young person was dated 2015 and while there was evidence on file that a review of this plan had occurred in July 2016, an updated plan had not been forwarded to the centre. During interview with the social worker for this young person she stated that she had not received the minutes for this review from the convening officer and as such could not yet produce care plan. Inspectors also reviewed correspondence from the centre manager to the allocated social worker requesting that the updated care plan was forwarded.

There was written evidence that young people had been consulted prior to their child in care reviews. Further, previous care plans and minutes for care plan meetings were held on file in the centre to evidence regular review. The social worker for one young person aged under 13 informed inspectors that monthly care plan reviews had occurred as required by the National Policy in relation to the Placement of children aged 12 years and under in the Care or Custody of the Health Service Executive and centre records reflected this.

Placement planning in the centre was overseen by the clinical team and individual development plans were created monthly for each of the young people. As part of this inspection, a review of the individual development plans was carried out and inspectors noted that these were regularly reviewed and that social workers also attended these meetings. Individual development plans are separated into three sections containing, long term, medium term and short term goals. However, inspectors observed that concurrent and similar information was included across each of young people's individual development plans for long term and medium term goals and in some places these plans contained identical language. Further, it was also observed that a number of the medium term goals for young people had been included in the plans for a number of years and had not changed or been updated. Inspectors found that it was unclear from the records examined how the input from

the clinical team was being relayed to the staff team and integrated into the key work sessions being carried out with young people.

From a review of key working sessions inspectors observed that a number of the short term key work directives that had been included in the individual development plans were the same each month and did not correlate to the key work that was being carried out. These records also evidenced that the number of key work sessions varied significantly at times. For example one young person had ten key work sessions in one month but 24 in the following month. Further, in some instances reports had been included for events that did not constitute key work and this work should have been recorded as life space interviews following incidents. Records also reflected that at times there was a focus on addressing behaviours rather than carrying out the goals identified in the individual development plans. During interview with young people inspectors found that they were unsure what their individual development plans were and had not been consulted on their content. The centre manager informed inspectors that while regular meetings were held with young people on their care, these were not specifically to inform them of or seek agreement on the content of their placement plans.

During interview with the deputy operations manager she informed inspectors that she had conducted a review of key working in the centre and that changes to the system were being discussed at senior management level. This person also acknowledged that issues with similarities in the placements plans action was being taken to address this.

### **Emotional and specialist support**

From a review of the young people's care files and interviews with the centre manager and social workers, inspectors found that there were extensive emotional and specialist supports in place for one young person. The centre has a clinical team consisting of psychologist, teachers and an art therapist and the staff team are provided with regular training through the Training and Awareness Programme. Inspectors also observed that young people were provided with information on key working through the young person's booklet and that each had two allocated key workers. However, inspectors found that staff turnover had affected the relationship building carried out by key workers and, as noted above, two young people who were interviewed expressed dissatisfaction on the supports being provided to them and the relationships they had with staff. Further, a clinical report held on file for one young person stated that a consistent staff team with consistent responses was an essential

protective factor to support them with their emotional trauma and inspectors found this was not being delivered in the centre currently. Inspectors reviewed email correspondence on file from the organisation's operations manager noting an increase in challenging behaviours from the young person and the inconsistency of intervention and response from staff.

Care files evidenced that two of the young people were attending a counselling psychologist who is part of the organisation's clinical team and a third young person had attended in the past but was currently refusing this service. The fourth young person was attending art therapy sessions. However, it was observed from the centre records that two young people were awaiting referrals to specialist clinical services. This was raised with the allocated social workers during interview and inspectors were informed that these referrals would be prioritised by social work departments.

From a review of the referral information inspectors observed that clinical and specialist assessments were held on file and that these had been reviewed by the staff team and actions stemming from the reports were being implemented. Further, it was also observed that there is frequent contact between the clinical team and the centre staff team and they can avail of consultation with the clinicians at any time if required via skype. The organisation also provides an accredited alternative education programme which is needs led and life skills orientated and gives young people the chance to receive certificates following project work and the young people spoke highly of this.

