



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	049
Year:	2016
Lead inspector:	Eileen Woods

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Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Daffodil Care Services ltd
Registered Capacity:	Four young people
Dates of Inspection:	1st, 2nd & 3rd of March 2016
Registration Decision:	Registered from 5th march 2016 to 5th march 2017
Inspection Team:	Eileen Woods Sinead Diggin
Date Report Issued:	27th June 2016

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1. Foreword

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

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

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

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

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

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

1.2 Methodology

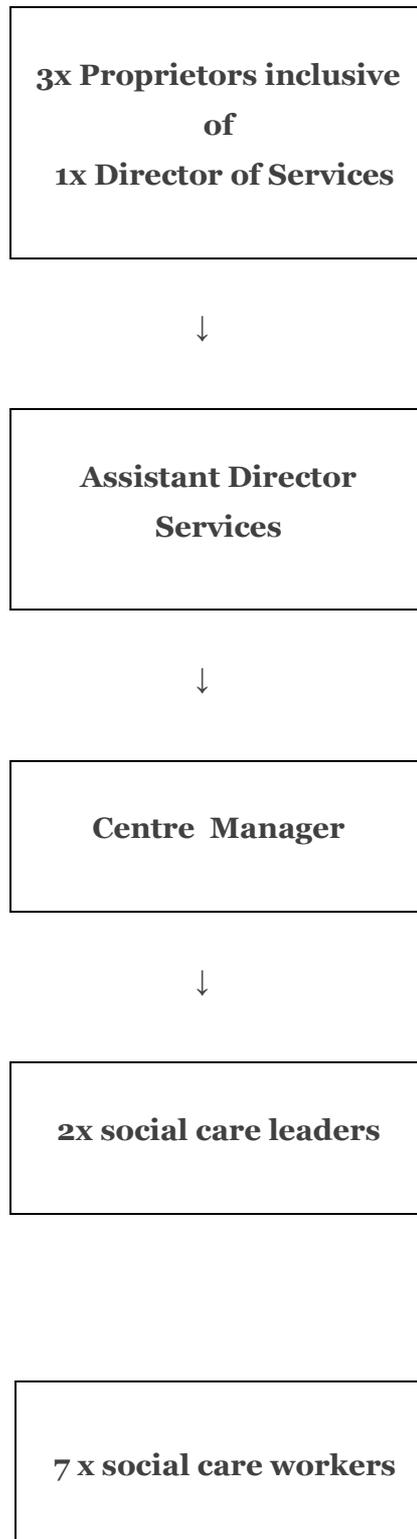
An application was made by the proprietors of this centre for continued registration on the 24th February 2016. This inspection took place on 1st, 2nd & 3rd March 2016 over a three day period and this report is based on a range of inspection techniques including:

- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
 - a) Ten of the social care staff including full time and relief
 - b) The two young people residing in the centre
 - c) One social worker and one principal social worker with responsibility for the people residing in the centre
 - d) Other professionals e.g. therapists, course tutors
- ◆ An examination of the most recent report from the monitoring officers.
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ 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 manager
 - b) The assistant director of services
 - c) Three of the social care staff
 - d) The two young people
 - e) The monitoring officer
- ◆ Observations of care practice routines and the staff/ young person's interactions.

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on this date 11th July 2016 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres As such it is the decision of the Child and Family Agency to register this centre with attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 5th march 2016 to the 5th march 2017.**

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

The purpose and function of this centre remains that of a preparation for leaving care semi-independent service with individual apartments, communal space and a full staff team to provide teaching, guidance and support. The designated age range is 16 to 18 upon admission and there are four apartments that the records show are generally occupied at capacity or near capacity. Due to the movement of young people there was less young people resident at the time of the inspection. Placements are described as short to medium term and have ranged from three to eighteen months with eight months being the average.

There is a companywide model of care which has been developed over several years and rolled out over the previous year, it incorporates a number of researched therapeutic models and is delivered to staff through a four day training programme run by the company. All the staff team bar one had trained in the model in November 2015. Staff were able to talk about some aspects of the model that they utilise as a daily tool to support the young people, they had concrete examples of how this was implemented. There is a committee in place to review the model and a model leader from within the team has been appointed in the centre. There is information for social workers on the model of care and there is a young person's booklet. The purpose and function and the policies and procedures have all been reviewed in 2015 and are noted as scheduled for review again in 2016.

Young people referred to the centre tend to have highly complex needs and some have moved to the centre from special care or shortly after. They are not necessarily referred to this service because they have displayed a stable ability to transition to semi independent care but rather that they have displayed a low tolerance for traditional residential care models which have a high level of staff contact and less

private space. This is reflected in the high level of significant event reporting that generates from the centre.

