



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	118
Year:	2017
Lead inspector:	Noreen Bourke

Registration and Inspection Services
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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Harmony care
Registered Capacity:	Four young people
Dates of Inspection:	12th and 13th of April 2017
Registration Status:	Registered from the 9th of September 2016 to the 9th of September 2019
Inspection Team:	Noreen Bourke Lorraine O'Brien
Date Report Issued:	June 2017 (Condition attached) September 2017 (Condition removed)

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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 on-going 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

The centre was granted their first registration in September 2016 to accommodate four children of both genders from age thirteen to seventeen years on admission. The statement of purpose and function described the centre as providing a high level of support to the young people. The inspection service was due to carry out a three month visit in December 2016. However the inspection was deferred as there were no young people resident in the centre at that time.

This inspection 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 operation of the centre in line with its registration. The inspectors examined standards one 'purpose and function', two 'management and staffing' and five 'planning for children and young people' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 12th and the 13th of April 2017.

The report is based on a range of inspection techniques including:

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

- ◆ An examination of the questionnaires completed by:
 - a) Chief Executive Officer of the company
 - b) Director of social care
 - c) Company secretary
 - d) Clinical team
 - e) Team mentor
 - f) Seven care staff
 - g) Eight care staff who had recently left the service.
 - h) One young person residing in the centre
 - i) The social workers with responsibility for young people residing in the centre.
 - j) Other professionals e.g. General Practitioner's and therapists.

- ◆ An examination of the centre's files and recording process.

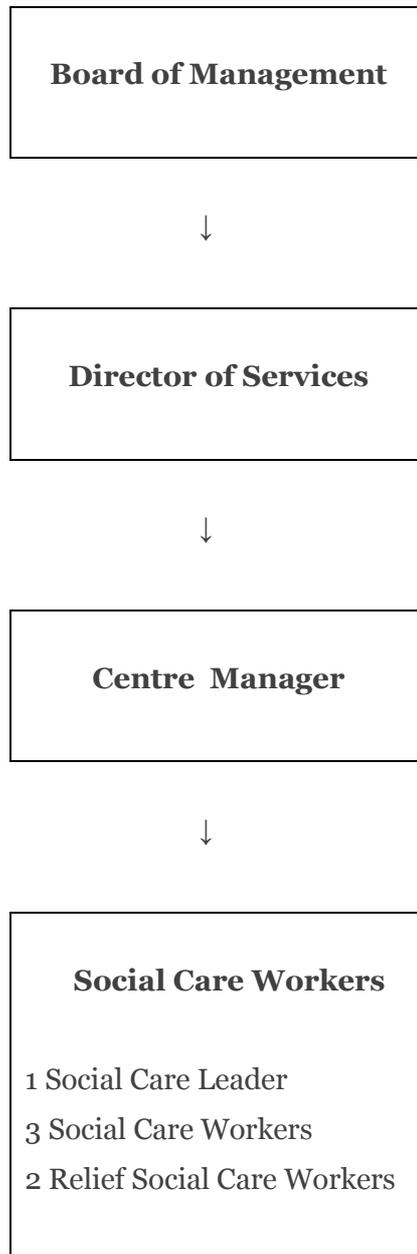
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Former centre manager
 - c) Former care staff
 - d) Four care staff
 - e) Two young people
 - f) The behaviour analyst, attached to the clinical team.
 - g) The director of services
 - h) Placing social workers

- ◆ Observations of care practice routines and the staff/young people'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 draft inspection report was issued to the centre manager, director of services and the relevant social work departments in June 2017 and the centre manager returned the report with a completed action plan within two weeks. The inspection service sought further clarification in relation to the centre response to the required actions. The centre manager and relevant social workers provided further clarification and the revised action plan was forwarded to the inspection service in July 2017.

From the findings of this report and the assessment of the submitted action plan in March 2017 the registration service deem that the centre was not fully operating in adherence to the regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration.

The following conditions were attached to the centres registration under Part VIII, Article 61, (5) (b) (I) (II) of the Child Care Act 1991, at that time. The conditions being that:

1. The staff team is stabilised and the number, experience and qualifications of staff are adequate to number of children residing in the centre and the nature of their needs.
2. The registered capacity is reduced to two young people for a period of six months, to be reviewed in September 2017.

On Friday the 8th of September 2017 the registration panel reviewed the need to continue with the above conditions. It was agreed there was evidence to support the finding that significant progress has been made to address the issues requiring action in relation to the care practices, operational policies and the stability of the staff team since the last inspection in April 2017.