### **Preparation for leaving care**

One young person currently living in the centre is aged over 17. This person has an allocated aftercare worker and she has been consulted on plans for leaving care of the centre and preparation for leaving care. However, from a review of the key work records inspectors did not find that an assessment of capacity had been used to inform the planning of work in this area and one is required.

Further, it was observed that there had been limited engagement from the young person with staff on her aftercare and a number of the short term goals outlined the individual development plan were noted as being opportunity led. While there was some evidence of some planned work in this area through the young person's placement plan, inspectors found the plans needed to be more detailed and robust.

## **Aftercare**

As noted, one young person living in the centre is aged over 17 and has an allocated aftercare worker. Following consultation with the young person a clearly defined plan for leaving the care of the centre next year has been created. In interview with the social worker for this young person, they stated that work was ongoing with the young person and her family to support them in this process.

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

Inspectors found that each young person had a care file that contained the required information such as birth certificates, care orders, care plans, pre-admission risk assessments and records of social work contact. It was also noted that allocated social workers maintained an individual case file for each child. Inspectors reviewed the care files for the young people resident in the centre and found that these were not organised to facilitate ease of access and that tracking of the care interventions and key working being provided by the staff team was difficult and a review of the recording system is recommended.

### **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 3 and 4, Consultation Re: Care Plan***

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

***-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 IV, Article 23, Paragraphs 1 and 2, Care Plans***

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

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

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

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

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

### **Required Action**

- The social worker for one young person must provide an updated care plan in a timely manner.
- The deputy operations manager must review processes for placement planning in the centre to ensure that key working is effectively delivered.
- The social workers for two young people must ensure that outstanding referrals to clinical services or community based supports are prioritised.
- The acting centre manager must ensure that a review of the work on preparing to leave the care of the centre for one young person is carried out and that a more detailed and robust plan is created.
- The deputy operations manager must ensure that a review of the care files for young people is completed to facilitate ease of access and the tracking of interventions by the staff team.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<ul style="list-style-type: none"> <li>The acting centre manager must ensure that supervision records clearly reflect the discussions that occur and that there is a focus on placement planning and care practice in this forum.</li> <li>The operations manager must ensure that vetting arrangements meet the requirement set out in the Department of Health and Children Circular dated 08th September 1995.</li> </ul>	<ul style="list-style-type: none"> <li>An additional template has been added to the existing supervision recording format, which supports the discussion of care planning, and reflects clear correlation between key work completed by the staff member links to Individual Development Plans of the young people. There is now a clear action plan and time frame outlined to meet directives as identified in the IDP for the young people.</li> <li>The Operations Manager has reviewed files alongside HR. Operations and HR will ensure with immediate effect that all personnel files meet the required regulations as set out.</li> </ul>	<ul style="list-style-type: none"> <li>As noted, Template review and in operation since June 2017. Supervision remains a constant on the management meeting agenda, for review and discussion. Operations management will closely audit supervision records for content, action plans and outcomes to ensure effective care practice.</li> <li>The organisation has a HR manager who will continue to work alongside operations management to ensure vetting arrangements of staffing will continue to meet the require regulations as set out under the Department of Health and Children circular 1995. Supervision with HR to support and ensure all regulations are met.</li> </ul>

