



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 005

Year: 2017

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Keys Child Care Ireland
Registered Capacity:	Three Young People
Dates of Inspection:	19th and 20th of April 2017
Registration Status:	Registered from the 29th of July 2015 to the 29th of July 2018
Inspection Team:	Noreen Bourke
Date Report Issued:	7th of July 2017

Contents

1. Foreword	4
1.1 Methodology	
1.2 Organisational Structure	
2. Findings with regard to Registration Matters	9
3. Analysis of Findings	10
3.1 Purpose and Function	
3.2 Management and Staffing	
3.4 Children’s Rights	
3.5 Planning for Children and Young People	
4. Action Plan	24

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 registration to accommodate three children of both genders from age thirteen to seventeen years on admission on a short to medium term basis. This inspection report sets out the findings of an inspection carried out to monitor the on-going 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 announced and took place on the 19th and 20th 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) Nine of the care staff
 - b) Two young person/people residing in the centre
 - c) The social worker(s) with responsibility for young person/people residing in the centre.
 - d) The parent for one of the young people
 - e) 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 deputy management
 - b) Four social care staff
 - c) One agency social care staff
 - d) Two young people
 - e) The lead inspector with responsibility for oversight of the centre.

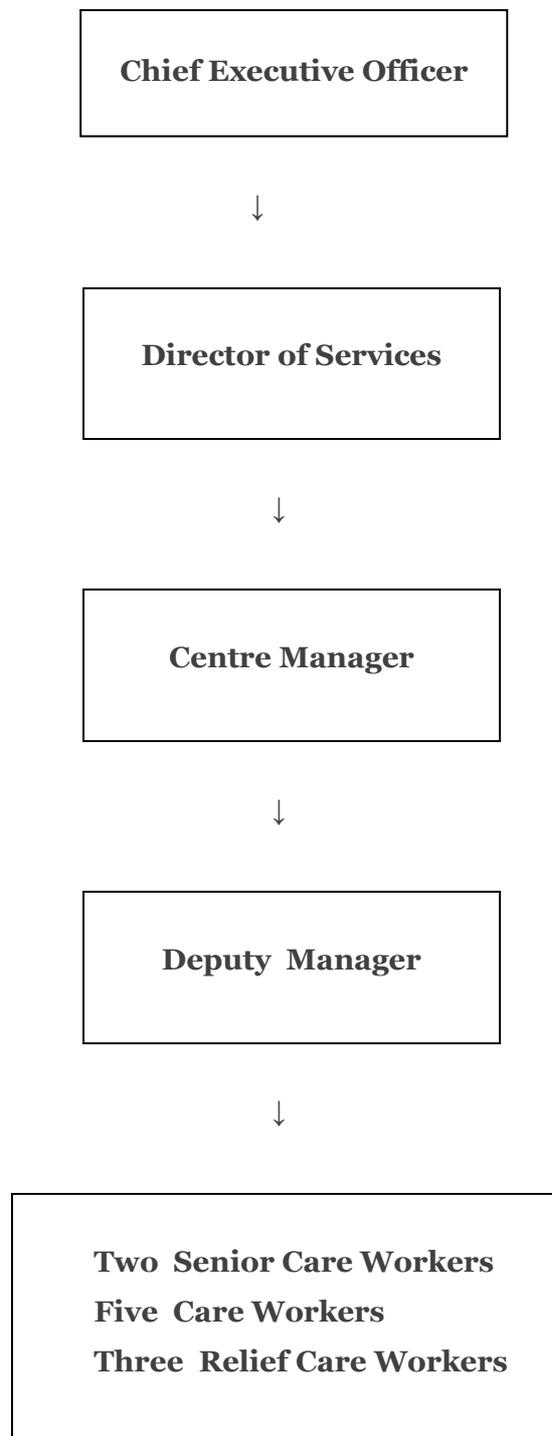
- ◆ Telephone interview
 - a) The centre manager
 - b) Parent for one young person
 - c) Guardian ad litem

- d) Three social workers
 - e) Aftercare worker
- ◆ 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 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

A draft report was issued to the centre manager, senior management team of the organisation and the relevant social work departments and the centre provided a prompt response and action plan to the inspection service regarding the issues requiring action highlighted in the report. The inspection service required additional information and a more robust response on the issues requiring action. The service resubmitted a more comprehensive action plan with evidence that all issues identified during the inspection were being fully addressed within an agreed timescale.

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, the National Standards for Children's Residential Centres and in line with its registration. As such the registration of this centre remains from the 29th of July 2015 to the 29th of July 2018.

3. Analysis of Findings

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.

3.1.2 Practices that met the required standard in some respect only

The centre had a written statement of purpose and function and the statement described the centre as providing short to medium term placements for three young people aged 13 to 18 years of age and of mixed gender. In practice the centre has functioned as a medium to long term service as no young person was discharged within a short time frame since the last inspection. The inspector found that there was no evidence to support that the purpose and function had been reviewed or updated in line with its stated objectives and the document was not signed or dated.