This is evidenced by the appointment of a new centre manager, the improvement in the retention of staff and the more effective management of young people's behaviours demonstrated through the reporting of significant events to this office. Therefore the conditions were removed and the centre is currently registered without conditions from the **9th of September 2016 to the 9th of September 2019 without conditions attached.**

3. Analysis of Findings

3.1 Purpose and Function

Standard

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

3.1.1 Practices that met the required standard in full

None identified

3.1.2 Practices that met the required standard in some respect only

The centre had a written statement of purpose and function. The statement described the centre as providing emergency residential care to 12 – 17 years old on admission. The centre was registered for 13 - 17 year olds on admission this discrepancy must be addressed by the senior management team.

The aim of the centre was to provide a high level of support to the young people. The centre policy document stated that the staff team utilise cognitive behaviour therapy as a model of care in the centre. Practice in cognitive behaviour therapy emphasises the formation of therapeutic alliances in order to address negative behaviours which impact on the life of young people in care. It further suggests that strategies are devised with the young person in order that they over time reframe their perceptions of the behaviour and their responses. This enables the young people to move forward with new coping strategies. This model enables verifiable evidence to be recorded regarding successful coping strategies. Care and nurturing are key elements in the formation of stable placements for young people. Care staff can then begin to address the key issues which may have impeded the young person's development such as the reason for being in care, separation and loss, anger management and social skills.

However, through interview with the staff and management team the inspectors found that staff were not familiar with content of the statement of purpose and function and could not accurately describe the care approach. The statement did not accurately describe what cognitive behaviour therapy was and there was no evidence from team meetings or care records of staff using the approach as defined by their model of care.

The findings of the inspectors were that the purpose and function lacked clarity regarding the delivery of the model of care. It was not communicated or understood effectively within the team or management of the centre. The application for registration stated that the service had the support of a clinical team consisting of a psychologist, behaviour specialist, cognitive therapist, occupational therapist, addiction counsellor, speech and language therapist and two clinical supervisors. The findings of the inspectors were that this element of the service was not realised in practice.

Required Action

- Senior management must ensure that its statement of purpose and function regarding the age of admission is in compliance with its registration status.
- The senior management team must ensure all staff receives training in relation to the identified model of care. The centre manager must ensure that the model of care is understood by staff working in the centre.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Administrative files

The inspectors found that there were systems in place to facilitate the management and maintenance of records within the centre. Care records and recordings relating to the young people are kept in perpetuity.

3.2.2 Practice that met the required standard in some respects only

Management

Oversight of the centre is the responsibility of the board of directors of which there are five members, the chief executive officer, financial controller, psychologist, behaviour analyst and director of social care. The latter three have a functional role in the delivery of care within the centre. The chief executive officer oversees the work

of the centre. The inspectors were satisfied that the person-in-charge (centre manager) was a suitably qualified person with a relevant qualification. The manager reports to the directors of social care.

The inspectors found that there was inadequate oversight and governance of the centre. There was a need for clarity regarding the roles and responsibilities of board members who have a direct role in the delivery of care within the centre. The service was not clear of the model of care and how this was to be implemented in the centre. Oversight of the centre by external management was poor as they did not attend staff meetings or visit the centre on a regular basis. There was no clear induction given to the centre manager. No reports had been forwarded by the centre manager to senior management regarding the day to day operations of the centre. The role of the director of social care and of the clinical team was not fully understood by the centre manager. It was evident that governance of the service requires improvement in order that a competent stable team can develop. The lack of clarity regarding roles and responsibilities militates against the delivery of quality care to vulnerable young people.

Register

While the register of admissions to and discharges from the centre was up to date it did not contain the names and addresses of the parents of the young people placed at the centre. The inspectors require that the register is amended to include the name of the parents, the name of the placing area and the name of the allocated social worker. A copy of the register was maintained centrally by Tusla, Child and Family Agency.

3.2.3 Practices that did not meet the required standard

Notification of Significant Events

The inspector found that significant events were notified to the relevant parties in a prompt manner. However, following review of the significant event reports by the lead inspector for the centre, the inspector found that there were weak practices in the identification, reporting and in the management of child protection concerns. The lead inspector addressed this issue directly with the centre manager. Reporting processes and information systems are required to make an informed analysis of incidents and to improve care practices within the centre. The inspectors found that there was a lack of input and analysis from the behavioural analysis. The inspection service found that critical events were not monitored by external managers to inform the service director of the skills and competency level required within the staff team

in order to work with young people who present with complex and challenging needs. The service manager and centre manager communicated with the inspection service regarding their concerns in relation to the inexperience of the staff team of not being in a position to manage the young people's behaviour and to meet their needs. The service was required to put a strategy plan in place to strengthen the skills and support to the staff team to manage the young people's behaviours.