	<ul style="list-style-type: none"> <li>The operations manager must provide inspectors with a plan for staff retention and notify the registration and inspection service in writing of any changes in staff in the centre between 12/06/17 and 12/12/17.</li> </ul>	<ul style="list-style-type: none"> <li>Operations will complete this within time frame as set out by Registration and Inspection.</li> </ul>	<ul style="list-style-type: none"> <li>Review of Salary Scales for all staff completed. Overnight allowance for staff was introduced. Appraisal scheme in place for all staff. Senior Practitioner programme in place, as part of planning for a future management system. As a result of same three members of staff have been appointed as full time Senior Practitioners over the last six months. Senior Management are currently reviewing the Interview Process, aiming to add to the panel interview by incorporating an experiential element to the process outlining the realities of residential care as a career. The organisation has recently recruited an OT who will focus specifically on staff care in the hope to support staff retention</li> </ul>
<p><b>3.4</b></p>	<ul style="list-style-type: none"> <li>The deputy operations manager must review the policy on complaints with the centre manager and staff team to ensure that staff practice reflects centre policy and that young people are supported to have their voices heard.</li> </ul>	<ul style="list-style-type: none"> <li>Policies have recently been reviewed, revised and distributed to the homes. Home Management are supporting staff with same as part of their supervision. Deputy Operations will complete a review/presentation of the complaints policy alongside the Home Management at their Team Meeting in September.</li> </ul>	<ul style="list-style-type: none"> <li>Staff will be supported through supervision in their knowledge of the complaints policy and adherence to same. Home Managers will ensure through auditing that any reflection of young person's voice in their Log Books, Young People's meeting book which warrants follow-up through the complaints procedure will be completed as</li> </ul>

			<p>per the complaints policy. Operations Management will ensure through their auditing of the house logs that the Team are adhering to the complaints policy.</p> <p>Complaints data base is now in place, running alongside the SEN review system. This database has oversight and supports the processing and closing of complaints.</p>
3.5	<ul style="list-style-type: none"> <li>The social worker for one young person must provide an updated care plan in a timely manner.</li> <li>The deputy operations manager must review processes for placement planning in the centre to ensure that key working is effectively delivered.</li> </ul>	<p><i>No response was received from the relevant social work department on this issue.</i></p> <ul style="list-style-type: none"> <li>An audit of key working files was completed by Operations in April 2017. Areas of learning were identified in this process and subsequent follow up and action points were acted on. Key working template actioned in June 2017. Key working files restructured and actioned in June 2017. Review of IDP completed by Clinical Team in conjunction with Operations in June 2017. Changes have been implemented across all four homes following same. Changes also reflect Young Person's voice and Achieved Goals for Young People on</li> </ul>	<p>No response received.</p> <ul style="list-style-type: none"> <li>The New recording system was implemented in the home to audit and ensure that Key work completed linked directly with action points identified in IDP's. This process enables Home Management to audit quality and quantity of key work, which can be addressed through the supervision process. Keyworkers must bring this template to IDP's and provide an update to Clinical Team in respect of Key Child. This also allows for oversight by Operations in attendance at IDP. Key working files have</li> </ul>

	<ul style="list-style-type: none"> <li>• The social workers for two young people must ensure that outstanding referrals to clinical services or community based supports are prioritised.</li> <li>• The acting centre manager must ensure that a review of the work on preparing to leave the care of the centre for one young person is carried out and that a more detailed and robust plan is created.</li> <li>• The deputy operations manager must ensure that a review of the care files for young people is completed to facilitate</li> </ul>	<p>the IDP Template. There has been a review of Short Term, Medium Term and Long Term goals for all young people.</p> <p><i>No response was received from the relevant social work departments on this issue.</i></p> <ul style="list-style-type: none"> <li>• Actioned</li> <li>• Actioned</li> </ul>	<p>been restructured for ease of access and tracking of Key work and interventions as Identified on the IDP by the staff.</p> <p>No response received.</p> <ul style="list-style-type: none"> <li>• The acting Centre Manager in conjunction with the named Social Worker and Aftercare Social Worker, has ensured that a complete review on preparation for leaving care has been completed for this young person. In conjunction with professionals involved with the case and the staff team, a more detailed and robust plan has now been implemented to highlight the work and action plan which is required in preparing this young person for leaving the centre in 2018.</li> <li>• The deputy operations manager will ensure regular auditing of these files, and will work alongside Clarnagh management in being able to track the interventions of the staff</li> </ul>
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	ease of access and the tracking of interventions by the staff team.		team. A review of same is also discussed at the IDP on a monthly basis, to ensure a further check on the tracking of interventions with a group forum.
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