Therefore the model of care needs to be robustly supported and assessed regarding efficacy to ensure it meets the needs of such a group. Inspectors found a debilitated team at the centre who had been through an extended period of instability and conflict with young people. A small number of young people had negative feedback regarding their experience at the centre although they were positive about the type of placement offered, the facilities/supports and the individual support they received including individual staff but were critical of the team as a group. For their part the staff and management named that they had awareness now of the factors that had contributed to this change in the centre culture following a monitoring visit, a company audit and contact with social workers for specific young people.

Inspectors found that the team did keep a focus on the intended purpose and function of a preparation for leaving care service despite the challenges and this was reflected in the records.

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

None identified.

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 register of young people was reviewed by the monitors, inspectors and the company's auditor and was found to be well maintained. A record of the young people living at this centre is centrally maintained by the Child and Family Agency in compliance with the relevant regulation.

3.2.2 Practices that met the required standard in some respects only

Management

The manager was appointed by internal interview to their post one year prior to this inspection, they have the requisite post qualifying experience and had three years at social care leader level in this centre before taking on the manager role.

The manager described reading daily logs and significant events as well as attending team meetings and team leader meetings as their key mechanisms for overseeing practice at the centre. The inspectors did not find substantial evidence of the manager's oversight and response to the work of the team. There was also a shortfall in some of the governance structures, some for reasons beyond anyone's control. This left the internal management structure short of experienced persons at a key time of change. For this inspection all of the staff team gave positive feedback on the manager and the wider management structures and judged there to be good structures and quality assurance systems in place.

Inspectors found evidence that problems in the team structures began emerging from the previous spring, these escalated rather than decreased but were not being tracked until reaching a crisis in the autumn at which point the manager was formally reporting the negative atmosphere and the self described "us and them" environment between some young people and staff. It was clearly acknowledged that this was not in accordance with the model of care which is substantially relationship based.

The line manager, who is now the assistant director of services, is based at the centre one day per week, which allows staff and young people access to them, they acknowledged that management systems had not been operating optimally leading to an accumulation of issues requiring a concerted plan. They further added that there has been key learning from this and that action to identify and respond before problems escalate is the focus now. To this end the company have appointed an internal auditor who completed a comprehensive and focused report with recommendations for the manager and their line manager to act upon early in 2016. Inspectors raised that it must also be taken account of that the impact of company expansion has to be managed to not leave previously stable teams and centres at a deficit and triggered into a period of instability. And that this will continue to cause deficits if it is repeated.

The governance reporting systems now involve a monthly manager's report and a monthly regional managers meeting is held, there is also a quarterly national meeting. These systems, and their prior equivalents, were not effectively tracking the matters that ultimately came to present the most problems which from the inspectors analysis also included -expansion of the company and division of teams at the same time as rolling out a new model of care and recruiting new staff . Managers require focused periods of support and induction into their roll coupled with clear accountability, opportunities for critical learning and development of decision making skills.

Notification of Significant Events

Significant events are tracked through a register and are recorded for both over as well as those under eighteen. The reporting system itself was well implemented and completed by staff and recommendations made by monitors had been taken account of by the team who were seeking to address them. There was evidence of staff paying attention to detail and a commitment to supporting safety for young people by comprehensive reporting and contact with social workers and the Gardaí where it related to child protection and protection of vulnerable young adults.

There were high levels of incidents recorded at this centre, many of which related to absences at risk and associated high risk activities whilst absent. Complaints were also a significant feature being reported to social workers and the monitors.

The team were tasked with operating a semi independent model of care with a high risk group of young people and were operating reporting levels consistent with an at risk group of young people. A process of consultation with all stake holders must be

initiated regarding this as the level of reporting exceeded typical levels seen across a range of services.

The centre have monthly significant event review group meetings and whilst it had a good focus on existing systems it did not present as an effective forum for additional strategies or adapted responses. Although the reviews aimed to support consistency and identify patterns they did not achieve this goal fully.

The manager informed inspectors that they are aware of the high numbers of significant event reports and that this had been highlighted to them by the monitors. The monitors had recently raised their concerns with the management regarding the type and frequency of significant event reporting along with some matters related to delays and a lack of commentary from management. As stated above inspectors found that the staff were made aware of these findings and were acting to address them.

Staffing

There are sufficient numbers of qualified staff at the centre and there are two social care leaders on the rota also. Inspectors found that the staff presented as affected by recent experiences which had challenged the teams understanding of their implementation of the relationship based approach. It also raised questions about how the team could balance oversight of each other's practice and how to support each other where challenging behaviour is being exhibited. At the time of the inspection these matters were still ongoing and a team analysis had not taken place, inspectors found that staff members were still dealing with it on an individual level. Inspectors note that the lack of external clinical or therapeutic specialist available to staff as an advisor regarding complex young people may also be significant as when the behaviours began to escalate there was no additional clinical advice for the team in the relevant diagnoses potentially impacting on the dynamic.