Staffing

The centre was registered on the 9th September 2016. It was evident to the inspectors that the service had difficulties maintaining a stable and robust staff team. The high turnover of staff included a change of social care manager. The current manager had been in position six weeks prior to the inspection. Ten social care staff both permanent and relief had left the centre since it became operational in November 2016. In discussion with these staff they acknowledged the support that they received from the previous centre manager.

Some of the contributing factors which were highlighted in discussions regarding the high turnover of staff were poor supports from senior management; lack of clarity regarding the model of care and inconsistent staff induction to the centre. The previous staff felt that they were left struggling to manage some of the presenting behaviours exhibited by young people. Due to the staffing crisis at that time the chief executive officer of the company was required to work directly in the centre for a period of time.

Following the intervention of the National Registration and Inspection and due to evidence that the centre was not complying with their registration status conditions were put on their registration. The service was required to respond to some of the above issues. There had been changes to the staff team with a view to creating a more stable team. While the current staff team had limited residential care work experience, they were committed and enthusiastic in their work.

The inspectors examined the personnel files and found that the files of newly recruited staff were not in line with the required standards. While all staff had the required Garda Vetting on file, not all copies of references or qualifications were on file. The centre manager must ensure that all personnel files are maintained to the required standards for residential child care centres.

Supervision and support

Staff supervision was provided by senior management to the social care manager, the findings of the inspectors were that supervision was not in place and the centre manager did not have a programme of induction to the centre. The social care manager and a team leader provided supervision to the staff team. However, there was very little evidence to support that the centre manager was providing consistent supervision to staff. The centre manager acknowledged the low level of staff experience in residential care; however, there was no evidence presented to identify skills deficits, interventions or additional supports required. From supervision records presented by the team leader there was evidence of regular staff supervision. However there was little evidence of discussions having taken place regarding the implementation of care plans or the development of placement plans. In general supervision records were not signed by either the supervisor or supervisee. Contracts of supervision were not in place for all staff. Team meetings formed part of the supervision process and the records indicated that team consistency was a key issue for the staff. There was no evidence to indicate how this matter was dealt with and what steps were taken to promote good practice in this area. The inspectors advise that the centre develop systems to address the issue of placement plans within staff supervision to ensure satisfactory implementation of care plans and a uniformed approach to the delivery of care.

Training and development

Some staff had been employment in the centre prior to having completed the appropriate training in the core competencies of child protection, first aid, fire safety. There was no staff training and development programme in place. This does not lend itself to the provision of a quality service for young people. A comprehensive training needs analysis must be undertaken by the centre manager. A training programme must be put in place which details a schedule of mandatory training for all staff.

3.2.4 Regulation Based Requirements

The Child and Family Agency had 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 did meet the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 16, Notification of Significant Events.*

The centre did not meet 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 7, Staffing (Numbers, Experience and Qualifications)***

Required Action

- The chief executive officer must evidence that the organisation has good governance structure in place in order to meet its obligations with regard to its compliance with the regulations and standards for the placement of children in residential care.
- The chief executive officer must ensure that the clinical team are clear of their role and responsibilities. Their role are understood by the centre manager, staff team and the young people’s social workers.
- The centre manager must ensure that the centre register is maintained in compliance with the requirements of the regulations.
- The centre manager must review significant event reports in order to identify trends and patterns and to ensure that that the responses by staff are appropriate.
- The service director must ensure that the residential care staff have the necessary skill, training and competence to work with young people who present with behaviours that challenge.
- The senior management team must ensure that there are structures and systems in place to support staff retention.
- The service director must ensure that all staff including the centre manager receives a formal programme of induction to the centre.
- The service director must ensure that all personnel files contain the required references and verbal confirmation of such references for all staff. A copy of staff qualifications must be held on file for all staff.
- The service director must ensure that all staff are in receipt of formal supervision in line with the organisations policies and procedures.
- The service director must ensure that all staff are provided with training in child protection, fire safety and first aid.
- The centre manager must undertake training needs analysis to identify what training is required. A training program must be put in place for all staff. A record of all training must be maintained by the centre manager.

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

Contact with families

The inspectors found that the level of family contact was regularly reviewed by the supervising social workers. Family access was facilitated where necessary having regard to the best interest of the young person.

Supervision and visiting of young people

The findings of the inspectors were that the placing social workers assigned to young people were fulfilling their roles and responsibilities in line with the regulations and standards. The centre manager must ensure that records of visits by social workers to the young people are recorded on the care file of the young person. Social workers should read and sign the care file records of the young people to evidence that they have some oversight of them.