The purpose and philosophy of the service was to promote positive experiences for young people while in placement and this philosophy of care was very evident in the day to day care of the young people. The staff team were committed to meeting the needs of the young people and created a homely culture in the centre.

The care framework used by the service does not endorse any particular model of care. Management and staff interviewed had varying concepts and understanding of the statement of purpose and function which did not accurately reflect the work of the centre. Staff stated they were trained and work from the Therapeutic Crisis Intervention framework, which is a crisis prevention and intervention framework for residential child care agencies and not a model of care. The service must review their purpose and function and identify a model of care to more accurately describe the care approach used by the centre. A clear model of care would further support staff to work cohesively in the best interest of the young people.

Young people were accepted on the basis that they do not require high support and the staff ratio was generally two staff to three young people. Due to the complex needs of one of the young people in the centre a high level of support and supervision was required which necessitated a staff young person ratio of one to one over a twenty four hour period. This was a high support intervention which was ordinarily

outside of the stated purpose and function of the centre. However, the inspector acknowledged that the intervention was a short term measure to respond to one young person's specific needs and was being reviewed on a regular basis.

3.1.1 Practices that met the required standard in full

None identified.

3.1.3 Practices that did not meet the required standard

None identified.

Required Action

- The senior management team must review the purpose and function of the centre on an annual basis to take account of any changes within its purpose and function. Staff must be familiar with the purpose and function and a model of care which accurately describes the care approach used by 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

Register

The centre register was maintained in accordance with the requirements of the regulations. A record of all those who live in the centre was maintained by the centre manager. The inspector found that the admission and discharge details of residents were accurately recorded. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Staffing

The centre had a stable, committed and experienced team. Five social care workers and three relief social care workers were employed at the centre. A clinical psychologist recently joined the team working one day a week. The inspectors examined the staff personnel records and found that the staff team was appropriately vetted before taking up duties.

It was evident to the inspector through interview with staff and in the observation of practice that the team were committed to achieving positive outcomes for the young people. They had good relationships with the young people and the ability to appropriately respond to them. They had supported a young person with very complex needs and in the process de-escalated some potentially dangerous incidents. They were caring and supportive in their response giving a lot of assurances and affirmation in terms of their relationship with them and of their commitment to help and support them. This view was endorsed by professionals with responsibility for young people placed at the centre who described the care team as being exceptional in their work with the young people.

The inspector found that although the roles, responsibilities and tasks of the management team were clear, they were not robustly executed or evidenced in practice. The sharing of information relevant to the smooth running of the centre was not promptly available to inspectors on request. Professionals involved with one young person confirmed that in the absence of the manager, relevant information regarding agreed plans for one specific young person were not always handed over to staff by the manager. There was a lack of clarity as to the decision making process. All staff including the senior staff, felt the need to revert to the centre manager to have decisions made. When the manager was absent this had a direct impacted on the delivery of care to young people. Staff and young people reported that there were long delays making decisions particularly around clothing allowance and general rules within the house.

Given the complexity of needs of one of the residents they had been assessed as requiring twenty four hour one to one supervision including the use of a waking night staff. In order to support this placement the social work department through the national placement team had agreed to the allocation of funding to allow the centre to access agency staff. The findings of the inspector were that the service did not have an interview process in order to assess the suitability of agency staff. They were reliant on the agency to verify personnel files, Garda vetting and suitability of staff. In the course of the inspection, the inspector observed that a permanent relief social care worker and agency staff were assigned to work in the centre. The agency staff

confirmed to the inspector that it was their first day in the centre and that they were given a half hour induction as part of the shift handover. There was no management or supervisory presence in the centre throughout the day as staff resources had to be re-deployed to ensure twenty four hour supervision for one young person. Senior management must review how staff resources are managed within the centre. It is necessary to ensure that all agency staff vetting records are requested by the centre from the agency and overseen by the centre manager. That they work alongside permanent experienced staff members. Senior management must review all procedures regarding staffing and the contracting of agency staff and satisfy themselves that appropriate vetting of agency staff is in place and that senior staff provide the necessary support, supervision and monitoring of care practices.

Supervision and support

It was evident that there was a formal supervision process in place and that the supervisors had been trained in the delivery of supervision. The centre manager was supervised by the director of social care. The centre manager confirmed to the inspector that they were in receipt of formal supervision. However, there was only one record of supervision on file between February 2016 and the time of the inspection April 2017. The supervision records were made available by the director of services for review after the inspection

Staff supervision was provided by the centre manager, deputy manager and one senior social care worker. From supervision records presented to the inspector for review, there was evidence of regular staff supervision. In some cases the supervision records were minimal. In other cases there was clear evidence of discussion regarding the overall care and of planning for the young people. Not all supervision records were signed by the supervisees.

A review of the team meetings showed that the focus of the meeting was on the young people and how best to support them. The psychologist who was assigned to work with one of the young people provided guidance and feedback to the team and the team found this to be helpful. Staff reported that there was no forum to address on-going issues which affected the team. Staff reported that they rely heavily on peer support within the team; this was in response to the lack of clear decision making and managerial presence within the centre. Staff reported having to work long hours in excess of their normal roster hours. It was stated that this was not the norm but was a result of the current demands on staff resources. It is necessary that staff rostering

is monitored by the centre manager to ensure that the welfare of staff is being supported.