The team displayed strengths in their knowledge of the model of care, their training was up to date and there had been real progress made by a significant number of the eight or more other young people who had been resident during the two years preceding this inspection. Inductions were completed with new staff and the records supported that this was structured with the intent of fully supporting the model of care and by extension the best interests of the young people using the service. On this basis the assistant director informed inspectors that a revised induction policy was being rolled out, building on the learning from the efficacy of the previous inductions.

Inspectors spot checked personnel files for new staff who had started since June 2015 and found that the vetting was completed in compliance with the Dept of Health 1994 directive regarding same.

Supervision and support

The manager is trained in the provision of supervision and supervises the full time team, the social care leaders supervise the relief staff. The social care leaders were trained in the supervision by the company and had some leadership training also. There was evidence of discussion of placement plans in supervision but inspectors found that the individual works did not necessarily match with the placement plans and the goals discussed at supervision. The social care leaders in their case management of key working must ensure that there is consistency between the works identified in the needs assessments, the supervision sessions and placement plans and that these are tracked. The manager had recently addressed, with their own internal auditor and the child and family agency monitors, the gaps in times frames for the delivery of supervision that had been apparent for a period of time.

Forms called supplementary supervision forms were extensively used for everything from case management, debriefing, staff practice reviews and as an adjunct to formal supervision sessions at times. This arrangement does not best support clear supervision and oversight nor does it allow for human resources policy to be implemented where records suggest it may have met the threshold for same or at least to be assessed for same. This must be reviewed to ensure that the system supports outcomes for both staff support and for practice accountability. The assistant director supervises the manager but the notes were brief, difficult to read and must be improved.

Team meetings are held weekly and the records support that there is meaningful discussion of the programmes and progress for young people particularly in crisis areas such as housing, impact of substance misuse and safe choices.

There was evidence that the staff did not have a full awareness of the availability of an external post crisis support option although all those interviewed had a loose understanding of the fact it was available and was being reorganised. They did not consider it a real option for them and in the reorganising of the staff support system the company should take account of this. The staff named that they found the manager very supportive and the debriefing they offered adequate. The management

have organised some other options for staff support, for example working at another centre. Team facilitation had been just recently started at the time of the inspection.

Training and development

Training is available to staff through a yearly schedule drawn up by the organisation to serve all of its staff nationally. Core training had been substantially completed with renewals planned in accordance with expiry dates of, for example, first aid or fire safety. There was though evidence of some overly long periods to the booking of core training for newer staff, for example a gap of seven months for the method of restraint and behaviour management and five months for fire safety in two instances. Inspectors require that core training is prioritised for completion within a suitable timeframe.

The staff had also completed training in related areas such as drugs, self harm, body issues, and domestic violence for example which has been positive for the team and integrated into their work. Some facilitation had been organised for staff and inspectors recommend that there be an opportunity for additional training in the model with a focus on the specific purpose and function of this centre.

Administrative file

The files were well presented for inspection, they were large given that the group is typically clustered toward eighteen and over and there was no discernible difference between the files for those under and over eighteen. There was evidence of some items hastily printed off and stapled incorrectly, there was also evidence of the use of 'cut and paste' in compiling certain reports for different young people. The team need to be observant in their report writing and be clear to individualise young people's plans and records and to print off items in a timely fashion for the hard copy files.

There was little evidence of the manager's voice regarding oversight of practice by the staff. They must ensure that their governance and guidance is evidenced in the centre records.

Finance is tailored to a phased independent living allowance with additional monies provided through travel cards and clothing as well as birthday and other special event presents and parties. None of the young people criticised the amount of finance but did express confusion about some of the ways in which the finance is delivered, for

example vouchers or cash which varied depending on where on the programme staff assessed you to be functioning.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 5, Care Practices and Operational Policies***

Required Action

- The inspectorate must be provided with evidenced actions regarding how the management and governance structures of this centre have been enhanced to date in 2016.
- The proprietors must develop a strategy for safeguarding existing centres and teams during company expansion.
- Managers must be aware of their need to advocate/act in the best interests of their own centre during company expansion.
- Significant event review must look at emerging trends and patterns and highlight these to teams in order for there to be a planned response and awareness of the group and individual dynamics at the centre.
- Supervision, facilitation, team meetings and other forums identified by the centre must engage in positive learning from the difficulties experienced by the young people and the staff.
- The management must ensure that the revised staff support and welfare systems be suitably promoted and explained to staff.

- The use of supplementary supervision forms for diverse areas of staff support and accountability must stop as it does not support clear systems within the centre.
- The manager must be supported with ongoing management training in HR and employment systems as well as staff support mechanisms. These are two distinct areas of work.
- The manager and team leaders must have clear oversight of the match between the placement plans, supervisions and key work sessions completed.
- The manager must oversee timeframes for completion of core training.
- Further internal training in the model of care having regard to the specific nature of the service at the centre must take place.
- The manager must more strongly and clearly display oversight of the centre records and value this as an essential pillar of internal governance.