Social Work Role

Standard

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

The young people in placement had an allocated social worker. The centre manager confirmed that they received relevant background information prior to the young person being admitted to the centre. The social workers interviewed were satisfied that the placements were meeting the immediate needs of the young people. However, they were not confident in the ability of the centre to implement and deliver on the placement proposals submitted by the service to the National

Placement Team. Social workers were of the view that the lack of team consistency and staff inexperience was impacting on the delivery of the placement proposals.

Emotional and specialist support

There were no issues about access to specialist services at the time of the inspection. One young person was attending the Child and Adolescent Mental Health Services. The service must clarify the role of the clinical team regarding the supports and interventions available to staff and young people when responding to the emotional needs of young people and the underlying cause of behaviours that challenge.

Preparation for leaving care

One young person was due to leave the care system within the coming months. The centre had begun a programme of support in preparing the young person for the move to aftercare through the development of independent living skills. This involved the young person in managing their free time when outside of the centre, engaging them in an education training programme, grocery shopping and preparing meals.

Discharges

One young person was discharged from the centre under the direction of the court as a more secure placement was required. This information was recorded and outlined on the register.

Aftercare

One young person in placement was eligible for referral to the statutory leaving and aftercare service. The placing social worker for the young person confirmed that an aftercare assessment was completed as part of the referral process to the statutory aftercare service. The young person had been assigned an aftercare worker and was scheduled to meet with the young person during the week of the inspection. This young person did not have a statutory care plan; and they did not have a written leaving care plan in place. This issue was addressed directly with the placing social worker who confirmed that due to the complexity of the young person's needs that an aftercare programme could not be finalised.

Children's case and care records

Care files were held securely on each young person. Appropriate levels of privacy and confidentiality about the young person's history and circumstances were safeguarded. The care files did not contain all information as required by the regulations such as a copy of care orders and up to date care plans. It was not clear to the inspectors when reviewing the care files who staff were referring to, as the full name, title of profession

and the reason for contact was not recorded. The centre manager must ensure that all statutory information pertaining to young people are held on their care file. The care records state the name, profession and reason for contact with the centre.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

Referrals are made to the centre by the National Placement Team and reviewed by the director of the service and the clinical team. Decisions regarding admission to the centre are made by the board of management.

Staff had not met the behaviour analysis and there was no evidence of their intervention or guidance around behaviour management. The inspectors interviewed the behaviour analysis and found that the behavioural analyst attached to the clinical team undertakes a review of risk and makes recommendations regarding the care of the young person being admitted. The inspectors found that this was not a complete assessment of risk as a review of the care file by the behaviour analyst had not been undertaken. The clinical team do not meet the young people and do not meet with staff working at the centre regarding potential risk associated with the young people. The chief executive officer must ensure that the roles and responsibilities of the clinical team are clear with regard to the assessment of risk prior to the admission of young people. The service must also ensure that there is clarity regarding the provision of clinical leadership within the service. It must ensure that clinical pathways are clear to both staff, service users and the centre manager.

Statutory care planning and review

Both young people had allocated social workers. The care plan for one young person was specific to their previous placement. The required statutory review meetings were held in respect of the young person. The social worker confirmed to the inspectors that a relevant up to date care plan was in the process of being formalised.

In the absence of the care plan the placement was not supported by a placement plan. The placement plan facilitates staff and management to implement the care plan. The plan sets out the objectives of the placement, and how the assessed needs of the young person are to be met by care staff. It is important that in the absence of a care plan that the centre develop interim placement plans which give direction and clarity to all staff in the work they are tasked to undertake with the young person.

The second young person in placement did not have a written statutory care plan. The decisions from their most recent child in care review meetings had not been forwarded to the centre. In the absence of the care plan staff had formulated a placement plan based on what they considered were the needs of the young person. Staff interviewed by the inspectors were not clear regarding the implementation of the goals and targets set out in the placement plan. Key workers assigned to the young person were of the view that the lack of a care plan contributed to this confusion. The placing social worker was of the view that sufficient information was available from two placement planning meetings and a child in care review meeting to support staff in formulating a more comprehensive placement plan. The centre manager must ensure that care plans are sought prior to or during the process of admission. The centre manager must ensure that placement plans are appropriately formulated and that the key worker role is clearly identified.

3.5.3 Practices that did not meet the required standard

None identified

3.5.4 Regulation Based Requirements

The Child and Family Agency had 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 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

The Child and Family Agency had 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

The centre had 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).