3.2.2 Practices that met the required standard in some respect only

Notification of Significant Events

Social workers confirmed that they received written notification of significant events. The review of incidents should be used to make an informed analysis of incidents and to improve care practice and it gives direction to care practices within the centre. It is also important that these critical events are monitored by external managers. This ensures that the senior management are aware of the presenting behaviours that challenge. It further facilitates the application of adequate resources by management to support staff when dealing with the complex and challenging needs of young people. The finding of the inspector was that these incidents were not routinely reviewed by the centre manager. It is important that the centre manager routinely reviews significant events and that the reviews are recorded.

Administrative files

There were systems in place regarding the maintenance of care files and appropriate systems of recording. The inspector found that the management and maintenance of care records was inconsistent. The care records for one young person who had been in placement for two years were poor; this issue must be addressed by the centre manager and overseen by the senior management team. However, the recordings relating to a young person recently admitted were in keeping with the standards of recording. All records were kept in perpetuity.

Management

There were defined lines of authority with regard to the operation of the centre. Responsibility for the centre lies with the chief executive officer of the agency. The director of social care had responsibility for the oversight of the centre and reported directly to the chief executive officer. The finding of the inspector was that there was poor oversight and governance of the centre by the parent company. There was no recorded evidence of the centre having been monitored by the company to ensure that the centre was in compliance with its stated policies and procedures. There was no recorded evidence of senior management meetings to ensure oversight of the management and day to day working of the centre.

The day to day management of the service was the responsibility of the centre manager who worked a four day week. The centre manager reported to the director of social care. There was no evidence presented to support that this had taken place. The centre manager was supported in their role by a deputy manager and two senior social care workers who formed part of the rostered core team; their roles included having extra responsibility for staff supervision, out of hours, on call and decision making in the absence of the centre manager

The findings of the inspector were that there was not a consistent regular day to day presence of the manager at the centre. In the absence of the centre manager responsibility for the centre rested with the deputy manager. There were inconsistent views regarding whether or not the deputy manager was released from their rostered core duties to fill in during the absence of the centre manager. The senior management needs to ensure that there is a consistent operational manager available to staff and to oversee the management of the centre. The director of social care did confirm that the deputy manager was allocated time independent of their rostered hours to allow for administrative duties. It is necessary for senior management to review cover for the centre manager when absent from the centre.

There was no evidence of management meetings between the centre manager, the deputy manager and senior social care workers. Effective systems were not in place for the review of care files, significant incident reviews, management of staff resources, monitoring of practice and support to the team.

Training and development

The inspectors examined the training attendance records and found evidence to indicate that four members of the team required training in child protection, five required training in fire safety and two were awaiting training in behaviour management. The staff team told the inspector that training opportunities for staff were good; staff had completed training in self-injurious behaviour, drug and alcohol misuse and in the theory of attachment. The centre manager must ensure that all staff receives the required training.

3.2.3 Practices that did not meet the required standard

None identified.

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 had met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***
-Part III, Article 5, Care Practices and Operational Policies
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- The centre manager must review significant event reports in order to identify trends and patterns to ensure responses by staff are appropriate.
- The chief executive officer must evidence that the organisation has good governance structures in place which evidences that the centre is being monitored.
- Senior managers must ensure that there is a consistent regular day to day presence of the manager at the centre.
- Senior manager must ensure that systems are in place to allow for senior management team meetings to ensure oversight of the management and day to day work of the centre.
- Senior managers must ensure that the roles and responsibilities of the senior management team within the centre are clearly defined.
- Senior managers must review all procedures regarding the contracting of agency staff and satisfy themselves that appropriate vetting of agency staff is in place. That they work alongside permanent experienced staff members.
- The centre manager must ensure that systems are in place for the provision of support, supervision and monitoring of care practice of agency staff within the centre.
- The service director must ensure that a record of supervision of the centre manager is held on the personnel file of the centre manager.
- The service director must review the process for supervision to ensure that a uniformity of approach to the delivery of supervision, that all records of supervision are signed by the supervisor and supervisee and that the rostering arrangements support the supervision process.
- The centre manager must review the process and format of team meetings to ensure that issues affecting the team are addressed.

- Senior managers must review how resources are managed within the centre to ensure that the welfare of staff is being supported.
- The centre manager must ensure that all staff are provided with training in child protection, fire safety, first aid and behaviour management.

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

Access to Information

Through interviews the inspector found that the staff team were aware of the young people's right to access information held about them. Both young people said that they knew how to access their care records. One young person had a copy of their care plan. The second young person was awaiting their care plan. Both young people stated that they were able to express their view regarding their care plan, and that their views were taken account of within the decision making process of their statutory child and care review meetings.

3.4.2 Practices that met the required standard in some respect only

Consultation

The inspectors found good evidence that the views of the residents were sought when decisions are being made that affect their daily life and routine. This was confirmed through speaking with the young people and with the staff team. The young people were aware of the reason for being in care. The young people received information about the centre. The rules and expectation of living together formed part of the written information available to young people. The centre had policies on children's rights, on consultation with young people, and on access to information. Staff were aware of these policies.