3.3 Monitoring

Standard

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

3.3.1 Practices that met the required standard in full

A monitoring visit took place over two days in February 2016, a report was completed of this visit which was finalised on the 21 of April 2016. The inspectors interviewed the monitor who completed the report and consulted with them. The scope of this inspection took account of the work very recently completed by the monitors with the centre. Inspectors found that the manager and the external management had a clear understanding of the issues raised by the monitors and were not disputing the negative findings regarding staff consistency, management of complaints and supervision.

The Monitors met with two of the young people on two occasions and gathered their views which were clearly represented in the monitoring report and shared with the centre to promote action, reflection and change.

3.3.2 Practices that met the required standard in some respect only

None identified.

3.3.3 Practices that did not meet the required standard

None identified.

3.3.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

3.4 Children's Rights

Standard

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

3.4.1 Practices that met the required standard in full

Consultation

As part of their model of care and general ethos the team place consultation with and inclusion of young people as a key priority. Not all of the young people were at a point where forming relationships with staff was achievable over a relatively short period of time, but there was evidence that the team could work positively with a range of young people in accordance with their capacity at that time. Other influencing factors were substance misuse and absences which were a significant threat for many of the young people, therefore the team took multiple opportunities and avenues to seek their views and engage them in their own plans. The team recognised also that young adults need positive relationships with at least one or two significant staff advocates to prosper in placement and that had been possible with most of the young people but not all. For some of the young people being engaged was episodic and therefore the team had to be ready to gain their views when they could and there was evidence of efforts to do this. There was too little recording in key places of what their actual views were once sought and this needs to be improved across all the records.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre has a policy on complaints that the team are familiar with and had implemented with a number of young people. Complaints are notified as significant events to social workers and the monitor, the external line management also receive all notifications including complaints from the centre. The policy differentiates complaints from informal complaints but defines what constitutes a complaint more clearly than it defines what constitutes an informal complaint. Presently the policy uses the term 'grievance' as opposed to 'informal complaint' and this should be

amended in the policy document to avoid confusion with terms from the field of industrial relations.

Inspectors found that the team must complete a review of their understanding of what constitutes an informal complaint—something that can be resolved locally and is usually a good learning and role modelling opportunity from a complaint about the quality of care. The system at the time of the inspection did not promote easy tracking of mounting informal complaints unless good daily oversight practices are in place. Inspectors found that a lack of verifiable oversight and a misunderstanding of the spirit of the purpose of informal complaints versus the purpose of complaints resulted in difficulties in this area of practice at the centre. Informal complaints were logged in a register and the complaints through to the conclusion reached by the manager or the external managers were all on file. The young person’s view of the outcome is sought and recorded also.

Following a high level of what are referred to substantially as informal complaints by the staff and exclusively as complaints by the complainant there was an internal review of the process applied to resolving all of these. The view of the complainant, the social worker and the centre were qualitatively different in how they viewed the outcomes and process. Certainly the information must be assessed by the centre and the company from both an implementation of policy perspective and a client experience perspective and learning taken from this.

Inspectors found that the emerging informal complaints should have been treated as complaints that the trends should have been identified and interventions attempted at an earlier stage. The external management completed a review of complaints with the intent to be transparent and to support learning. The latter is an outcome yet to be determined or measured regarding its effectiveness. Certainly the interviews conducted and feedback received by inspectors at the centre support that the staff have to make significant progress in the standard of their practice in complaints.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

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

Required Action

- The manager must evidence robust oversight and tracking of informal and formal complaints by young people
- The team must examine in detail what constitutes an informal complaint and the purpose of this option.
- A concerted effort must be made for there to be a strong advocate for young people when conflict and complaints accumulate.
- Inspectors must be updated regarding the actions taken since the inspection to address the matter of the management of complaints within the centre.

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 team work in a concerted manner to increase contact and links with family and to support improvement in the quality and security of key family relationships. There was evidence of the young people being brought to family access and to visit home. Family members were invited to the centre and supported to have a positive visit whilst there. If a parent or sibling has travel issues the team will facilitate lifts. The team rightly identify family as central to young people leaving care and that this is a sensitive area requiring a high level of support and skill which the records suggest is held well by the experienced members of the team. There have been a significant proportion of young people who have returned home after leaving the centre.

Preparation for leaving care

The inspectors reviewed six end of placement reports and two current files, the records present that the team are focused on identifying both the strengths and deficits in practical core life skills that the young people have, they do so with the young people as much as they are willing or able to engage. It was represented in the records that many of the young people had developed some strong skills in certain areas. The areas that most significantly challenged the young people were the quality and range of their relationships with safe and supportive family and friends, substance misuse and there were behavioural issues suggestive of ongoing underlying unresolved emotional trauma. This sometimes resulted in poor or volatile peer relationships within the centre despite the separate apartment spaces occupied by the young people. Drugs as an additional area of risk significantly disrupted young people's progress and stability. The team worked in a manner that acknowledged all of these factors and sought to support young people in living a more stable life whilst at the centre.