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

-Part III, Article 17, Records

Required Action

- The senior management team must review the centres admission procedures. This review must take account of the assessment of risk.
- The placing social workers must ensure that care plans and the decisions of the statutory child and care review minutes are forwarded to the centre manager as a matter of urgency.
- The centre manager must review the placement plans for one young person and develop a placement plan for the second young person to ensure that they support the objectives of the care plan. Staff must have a clear understanding of their role in the implementation of the placement plan.
- The centre manager must ensure that a record is maintained of all social work visits to the centre. This record details any action or recommendations required of the centre.
- The senior management team must ensure that the centre has the ability and the resources to meet its obligations as outlined in its placement proposal to the national placemen team.
- The centre manager must ensure that the individual care files of young people have all of the required information as outlined in the national standards for children in residential care.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.1	Senior management must ensure that its statement of purpose and function regarding the age of admission is in compliance with its registration status.	At time of this report Purpose & Function has been updated to include correct age range and a brief account of our model of care.	Purpose & Function document to be reviewed regularly by Centre Manager and Social Care Director to ensure accuracy in relation the service being provided.
3.2	The senior management team must ensure all staff receives training in relation to the identified model of care. The centre manager must ensure that the model of care is understood by staff working in the centre.	<p>At time of this report Our Model of Care Policy has been developed and sent to Inspectorate, Child Care Monitor & referring Social Work Departments.</p> <p>Staff Team have received training in relation of Our Model of Care. The training was delivered as follows:</p> <p>Introduction to CBT</p> <p>Thought feeling behaviours / definitions and</p>	<p>Clinical team to revisit the core principles of Our Model of Care at team meetings. Centre Manager to oversee practice and follow up on any issues in Supervision. Model of Care document accessible to all staff and to be reviewed regularly by Clinical Team to ensure accuracy and relevance.</p> <p>Ongoing support and monitoring around the implementation of this policy will be provided by our Clinical Team. All tutorials are printed and easily accessible for staff to reference in the office in Roundstone House. Data gathered will inform the Clinical Team's input</p>

		<p>examples</p> <p>5 Part model Base of CBT</p> <p>Dysfunctional forms of thinking</p> <p>Core Beliefs</p> <p>Rules</p> <p>Negative Auto Thoughts</p> <p>Impacts on the individual as a social care worker &/or the young person in care</p> <p>Pulling together the information above on how to influence the behaviour for the possibility of a more productive outcome</p> <p>Recordable information for files</p>	<p>and direction around the young people's Behaviour Intervention programmes.</p>
3.3	<p>The chief executive officer must evidence that the organisation has good governance structures in place in order to meet its obligations with regard to its compliance with the regulations and standards for the placement of children in residential care.</p>	<p>The board of directors meets monthly to discuss the progress of the Centre and resources needed. Specific roles & responsibilities of senior management and the Clinical Team have been drawn up. The CEO has engaged the services of an auditor to assist the DOC in her auditing duties for the Centre.</p> <p>Staff are aware of the SMT & CT roles & responsibilities and of the Senior Management Structure which is outlined at the beginning of this report.</p>	<p>Continue to meet monthly to discuss the progress and needs of the Centre. DOC to ensure that audit reports are received in a timely manner and are actioned as a priority. The CEO will review and provide feedback to senior management and the clinical team on a monthly basis. Review of roles and feedback will be added to the monthly director's meeting agenda.</p>
3.4	<p>The chief executive officer must ensure that the clinical team are clear of their role</p>	<p>At time of this report the roles and responsibilities of the Clinical Team have</p>	<p>Clinical Team Roles & Responsibilities are to form part of staff formal induction. They are</p>