The young people had a forum of house meetings where they could discuss their views and wishes. The inspectors reviewed the records of these meetings which evidenced that while the young people were able to raise issues, the records were

predominantly a record of staff informing young people about the rules and expectations of the house. The records showed that in some cases issues raised by young people had to be either referred to a team meeting or to the centre manager. There was no evidence that feedback was given to the young people or that their issues had been raised at the staff meeting.

The young people interviewed told the inspector stated that while they did have house meetings that they had to wait for the centre manager to make a decision. Two young people were due to have received their clothing allowance for March and up to and including the time of the inspection they had not received their allowance. Young people should not experience long delays to requests as a result of the centre manager not speedily attending to them. The centre manager should maintain a record of the decisions taken in response to the matters raised by the young people and evidence that these decisions have been relayed to the young people.

Complaints

A review of the complaints log evidenced a complaint made by one of the young person. There was no recorded outcome to the complaint, or date in which the young person was responded to. The process for how and if the complaint was reviewed was not in evidence. The complaint was not placed on the file of the young person. There was no record to indicate that the social worker was informed of the complaint. The centre manager must ensure that the young person is informed of the of the complaint which is evidenced on their file.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.*

Required Action

- The centre manager must review the forum for young people meetings and ensure that there is a record of when and how decision are made and that there is evidence of feedback given to young people.
- The centre manager must ensure that the procedure for the requisitioning of money for the centre is carried out in a timely manner.

- The centre manager must ensure that the procedures for the processing and addressing of complaints are complied with. The outcome of complaints is documented on the file of the young person and that the young person is informed of the outcome.

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 suitable admissions

There was a clear admissions policy and procedure and the inspector found that they were followed. Applications are coordinated by the Tusla Child and Family Agency National Residential Care Service, Private Placements Team. Admissions to the centre are then considered by the service director and centre manager. There was good evidence that the required information was submitted by the supervising social workers in support of the admission of each resident.

Contact with families

The inspectors found that the three young people had contact with family and friends where this was in their best interest and there was a record of access visits and phone contact on the young people's files.

Supervision and visiting of young people

All of the placing social workers confirmed that they visited the young people in placement. The young people acknowledged that they were visited by their social workers. Not all of the care files recorded the time and date of social work visits.

Records of visits must also include the details of any action taken as a result of the social work visit.

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 social workers interviewed at the time of the inspection stated that they were satisfied that the young people were in need of residential care and that their needs were being met in this placement. The placing social worker for the young person who required a high level of support stated that the decision to continue with the placement was made on the basis of the positive relationship the young person had with staff and of their continued support of the young person.

Emotional and specialist support

The inspectors found that the young people have access to a range of specialist services in accordance with their needs, such as Child Adolescent and Mental Health Services. However, the recorded note on file of the young person recently admitted to the centre had specific recommendations regarding their therapeutic requirements. There was no evidence to support how these recommendations were being acted on or of who was responsible in respect of the required actions. This issue was addressed with the social work team leader for the young person. They were of the view that these issues were being addressed by the psychologist attached to the team. To date the young person was reluctant to engage in the therapeutic process.

All of the young people were assigned to a key worker. The staff interviewed by the inspector were knowledgeable about the needs of the young people. The centre would benefit from having a clear therapeutic model of care to be used at the centre. It is advised that the service clarify the role of the clinical psychologist with regard to supports and interventions available to staff and young people when responding to the emotional needs of young people.

Discharges

The inspector reviewed the discharges from the centre and found that one young person was discharged from the centre and that this was undertaken in accordance with the young person's assessed need.

Preparation for leaving care

One young person in placement was eligible for referral to the statutory leaving and aftercare service. The care team were preparing the young person to leave care and had implemented a preparatory programme. The aftercare worker confirmed their engagement with the young person and an active aftercare programme was in place to address the future needs of the young person. The young person was well integrated within the local community and had developed friendships and social contacts within their school. The aftercare worker confirmed that the young person had developed positive skills while living at the centre and these skills would support their move to aftercare.

3.5.2 Practices that met the required standard in some respect only

Children's case and care records

The care files of the young people in residence at the time of the inspection were reviewed; the files for one young person were maintained in a standardised format and were accessible and easy to follow however, there was no copy of a care order or up to date care plan. The care file for a second young person was of a poor standard. The care file did not contain all information as required by the regulations. Key documentation was not present on the files. There was no copy of a care order. There were no records regarding the educational or medical history of the young person. There were no records of statutory child in care review meeting on file. The finding was that the care file was not maintained in a manner that facilitated effective management and accountability.

Statutory care planning and review

The inspector reviewed compliance with the regulations on care reviews for young people in residence at the centre. However, the care plan for one young person who had been in placement for two months was specific to a previous placement. This was addressed with the social worker work team leader and the care plan is to be revised to reflect the current placement. The care plan reviewed for the second young person was clearly written and based upon the assessed needs of the young person. The third

young person was preparing to leave the centre in the coming months and this was reflected within the care planning process.