Despite these and other presenting challenges it was clear that the purpose of the placement was not lost sight of by the team and there was an excellent focus on practical matters related to housing, training, knowledge, tips and fore planning, core documents were in place for example bank accounts, savings, passports, medical cards, PPS numbers and other public documents essential for young adults.

Aftercare

The young people had aftercare workers assigned and the management stated that although late to be appointed for some young people dependant on their area that young people do have an allocated aftercare worker before they leave care. Some social work departments have funded formal additional outreach from the centre for some of the more vulnerable young people. Those young people moving into private rented accommodation were at high risk of becoming homeless within a short space of time it was reported by staff and the additional outreach assisted in supporting them through a critical period of adjustment. This was not successful for all young people some of whose experiences after leaving care the centre had documented.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

Inspectors found that the centre has a structured approach to gathering admission information and that this was generally well done with a checklist to support it. The young people were placed in accordance with the purpose and function as had the previous young people been on the whole. The manager stated that they review the referrals, complete the impact risk assessments and that the assistant director of services often liaises with the social workers involved. They may be familiar with the social workers as increasingly young people are transitioning from other of the company's mainstream residential centres into this centre to focus on preparation for leaving care.

There was a disparity between the admission files for the resident young people with some having the mutual risk well addressed and others not. For example the pre admission risk assessment did not address the full known history. It is essential that the risk assessment and risk planning is of a high standard and reviewed when new young people move in. The team should consult more effectively with other centres that young people have moved from within the company. They had gathered some information including previous crisis management plans and other relevant

documents which was positive and could be further strengthened. There was good practice in place in the completion of needs assessments upon admission with the young person and the professionals involved with them.

Once a placement is approved a meeting is held with the young person and a transition is planned. The young people had a clear understanding of why they were living at this centre.

Statutory care planning and review

One of the young people did not have a care plan upon admission due to their social worker being absent for a period of time. Their aftercare worker completed an aftercare plan once they had been resident for a number of weeks. The aftercare worker was proactive and had weekly contact with the young person. The principal social worker oversaw the case in the absence of the allocated social worker. The other young person had their care planning and review completed in accordance with the time frames. The social worker also initiated the aftercare plan due to a shortage of aftercare workers in their area that are available for assignment pre eighteen.

Placement plans are six monthly and the goals for growth identified in the needs assessments are brought into the plan and actioned through support work sessions. There was evidence in the placements plans of family being given prominent attention and programmes being initiated in key areas of need, also peer relationships and safety featured strongly. Inspectors found that the plans were of a good standard, clear and geared to the purpose and function of independent living skills. The placement plans are reviewed monthly and these made it possible to track certain key areas, like attendance at a course, and are balanced toward positives. There are weekly support worker reports and these are the clearest representation of the strengths based approach aspect of the model of care at the centre. As stated earlier the connection between agreements at supervision, the sessions stated as been or being completed and the actual records on file was not consistent and must be addressed.

Emotional and specialist support

There is an emphasis on building good relationships with young people in order to support them positively within the programme on offer at the centre. At the time of the inspection the relationship based approach had been challenged and the team need to refocus their efforts and be specific in their learning from these events. Better recording of the views of young people and being more proactive individually

and as a staff group in identifying issues as they emerge should support averting future problems.

The team are realistic about the challenges young people face and have been active in supporting and promoting their attendance at suitable specialist services. They have supported referrals to local mental health and addiction services as well as essential GP attendance to manage co-ordination of specialist referrals. The team have also been resourced with additional training in issues such as suicide prevention, addiction, self harming. The team have worked well on an interdisciplinary level and as a team have had to place a significant focus on young people's personal safety, safe and unsafe relationships, drug use, self harming, self esteem and mental health issues which they have done to a good standard also.

Team displayed skill in identifying damaging cycles in external relationships or even potentially exploitative relationships and were networked with Gardaí and the child and family agency regarding this complex area of work. The team did not though display knowledge in planning records of some specific diagnoses and they must ensure that these are always taken account of, information and guidance must be provided by the company in supporting teams in this aspect of their work.

Young people about to become a parent have been well supported well by the team including with links to parenting support services. Parenting skills, health, diet and other relevant areas were all covered in support sessions.

Discharges

The centre has a discharge policy that does not contain a procedure for the warnings system operational in the centre, the warnings system can lead to the unplanned discharge of a young person and it is essential that this is clearly defined in a procedure under either behaviour management and/or discharges. Inspector's request that discharges outside the original plan and due to warnings given are not presented as planned in a discharge report just because the centre have set a date and worked toward that discharge date. These fit the criteria for an unplanned discharge and should be clearly named as such.