	<p>and responsibilities. That their roles are understood by the centre manager staff team and the young people's social workers</p>	<p>been circulated and explained/discussed with the staff team during ABA Training and Attachment/Trauma training.</p> <p>Behaviour Analyst:</p> <p>When a referral is received by the centre our Behaviour Analyst reviews the referral information and together with our Counselling Psychologist draws up the initial Risk Assessments and Impact Risk Assessments. She then outlines her recommendations for the staff team this includes client's current skills and interests, problem behaviours identified in reports, areas of need and support that this potential client will need from the centre and staff and any other considerations. This information is combined with the Counselling Psychologist's recommendations and a report is sent to the Centre Manger of what action is required and who is responsible for completing each action and by what date. The risk assessments are then reviewed by the DOC and forwarded to the Centre Manager for input.</p> <p>Throughout the placement our Behaviour</p>	<p>to be explained to new staff on induction day. Clinical Team Roles & Responsibilities are available for reference in the staff office. Clinical Team will attend team meetings regularly and are directly contactable by the staff team and management for guidance.</p>
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		<p>Analyst reviews all SEN's and Weekly Reports. Where warranted, the Behaviour Analyst, in collaboration with our Counselling Psychologist, designs and implements behaviour intervention programmes to target specific behaviours (behaviours to increase and behaviours to decrease). The staff then implement these programmes and collect data each day on the target behaviour. The data collected is then reviewed by the Clinical team. In consultation with the Counselling Psychologist they update any changes needed to the behaviour interventions in place and make recommendations for each YP based on reviewing their weekly reports, SENs and behavioural data recorded. The Behaviour Analyst supports the staff team in implementing any behaviour interventions by designing data collection sheets to measure the target behaviour, design protocols of how the intervention is to be implemented and give feedback to staff on their current implementation of the behaviour intervention.</p> <p>The Behaviour Analyst has designed a</p>	
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		<p>Behaviour Support Policy to inform staff on the process required if a referral is made to the Clinical Team for a Behaviour Support Plan for an YP in our centre. It explains the process involved and the roles and responsibilities of the CT, House manager and staff team. The Behaviour Analyst has delivered training to the staff team on the Behaviour Support policy, Introduction to ABA, Principals of ABA, Identifying Reinforcers and Measuring Behaviours. On going/refresher training will be given by the Behaviour Analyst to the staff team.</p> <p>Our Behaviour Analyst attends staff team meetings to address questions and concerns regarding the delivery of care to our young persons. Also to discuss with staff any concerns regarding implementing the behavioural interventions that are in place for our YP and to identify any areas of training required.</p> <p>The Behavioural Analyst will liaise with the DOC in supporting the staff and young persons upon making/implementing any recommendations.</p>	
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		<p>Counselling Psychologist:</p> <p>Upon initial receipt of referral by the centre our Counselling Psychologist reviews the referral information and together with our Behaviour Analyst draws up the initial Impact Risk Assessments and Risk Assessments. She then outlines her recommendations for the staff team this includes client’s current skills and interests, problem behaviours identified in reports, areas of need and support that this potential client will need from the centre and staff and any other considerations. This information is combined with the Behaviour Analyst’s recommendations and a report is sent to the Centre Manger of what action is required and who is responsible for completing each action and by what date. The risk assessments are then reviewed by the DOC and forwarded to the Centre Manager for input.</p> <p>Throughout the placement our Counselling Psychologist, in consultation with our Behaviour Analyst, reviews all SEN’s, Weekly Reports and Data Collection Sheets to provide recommendations regarding</p>	
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		<p>addressing problem behaviours and any new areas of support identified.</p> <p>She works with the Behaviour Analyst in implementing the Behaviour Support Policy and data gathering system for the implementation of an ABA response and upon receipt of a BSP referral, will work with the Behaviour Analyst to review same and develop strategies and intervention in line with same.</p> <p>She works with the staff team in integrating the behavioural interventions and responses within the model of care.</p> <p>She will also include recommendations of a therapeutic nature and areas to be worked and focused on during key-working sessions. Areas of identified training in relation to psychological concepts are implemented into the training matrix and delivered by our Counselling Psychologist to the staff team. Our Counselling Psychologist works with the staff team to ensure an understanding and application of our Model of Care.</p> <p>Our Counselling Psychologist provides direct one to one support to the staff team if and</p>	
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		<p>when required.</p> <p>Our Counselling Psychologist attends staff team meetings to address questions and concerns regarding the delivery of care to our young persons and also to monitor and ensure clinical governance in relation to direct service provision, including the identifying areas of training needs.</p> <p>Our Counselling Psychologist will liaise with the DOC in supporting the staff and young persons upon making/implementing any recommendations.</p>	
3.5	The centre manager must ensure that the centre register is maintained in compliance with the regulations.	At time of this report the Centre Register has been updated to include all relevant information.	Centre Manager has been made aware of the importance of this document and of the information required therein. Centre Register will be audited following each admission/discharge in the Centre.
3.6	The centre manager must review significant event reports in order to identify trends patterns and ensure responses by staff are appropriate.	Report Writing Training booked for all staff on 12 th June 2017. All SEN's reviewed by the Centre Manager and are sent to the DOC immediately for review and to ascertain any possible child protection concerns. They are	The Clinical Team to continue to review SEN's weekly, behaviour intervention programmes and BSP's regularly to ensure that all updates/amendments have been included and practices are in place to carry