The inspectors found that the care review meetings were being organised in line with the legally defined time limits as set out for the placement of children in residential care. However, there was no copy of the decision of the statutory child in care review meeting for two of the young people. Young people were supported by care staff in the preparation for and attendance at the review meetings. Staff who attended the review meeting for the recently admitted young person recorded specific recommendations regarding the emotional and specialised services required by the young person. There was no evidence that this information had been acted on.

Outside of the statutory child in care review meeting a number of professional meetings took place. The purpose of these meetings was to review the placement for the young person who required a high level of support and in particular their proposed return to the centre from medical care. This meeting also was to assess the on-going engagement of the young person with specialist support services and the resource requirements needed to sustain the placement. In the course of the inspection the deputy manager was in the process of formulating the details of the plan. The deputy manager gave a verbal account of the level of risk attached to the placement and with the director of services was actively in the process of developing a risk management plan. All staff interviewed by the inspector acknowledged the level of risk attached to the placement and were committed to supporting the young person.

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

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

-Part IV, Article 22, Case Files.

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 placing social worker for one young person must ensure that the care plan 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 ensure that a record is maintained of all social work visits to the centre, this record to include any action or recommendation required by the centre.
- The senior management team must ensure that the centre has the resources to meet its obligations in meeting the needs of young people who require a high level of support.
- 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's Residential Care Centres (2001).

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.1	<p>The senior management team must review the purpose and function of the centre on an annual basis to take account of any changes within its purpose and function.</p> <p>Staff must be familiar with the purpose and function and a model of care which accurately describes the care approach used by the centre.</p>	<p>Purpose and function is reviewed annually or on discharge of a young person to ensure it continues to reflect the needs of the young person placed in the home.</p> <p>The company and centre understands the importance of all staff being absolutely clear on the function and model of care employed. Providing consistent approaches underpinned by model will ensure that young people receive the care in support that is in their best interests.</p>	<p>Senior management monitoring of the home will review purpose and function yearly and update accordingly. An annual review timescale will be established within the centre to manage the review process.</p> <p>Any variation to home practice will immediately instigate a review of the purpose and function to ensure that is accurately reflects the service being provided.</p> <p>The senior management team will allocate time to specifically agree the clear model of care that will underpin the care provided to the young people. Keys Group already has operating in other homes a model of care 'Safe and Sound'. Consideration, through research will be given to identifying the most appropriate model.</p>

The senior management team will liaise with Keys Group Training Department to ensure that appropriate training is sought and secured for the staff team to provide knowledge on the model of care. A workforce development plan will be prepared by senior management to ensure that staff hold the knowledge and skills required to apply consistent interventions for the young people.

The induction programme for all staff will include the model of care and describe the care approaches used by the centre.

The supervision model will be reflective. The agenda will schedule the topics/areas for discussion.

All supervisors have completed supervision training with newest SRCW identifying this develop need and access to training will be identified.

Records will be full and robust to evidence all discussions.

			All supervising staff will undertake a module as part of the Safe and Sound Model Training on Reflective Supervision.
3.2	The centre manager must review significant event reports in order to identify trends and patters to ensure responses by staff are appropriate.	<p>Guidance has been given by the director which is being applied to review and evidence reviewing of incidents.</p> <p>A new structure of in- house management meetings have commenced and a space will be given to reviewing incidents and identifying patterns trends and ensuring outcomes and lessons learnt are implemented.</p> <p>The centre understands the important of evaluation, analysis and review to determine action that may need to be taken to improve. Incorporating social work model of management and intervention</p>	<p>Senior management will schedule to meet on a six weeks basis.</p> <p>These meetings have already commenced with an initial meeting held on the 26th June and the next planned meeting 14th August to coincide with the fortnightly staff meeting on 15th August.</p> <p>The focus and agenda of the meetings are formulised with a clear agenda which will include:-</p> <ul style="list-style-type: none"> • Care • Development • Training • Management issues • Staff concerns/on-going issues • Review of significant events • Resource Management • Decision making <p>A new structure of in- house management meetings have commenced from the 12th</p>

			<p>June. The Director attended this meeting; reviewing issues, outlining reporting structures, exploring models providing direction on interventions.</p> <p>The centre manager will review and revise as necessary young people's plans following any significant incident and will ensure that any changes to the plans are communicated to all staff at handover and at in-house meetings. Key workers are promoted to enhance their knowledge skills and values and be directly involved in care planning reviewing and evaluation.</p> <p>The centre manager will include the staff's feedback and outcomes from these discussions at the house meetings in the manager's monthly evaluation.</p> <p>The centre manager will submit their monthly evaluation to the Director and will be included as an agenda in the centres manager's supervision.</p> <p>The centre manager will arrange a review of</p>
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			care records to examine inconsistencies and introduce methods to improve the quality of records maintained.
3.4	The chief executive officer must evidence that the organisation has good governance structures in place which evidences that the centre is being monitored.	<p>The organisation has a governance strategy which supports and determines the governance structures including quality management policies and procedures.</p> <p>This governance strategy informs the organisational quality policies, procedures and systems.</p> <p>The organisation has a system on internal review to ensure that the centre is being monitored.</p>	<p>Monitoring visits will be conducted quarterly by the Director. A template has been devised to record and evidence that the centre is being monitored.</p> <p>The actions from the inspection visit will be identified and will be required to be completed within a time scale identifying each area of responsibility.</p> <p>A weekly review of all Keys Group homes is completed by the senior management each week. A risk rating systems is employed as part of the organisations quality policies. Actions identified at the weekly review are monitored by the Director and reported to the Chief Operating Officer and Chief Executive.</p> <p>A series of weekly and monthly reports are produced on all homes. The data within these reports is aggregated on a monthly basis and presented to the Keys Group Board.</p>