All young people who leave the centre have items prepared for their departure depending on where they are moving to, their items are valued and respected and the team try to add new memories, mementos and photographs. Leaving parties are held in accordance with the young people's preferences.

Supervision and visiting of young people

One of the young people was visited regularly by their social worker the second young person was visited by their aftercare worker. There was a high level of contact between both young people and their respective social work departments.

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.

One social worker was frequently in contact with the young person and the centre manager. They did not generally sign any records they may review whilst at the centre and should do so in the future. The social worker has given specific feedback to the centre and has acted as a strong advocate for the young person at a critical time. There had been strategy meetings held and a review of complaints conducted.

The other young person as stated had not met their social worker for a period of time nor was there a care plan completed since their admission to the centre. Both social work departments were though engaged in the strategy meetings and risk management meetings in an effort to protect the young people in potentially high risk external situations.

Children's case and care records

Inspectors found that the style of recording was of a generally competent standard except in the areas of sanctions in particular where stock phrases were repeated using 'cut and paste' and almost exclusively in the absence of young people's comments and without the manager's comments being added. The young people's views were not well recorded in core documents such as sanctions and risk assessments. The files contained the relevant documentation for the young people for example birth certificates.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency has not met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 23, Paragraphs 1and2, Care Plans***

The Child and Family Agency has met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995***

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

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- Pre admission risk assessments must be maintained to a good standard and updated as necessary.
- Close attention must be paid to gathering relevant information from other of the company's centres a young person may have lived in.
- Tusla, the Child and Family Agency, must ensure that social work departments are resourced to complete the necessary care planning within the required timeframes.
- The model of care must be informed by outcomes experienced following its implementation by the team.
- The team must take account of any clinical diagnoses young people have and incorporate a good understanding of this into their plans.
- The system of warnings including timeframes must be described in the policy and procedure document.
- Content on records including sanctions must be specific and individual. The managers and the young person's comments must be included.

3.6 Care of Young People

Standard

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

3.6.1 Practices that met the required standard in full

Individual care in group living

The young people are assigned key workers and can opt to change key workers if they so wish. There was evidence that the team want to provide a high standard of individualised care and the actions and plans reflected this. The young people have a good opportunity to be in a stable semi independent setting where they can build on their self care skills and have the facilities and support to do so. They are well supported regarding their interests, relationships, life skills and training. On this occasion and during other visits it has been observed that the team genuinely celebrate birthdays and special events with the young people and put extra effort into making each one special.

Restraint

The staff are trained in a recognised method of physical intervention, it was clearly defined that a staff member who did not have the required training could not participate in same. It is not a regular feature of the young person's experience at the centre but there is extensive reference to the Gardaí in the policy document so it is important that the manager review with staff their understanding of the criteria for calling the Gardaí. There had been an incident of physical restraint at the centre completed not by the team but by the Gardaí. The staff must be clear in their knowledge regarding the thresholds for calling the Gardaí.

Absence without authority

The staff knew the policy and agreed joint protocol with regard to absences at risk and children missing from care. The correct documents were on file. These were well maintained, correctly reported and entered into the register. There were

accompanying individual absence management plans and additional risk assessments including safety plans. There had been good evidence gathering undertaken by staff into the events surrounding patterns of absences and interdisciplinary meetings had taken place to assist in safeguarding young people. There was good quality liaison with the Gardaí and professional working strategies established.

Alongside the individual young people the area of absences at risk should be looked at comprehensively with the referring social workers as high rates of reporting of these did not generally result in a consistently held decrease in same unless some other factors intervened. It also raises questions about suitability of placement if risk is running at such a level.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

Inspectors found through a review of the centres policy document and the interviews with the staff that the behaviour management document and the new multi strand model of care are not yet well integrated with each other. The policy document has a high standard of well developed policy areas, for example, key working but others are not as expansive or inclusive. The behaviour management policy focuses significantly on critical incidents and the Gardaí but the preventative section is short and does not refer to how the model plays a role in active daily behaviour management and inspectors recommend that this be addressed.

The staff description of the behaviour management approach illustrated that the new model of care assisted them as a means of recognising the causes of behaviours as opposed to supporting a particular intervention or approach. Separate to that the team were very clear and well informed on the structures and systems in place designed to create a safe and helpful placement for the young people, one that maximises learning opportunities in a short time frame.

The young people's files contained useful practice guidelines, individual crisis management plans and risk assessments. Most but not all were regularly reviewed and of a competent standard. The sanctions were recorded and as stated did not well reflect the managers or the young people's views. They also contained preset commentary that needed to be reviewed. Room searches are completed and any drugs and drug paraphernalia found are reported to Gardaí.