		<p>sent to the Clinical Team on a weekly basis. The Clinical Team review each SEN and update the young person's behaviour intervention programmes and Behaviour Support Plan (if in place) accordingly and in a timely manner if that. The Centre Manager informs the Team of any changes to the behaviour intervention programmes or BSP. The team are aware that they can contact the Clinical Team directly when required.</p>	<p>out instruction/recommendations to the YP's behaviour intervention programmes and BSP's.</p>
3.7	<p>The service director must ensure that the residential care staff have the appropriate skills, training and competency to work with young people who present with behaviours that challenge.</p>	<p>At time of this report the staff team have received training in Our Model of Care and our Behaviour Support Approach and Attachment/Trauma as follows: Model of Care: Introduction to CBT Thought feeling behaviours / definitions and examples 5 Part model Base of CBT Dysfunctional forms of thinking Core Beliefs – Rules - Negative Auto Thoughts Impacts on the individual as a social care worker &/or the young person in care Pulling together the information above on how to influence the behaviour for the</p>	<p>Staff files to be audited regularly and all training needs to be addressed on an on-going basis. Training Matrix has been developed and is to be updated/reviewed regularly by Centre Manager. All training requirements to be brought to the attention of the DOC.</p>

		<p>possibility of a more productive outcome Recordable information for files</p> <p>Behaviour Support Approach: Behaviour Support Policy – Explanation and process for designing and implementing a Behaviour Plan for an YP in our centre. Introduction to Applied Behaviour Analysis Principles of Applied Behaviour Analysis Identifying Reinforcers Measuring behaviours Gathering/Recording Data</p> <p>Attachment/Trauma Attachment Theory Bowlby Ainsworth Attachment Styles Reactive Attachment Disorder Neglect Trauma Attachment, Trauma and the Young Person in Care Second Chance Secure Base Attachment Strategies for Children in Care Application to HC Clients All staff are trained in MAPA to assist them in</p>	
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		the management of episodes of actual or potential aggressive behaviours.	
3.8	The senior management team must ensure that there are structures and systems in place to support staff retention	Supervision Training for Centre Manager and Staff Mentor booked with Social Care Ireland on 11 th July 2017. Training in Our Model of Care and Behaviour Support Approach has been provided to the Team. A culture of open and transparent communication is developing within the team, management and senior management. Regular visits to the unit by DOC and Clinical Team are now taking place.	Centre Manager to receive formal Supervision on a monthly basis from Director of Social Care. Team Leader to receive formal Supervision from Centre Manager on a monthly basis. Staff Team to receive formal Supervision from Team Leader or Staff Mentor on a monthly basis. Monthly Team Meetings to be attended by either one of the Clinical Team or Director of Care (rotated). Staff team have the facility to contact the Clinical Team and DOC directly.
3.9	The service director must ensure that all staff including the centre manager receives a formal program of induction to the centre.	At time of this report a Formal Induction Sheet has been updated to include a more comprehensive range of areas including Our Model of Care / Behaviour Support Approach / Cash Handling / Daily Logs / Communication Book / Weekly Reports / Data Collection Sheets / Care & Placement Plans / Reporting SEN's / Use of On-Call / Role of the DLP / Purpose & Function / Safety Statement / Policies & Procedures.	Formal Induction Sheet developed. All staff must complete their formal induction. The Centre Manager must allocate his/her time or that of the Team Leader/Staff Mentor to facilitate the formal induction with the new staff member.
3.10	The service director must ensure that all personnel files contain the required	Completed at time of this report.	Staff files to be audited regularly. All staff files to be complete prior to staff taking up

	references and verbal confirmation of such references for all staff. A copy of staff qualifications must be held on file for all staff.		their positions within Harmony Care. Person Responsible: Centre Manager/Director of Care.
3.11	The service director must ensure that all staff are in receipt of formal supervision in line with its own policies and procedures.	All staff have received Formal Supervision since time of Inspection. Supervision Training for Centre Manager and Staff Mentor on 11 th July 2017 delivered by Social Care Ireland. Our Team Leader is already trained in Supervision.	Centre Manager to receive formal Supervision on a monthly basis from Director of Social Care. Team Leader to receive formal Supervision from Centre Manager on a monthly basis. Staff Team to receive formal Supervision from Team Leader or Staff Mentor on a monthly basis.
3.12	The service director must ensure that all staff are provided with training in child protection, fire safety and first aid.	At the time of this report a Training Matrix has been developed within the Centre.	Centre Manager to ensure that the Training Matrix is adhered to in terms of providing / refreshing mandatory training for all staff. Resources to be provided by CEO to provide mandatory training.
3.13	The centre manager must undertake a training needs analysis to identify what training is required. A training program must be put in place for all staff. A record of all training must be maintained by the centre manager.	Training Matrix completed as above and training schedule has been developed.	Staff files to be audited regularly to identify and respond to any deficits in training in a timely manner. Persons responsible: Centre Manager/DOC.
3.14	The senior management team must review	The centres admission procedure has been	The Clinical Team will continue to play an