			<p>In addition the Director is copied into every incident report who in turn reflects and discusses any concerns or training needs which arise with the centre manager.</p> <p>The Quality Director for the organisation monitors all inspection outcomes. The organisation has a system for ensuring that action/improvement plans are actively employed through to closure.</p>
3.5	<p>Senior managers must ensure that there is a consistent regular day to day presence of the manager at the centre.</p>	<p>Keys Group understands the importance of having a defined manager in charge of the home at all times.</p> <p>The current manager works in the centre 4 days a week. The 5th day is covered by the deputy manager. This arrangement will be clearly marked on the rota for clarity to all.</p> <p>In the absence of the manager during annual leave or sick leave the deputy manager will manage the day to day running of the home and will not be rostered as care hours on the rota.</p>	<p>The rota has been amended to reflect the working arrangements of the manager and the deputy manager.</p> <p>The manager works four days a week. The fifth day is covered by Deputy manager who will not be rostered on the rota that day; this is clearly identified on the rota and has been communicated to all staff.</p> <p>The Deputy Manager will carry the delegated roles and responsibilities of the manager on the 5th day. This will ensure that there is no impact of the delivery of care to the young people especially in regard to decision making and communicating with all</p>

			<p>professional involved in the care and support of the young people.</p> <p>The home Director is available for advice and guidance to respond to any issues if they arise.</p> <p>The organisation operates an on call system where an experienced and knowledgeable Operations Manager is available from 5pm to 8am. The Operations Manager has access to a Director who is also on call at these times for guidance, advice and support. An On Call Policy is available.</p>
3.6	<p>Senior manager must ensure that systems are in place to allow for the senior management team meetings to ensure oversight of the management and day to day work of the centre.</p>	<p>Keys Group understands the importance of oversight of the management and day to day work of the home.</p> <p>Weekly reports are submitted from the home to the Director.</p> <p>A new system of internal management meetings has been established to be held on a monthly basis. These meeting will include the centre manager and regularly the attendance of the Director.</p>	<p>Senior managers meeting commenced with the first occurring on the 26th June.</p> <p>Staff meetings will follow the senior managers meeting to ensure timely communication.</p> <p>It has been agreed that Director will attend the centre every six weeks or more frequently if required.</p> <p>The next planned meeting is scheduled for</p>

		<p>As described above quarterly internal monitoring visits and reports will be carried out.</p>	<p>the 14th August and a staff meeting agreed for the 15th August when the Director will be present at the home.</p> <p>Minutes will be maintained of all meetings. Staff who are absent at the time of the meeting will require to read the minutes and sign to record that they have done so.</p> <p>A handover meeting will occur at each change of shift. A clear agenda will be set and records maintained of all information communicated between staff.</p> <p>The centre manager will review and evaluate all records, communication between the manager and deputy manager will be formalised weekly to ensure consistent communication with the staff team.</p>
3.7	<p>Senior managers must ensure that there the roles and responsibilities of the senior management team within the centre are clearly defined.</p>	<p>Keys Group understands the importance of roles and responsibilities being clearly defined.</p> <p>The roles and definitions of the manager have been shared with the staff team and are in</p>	<p>The director visited the centre on the 25th May 17 and met with Senior staff and invited individual staff to discuss any issues they have in private which they raised.</p> <p>The director ensured all staff had contact details for the director.</p>

		<p>line with company guidance and policy.</p> <p>In addition the Director's roles and responsibilities have been defined in ensuring governance and practice meet regulations as per terms of employment and policies.</p> <p>The deputy manager's roles and responsibilities have been defined and working practices amended accordingly.</p>	<p>The director attended a staff meeting on the 12th June and provided responses to the feedback that had been given by the staff team.</p> <p>The director's role and responsibilities were communicated and defined and the director attended the centre on the 26th June for a senior management meeting and has planned attendance scheduled for the 14th August and for a senior management meeting and the 15th August for staff meeting.</p> <p>It was reported on the 26th June to the director by SRCW that they feel there has been a very positive improvement in the home and they feel more involved with clarity around roles and responsibilities.</p>
3.8	Senior managers must review all procedures regarding the contracting of agency staff and satisfy themselves that appropriate vetting of agency staff is in place.	<p>The agency staff policy and procedure has been provided to the home.</p> <p>All senior managers are required to read, sign and understand the policies and procedures on the use of agency staff.</p>	The centre manager will review the induction process for agency staff to ensure that it is full and meets all the requirements for and agency staff requiring to work at the home.