There have been assaults on other young people and on staff, these have not automatically resulted in discharge but do result in a warning that may lead to a discharge. Inspectors noted that the warnings documents on file should refer in a more concrete way to what is expected and how this will be supported by staff a timeframe for the removal of the warning also needs to be included. Staff frequently have to deal with complex behaviours related to drugs, alcohol and a poor capacity in resolving interpersonal difficulties and have displayed an ability to work with this.

It was reported on records at the centre by staff and young people that bullying between peers has been an issue. Incidents of bullying were addressed in isolation according to the evidence seen and it is essential that there is training in strategies to support staff in identifying and intervening at key stages.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***
-Part III, Article 11, Religion
-Part III, Article 12, Provision of Food
-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

- The behaviour management policy should reflect/cross reference with the model of care.
- Anti- bullying training should be completed by the team.
- The record of warnings should be clear regarding the event that triggered it, actions required of the young person and a timeframe when the warning will be discharged from their file.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

Safeguarding

The staff had a good level of knowledge and information regarding internal and external safeguarding. There were cameras, visitor policies and rules to be observed within the centre and the apartments. Only approved, safe persons and friends could visit within the property and the apartments. Night staff do not go into apartments to check unless there is a specific risk assessed issue, for example a young person under the influence, in which case they do regular checks to ensure safety.

EPIC, the young person in care advocacy group, were involved with a number of the young people. The young people were well informed about their rights.

Concerted action had been taken by the team with regard to investigating risks of exploitation of young people and a clear record was kept of this, the evidence was shared with their partners in protecting young people. This included principal social workers and the director and assistant director and the evidence was clearly presented for all to consider how best to act.

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

Child Protection

The staff are trained in child protection and supported by a policy and procedure developed in accordance with the Children's First: national guidelines for the protection and welfare of children. Child protection referrals had been made in respect of a number of young people. The child protection standard reporting forms were on file and entered into the significant event register, some of these were awaiting responses from the social work departments regarding the assessment and actions taken by the social workers.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

The education and training of young people is a key priority for the team and concerted action is taken without delay to get young people involved in same. The team have established links and good working relationships with local courses, schools and guidance counsellors. Recent young people had all been involved in education and training at some point, with all possibilities to promote employment also being explored. Skills for life and the importance of education and training within that are a core focus with the young people.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

3.9 Health

Standard

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

3.9.1 Practices that met the required standard

None identified.

3.9.2 Practices that met the required standard in some respect only

There was information on file regarding the young people's health and action was taken to register them or maintain them with their own GP. The manager has sought immunisation histories for the young people. The young people are encouraged to take control of their own health needs and the staff over see and support this. There was evidence of attention to the young people's overall health and wellbeing and there was discussion about diet, exercise, how to seek appropriate medical treatment and where and how to look after their own sexual health and development. The company's own internal auditor in January of 2016 had named a lack of attention to detail in the health and medication sections of the young people's files. Actions were named to be completed by the team led by the manager and this was being monitored by the assistant director. Inspectors found that there was still development needed in the full integration of the young people's pertinent health information and diagnoses in the placement plans and other records.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

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

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

Required Action

- The manager must ensure that the health and related documents at the centre are well maintained.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The standard of the accommodation at this centre has been well maintained, the apartments are spacious and well furnished. They are warm and bright with good bathroom facilities. Laundry facilities are shared and staff assist young people where necessary with this and within the apartment itself. There are additional common areas including a living room and a kitchen and shared meals take place at regular times during each week. Young people can meet family and suitable others in private in their apartment or in the other areas available to young people within the centre. They can accumulate items chosen by them to add to their apartment and to take with them when they leave.

Proof of insurance in accordance with the regulation was provided as part of this application for registration.

Maintenance and repairs

The centre is subject to regular maintenance and repairs are attended to without undue delay.

Safety

The centre has a safety statement and safety systems in place that are audited and tracked by the line management. The centre manager has been briefed on their responsibilities with regard to health and safety matters within the centre and deficits in records were highlighted to them to address in January of 2016. Storage of medicine is secure within the staff office with the young people taking responsibility for some themselves as appropriate.

Fire Safety

Fire safety certifications from the local council and from an engineer are in place, no additional material changes have taken place since then. Contracts are in place for the servicing of the alarm, the emergency lighting and detectors, the fire extinguishers and other fire equipment. The apartments have their own extinguishers and fire blankets and the young people are inducted into the fire safety systems in the apartments and wider centre. The staff are tasked with completing and recording regular fire drills, these are recorded.