	<p>the centres admission procedures. This review must take account of the assessment of risk.</p>	<p>reviewed and the role of the Clinical Team has been added to this. Senior Management, the Clinical Team and the Centre Staff, are aware of the admission procedure and the role of the Clinical Team within same. This includes the following:</p> <p>The Clinical Team begin the risk assessment process by collaboratively reviewing all referral information and using the Harmony Care Risk Assessment templates.</p> <p>The Clinical Team also complete Impact Risk Assessments to assess the risk levels as impacted by other residents within the unit. The Director of Social Care reviews same and liaises with the Centre Manager as part of the risk assessment process.</p> <p>Upon acceptance of the risks posed within the assessments, the Clinical Team draw up an overview of the incoming client and outline recommendations for the staff team with specific actions to be taken and timeframes for these to be completed. These recommendations focus on the following areas:</p> <p>Behaviour Support Training for Staff</p>	<p>integral role in the assessment of risk for incoming and ongoing referrals. All staff are aware of their roles and responsibilities in relation to the admission policy. The policy will be reviewed on an ongoing basis and any changes to this policy will be discussed and communicated clearly to all involved.</p>
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		<p>Key-working Therapeutic Support Additional Supports Transition Plan Staff Briefing Educational Support Social Outlets (This is not an exhaustive list.)</p> <p>The centre will agree and implement the plan of action to respond to any cause for concern in a manner that considers the needs of both the Child being admitted and the other Children living in the centre.</p>	
3.15	<p>The placing social workers must ensure that care plans and the decision of the statutory child and care review minutes are forwarded to the centre manager as a matter of urgency.</p>	<p>At time of this report the care plan for young person currently residing in RH has been received and placement plan drawn up accordingly.</p>	<p>Centre Manager to ensure that care plans are received prior to admission or during the transition period into placement. Centre Manager must ensure that minutes of review meetings are received in a timely manner. In the event that this is proving problematic, the Centre Manager must have documented evidence that efforts have been made to receive care plans. Centre Manager must notify the DOC and the Inspectorate/Monitor if necessary.</p>

3.16	The centre manager must review the placement plan for one young person and develop a placement plan for the second young person to ensure that they support the objectives of the care plan. Staff must have a clear understanding of their role in the implementation of the placement plan.	At time of this report 1 young person has been discharged by court order to a detention placement. Placement Plan for young person currently in placement has been drawn up and reviewed. Placement Plan info session given by DOC at team meeting on 2 nd June 2017. This included: How to draw up a placement plan, where to find relevant information, what needs to be included in a placement plan, who is responsible for the actions, who needs to be given a copy of the placement plan, when to review a placement plan.	Placement plans to be reviewed by centre management and team on a monthly basis or sooner if required. Placement Plan must reflect the needs of the young person on admission and throughout the placement. It must set realistic goals and show the means intended to meet the goals. Persons responsible and time frame must be evident. Placement Plans to be audited regularly. All updates to placement plans must be notified to DOC and the Clinical Team immediately. Persons Responsible: The team, Manager, Clinical Team & DOC.
3.17	The centre manager must ensure that a record is maintained of all social work visits to the centre, this record to include any action or recommendations required of the centre.	At time of report a Social Worker Visits log has been opened in Roundstone House. It includes a recording section for any action or recommendations required of the centre at the request/instruction of the SWD.	Centre Manager to audit Social Worker Visits log following each SW visit. Centre Manager to inform DOC and the Team of any recommendations/actions required and prepare a plan for implementation.
3.18	The senior management team must ensure that the centre has the ability and the resources to meet its obligations as outlined in its placement proposal to the national placement team.	At time of this report significant improvements have been made in resourcing the centre. A comprehensive training schedule has been developed and is underway. Our Model of Care & Behaviour Support Policies are now being adhered to by the staff team with a view to meeting the	Continuous training to be provided to staff and management going forward. Additional resources/finances will be available in this regard once the limitations of being temporarily registered to place a maximum of 2 young people only is reviewed and lifted by the Inspectorate.

		Centre's obligations as outlined in the placement proposal to the national placement team.	
3.19	The centre manager must ensure that the individual care files of young people have all of the required information as outlined in the National Standards for children in residential care.	At time of this report Individual Care Files have been audited and contain all relevant documentation required under the National Standards for Children in Residential Care.	Individual Care Files to be audited on a monthly basis. Centre Manager to ensure that all relevant documentation is in the files. If this is not the case, there must be documented evidence of any requests to agencies for documentation. DOC to be included in emails requesting documentation.