		<p>The policy and procedure provides the guidance on all the necessary checks and confirmations that must be carried out by the centre to assess the suitability of the agency staff.</p> <p>A file is held at the home and contains a clear induction process that is in place to support agency staff.</p>	<p>The home will work to minimise the impact that the use of agency or temporary staff has on the consistent support being provided by arranged to use the same agency staff where possible.</p> <p>The centre manager will complete a staff contingency plan which will set out the arrangements to maintain a consistent staff team where there are absences.</p> <p>The home has induction process for all agency staff and the manager will ensure all agency staff are fully inducted into the home needs and requirements.</p> <p>The centre manager will ensure that the arrangements for induction are conducted with management or supervisory presence.</p> <p>If agency is used for extended period they will formally be invited to participate in fortnightly staff meetings. Supervision will be provided and reflection received to inform</p>
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			practice.
3.9	The centre manager must ensure that systems are in place for the provision of support, supervision and monitoring of care practice of agency staff within the centre. They must ensure that they work alongside permanent experienced staff members.	<p>Agency staff will be provided with an induction booklet on arrival outlining key points of information about the home. The management of the home will meet with the agency staff and provide introductions and commence the induction process.</p> <p>Agency staff will receive supervision in the first instance from the agency. Agency staff working on a continued basis in the home will be assigned a supervisor and supervised in the same manner as permanent staff going forward</p>	<p>Agency supervision policy is in place. It is defined by hours worked and therefore applicable if agency staff is in the home for extended period of time.</p> <p>As previously stated all agency staff working for extended periods of time will be integrated into the home staff meetings and will receive suppression in line with company policy.</p> <p>The centre manager will manage the rota to ensure that any agency staff working in the home is working alongside experienced permanent members of staff.</p> <p>Induction records, supervision records and minutes of all meetings will be maintained</p>
3.10	The service director must ensure that a record of supervision of the centre manager is held on the personnel file of the centre manager.	The record of supervision was held on the personal file of the centre manager, however at the time of inspection the Manager was absent and their personnel file secure as per policy.	In the absence of the Manager an inspector or staff member from the home can contact the Director to request email copies of supervision records direct to the inspector.

			Supervision is completed with the home manager and reflects the roles responsibility. The records are maintained in the managers locked filing cabinet.
3.11	The service director must review the process for supervision to ensure that a uniformity of approach to the delivery of supervision, that all records of supervision are signed by the supervisor and supervisee and that the rostering arrangements support the supervision process.	<p>Keys Group understands the importance of conducting quality supervision to support and develop all staff within the centre.</p> <p>The Keys Group policy on supervision will be re-visited by all supervising staff.</p> <p>The Director will in line with monitoring and attendance at senior management meetings review the supervision and ensure records are reflective.</p>	<p>The centre manager will read the supervision policy and ensure that all supervising staff read, understand and sign including the importance of both supervisor and supervisee signing the record.</p> <p>The centre manager will review the standard supervision template to ensure that it meets the needs of the centre.</p> <p>The centre manager will review all supervision records as part of the monthly review of the home and plan rotas to ensure that supervisors and supervisees are working together to arrange supervision.</p> <p>The Director, as part of the quarterly monitoring system will examine supervision records and report on the monitoring record.</p>
3.12	The centre manager must review the process and format of team meetings to	A team meeting was held on Mon 12 th June 17 to review the process and format. This	The centre manager will review the revised format to ensure that it meets the needs of

	ensure that issues affecting the team are addressed.	meeting discussed the agenda and a formal agenda was re-introduced. Specific allocated time is afforded to discuss each young person/general house issues and staffing/team issues.	the centre. Team meetings will take place every two weeks and the minutes will be maintained, reviewed and actions followed up and taken forward by the centre manager. The director will review maintained minutes on a quarterly basis.
3.13	Senior managers must review how resources are managed within the centre to ensure that the welfare of staff is being supported.	The centre has a budget for the financial year. The organisation has finance systems in place to ensure that resources are in place to meet the needs of the young people. The centre has a defined staffing budget to meet the needs of the young people. The centre manager has responsibility for managing day-to-day resources within the home and rota management.	The centre manager will compile rotas considering the working patterns of all staff. The centre manager will submit the rotas on a weekly basis to the director to review. The welfare of staff will be an integral topic included in all supervisions. The director has met individually with staff and advised that any staff member who has any issues they wish to raise can do so. In addition Director has attended a staff meeting and will do so on a regular basis. The Director has overarching responsibility for governance and will ensure staff are aware

			that she can be contacted.
3.14	The centre manager must ensure that all staff are provided with training in child protection, fire safety, first aid and behaviour management.	<p>A training matrix is held and maintained at the home. This matrix records all training attended by staff.</p> <p>Keys Group understands the importance of equipping its staff with the knowledge required to carry out their roles effectively.</p> <p>The centre is committed to all staff completing outstanding training by the end of September 17.</p>	<p>Keys Group has a defined schedule for staff attending mandatory training and refresher training.</p> <p>A record is maintained at head office and at the centre of all training attended.</p> <p>A timetable is being developed for the outstanding training to be provided to the staff as required.</p> <p>All certificates of attendance are maintained on staff files within the centre and are available.</p> <p>In addition specialist and individual training needs are discussed as part of staffs training and development needs.</p>
3.15	The centre manager must review the forum for young people meetings and ensure that there is a record of when and how decision are made and that there is evidence of feedback given to young people.	<p>Keys Group understands the importance of gaining feedback from young people to influence and contribute to their care and support.</p> <p>The forum for young people's meetings was</p>	<p>The centre manager will review the agenda for the young people's meetings.</p> <p>The centre manager will attend a meeting to review the practices and direct the agenda to ensure that there is a balance to information</p>

		<p>discussed at team meeting.</p> <p>Staff were reminded of the importance of providing feedback to the young people on the issues that they raise to demonstrate that the centre is listening to their views and wishes.</p>	<p>giving and discussion.</p> <p>The centre manager will direct that records must be maintained of the meetings and will evaluate the minutes taken.</p> <p>The centre manager is responsible for ensuring that young people are provided with the appropriate feedback and will record on the minutes the actions taken.</p> <p>The centre manager will review the organisations – “YOU SAID – WE DID” system and its application to the centre in effectively and efficiently responding the young people’s views and wishes.</p>
3.16	<p>The centre manager must ensure that there the procedures for the requisitioning of money for the centre is carried out in a timely manner.</p>	<p>Keys Group has a policy and procedure for requisitioning money for the centre.</p> <p>In this centre the key worker is responsible for requesting clothing allowance monies and any items needed for any of the young people and to maintain the correct record of money spent.</p> <p>The clothing allowance for one young person</p>	<p>The centre manager will inform all staff of the importance of ensuring that all financial records are maintained.</p> <p>This issue was also reinforced at staff meeting attended by The Director and again at Senior management meetings.</p> <p>Where there are any changes to the management of monies, the centre manager will ensure that young people are informed.</p>

		was provided to them a month earlier. This led the young person to believe that they had not received their allowance for March when they had received it in February. Following this being raised and explanation was provided to the young person.	The director will monitor finance management as part of the quarterly monitoring system.
3.17	The centre manager must ensure that the procedures for the processing and addressing of complaints are complied with. The outcome of complaints is documented on the file of the young person and that the young person is informed of the outcome.	<p>Keys Group understands the importance of managing complaints effectively.</p> <p>A review of all complaints was carried out by the centre manager to ensure that all complaints have been managed to include informing the young person of the outcome.</p>	<p>Training on the complaints procedure will be carried out with all staff at team meeting on 27th June.</p> <p>All staff will be provided with copies of the complaints policy.</p> <p>All young people will be provided with a copy of the complaints policy.</p> <p>The centre manager will oversee all complaints and ensure that all information related to the complaint is fully documented.</p> <p>The director will monitor all complaints monthly as part of the monitoring system.</p>
3.18	The placing social worker for one young person must ensure that the care plan and the decisions of the statutory child and	Keys Group understands the importance of ensuring that all documentation is received in respect of each child from the placing	The centre manager will audit young people's files using a standard organisation tool to ensure that all records are correctly in place

	care review minutes are forwarded to the centre manager as a matter of urgency.	authority. This information has now been received and held in the centre.	and maintained. The centre manager has reminded all key workers that they are responsible for ensuring that all minutes and updated care plans are received and correctly filed. This will be overseen by the manager and Director and the monitoring visits.
3.19	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 recommendation required by the centre.	There is a record maintained that records all social work visits to the centre. The record will be adapted as required.	An addition has made to the record of social work visits to include actions required by the centre to be recorded. A ‘sign in’ book is in place to record all visitors to the centre. The centre manager challenges as appropriate when statutory visits are not maintained. A record is held in each young person’s file to ensure this is meaningful and their voice is heard.
3.20	The senior management team must ensure that the centre has the resources to meet	Keys Group monitors all resources that are put in place to meet the needs of the young	Purpose and function will be reviewed annually.

	<p>its obligations in meeting the needs of young people who require a high level of support.</p>	<p>people in its care.</p> <p>The purpose and function will be reviewed annually as stated above or as required in response to any changes to the centre.</p>	<p>All changes of staffing roles responsibilities inspectors and inspection services will be incorporated into the purpose and function in the centre.</p> <p>Any variation to the model of care underpinned by TCI will be reviewed and any specialist additional provision including therapy or psychological services incorporated.</p> <p>The centre will ensure that it clarifies the roles and responsibilities of the clinical psychologist.</p>
	<p>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.</p>	<p>Keys Group understands the importance of ensuring that individual care files are maintained to the National Standards for children in residential care.</p> <p>All required information was requested from the social work department and is now on file.</p>	<p>An updated care plan and review minutes were requested and received and are now held within the care file.</p> <p>A review of the files was carried out and a change was made to the filing of contacts with others to ensure all information is easily accessible.</p> <p>All documentation pertaining to each young</p>

			person will be reviewed in monitoring visits to ensure it all meets regulations.
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