3.10.2 Practices that met the required standard in some respect only

None identified.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

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

-Part III, Article 15, Insurance

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

-Part III, Article 13, Fire Precautions.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
<p>3.2</p>	<p>The inspectorate must be provided with evidenced actions regarding how the management and governance structures of this centre have been enhanced to date in 2016.</p> <p>The proprietors must develop a strategy for safeguarding existing centres and teams during company expansion.</p>	<p>The senior management team has been reviewed and a regional manager has been appointed since 1st June 2016. The addition of this regional management support will provide enhanced monitoring, oversight and governance. The organisation carries out internal audits and specific themed audits as a support to manager. Manager and social care leaders ensure daily and weekly oversight of registers and sign registers as evidence. Manager has also set aside time for document review and sign off.</p> <p>A recruitment consultant has also been employed by the company to ensure that all centres operate with appropriately qualified and experienced staff at all times.</p>	<p>The inspectors are satisfied with this response. And that if implemented will place the centre in compliance with the relevant governance regulation and standard.</p> <p>The inspectors are satisfied with this response.</p>

	<p>Managers must be aware of their need to advocate/act in the best interests of their own centre during company expansion.</p> <p>Significant event review must look at emerging trends and patterns and highlight them to teams in order for there to be a planned response and awareness of the group and individual dynamics at the centre.</p>	<p>National and regional management meetings, team meetings and supervision are all support forums to highlight, discuss and resolve concerns/issues. Communications with line management via emails that include concerns raised and action plans and will also be stored in the external monitoring folder.</p> <p>All significant events are reviewed by social care leaders and manager as they occur. Significant events are also reviewed by senior management and reviewed in monthly significant event review group meetings. The organisation has reviewed the significant event review group format and have now allocated it as a standalone meeting to focus on quality review rather than quantitative review. Each manager will bring an identified SEN and piece of individual work / key working for review, guidance and feedback which will in turn be fed back to the team.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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	<p>Supervision, facilitation, team meetings and other forums identified by the centre must engage in positive learning from the difficulties experienced by the young people and the staff.</p> <p>The management must ensure that the revised staff support and welfare systems be suitably promoted and explained to staff.</p> <p>The use of supplementary supervision forms for diverse areas of staff support and accountability must stop as it does not support clear systems within the centre.</p>	<p>Reflective practice training is scheduled for the team in July 2016. This will enable future positive learning and outcomes for both young people and staff and inform agenda items in supervision, facilitation, team meetings and other forums identified by the centre.</p> <p>The organisation has introduced a health cover plan for all employees, effective from 1st July 2016. Additional supports offered in the plan include 24-hour access to GP telephone advice line, virtual doctor, health information website, 14/7 counselling service and legal helpline. A presentation by an expert on the health plan was provided to the team in order to ensure clear understanding of services offered. External group and individual facilitation/supervision has also been made available.</p> <p>A formal supervision schedule is prepared in advance and adhered to by manager. In conjunction with post crisis response forms, supervision supplementary forms will only be used as a support to this process.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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	<p>The manager must be supported with ongoing management training in HR and employment systems as well as staff support mechanisms. These are two distinct areas of work.</p> <p>The manager and team leaders must have clear oversight of the match between the placement plans, supervisions and key work sessions completed.</p>	<p>A manager’s manual has been developed by the organisation as a supportive tool to managers regarding HR and other employment systems. A recruitment consultant has also been employed to assist managers with HR issues arising. National and regional management meetings are also a forum for other managers to discuss, support and learn from each other. In conjunction with external facilitation, there have been additional supports established such as opportunity to identify individual and staff training needs and manager can liaise with training companies to tailor such training.</p> <p>New wraparound placement plans have been implemented in the centre in order to ensure clear oversight. Additional focus on evaluation of sessions, engagement and outcomes has been included. Monthly case management meetings also take place with the manager, social care leaders and key worker and these inform both supervision and follow-up key working sessions.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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	<p>The manager must oversee timeframes for completion of core training.</p> <p>Further internal training in the model of care having regard to the specific nature of the service at the centre must take place.</p>	<p>A robust annual training schedule has been implemented to ensure timely completion of core training.</p> <p>A focus group for the model of care has been set up and meet monthly to discuss and evaluate the implementation of the model of care across the organisation. These meetings take place at a regional level. Recommendations, suitable readings and monthly focus are brought to the team to discuss, explore and advise on its implementation. Manager has assigned a person to lead the implementation of the model in the centre and attend monthly regional meetings ensuring regard to the specific nature of this service. A folder outlining the model of care is in place and contains the regional meeting minutes, the monthly focus, resources and additional correspondence.</p>	<p>The manager must track reasonable timeframes for completion of core training.</p> <p>The inspectors are satisfied with this response.</p>
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	<p>The manager must more strongly and clearly display oversight of the centre records and value this as an essential pillar of internal governance.</p>	<p>The manager carries out weekly oversight of registers and signs registers as evidence of same. The manager has also set aside time in her for document review and sign off. All documents leaving the centre are reviewed by manager and an internal filing system is in place to ensure all documents are reviewed and signed off in a timely and efficient manner.</p>	<p>The inspectors are satisfied with this response.</p>
<p>3.4</p>	<p>The manager must evidence robust oversight and tracking of informal and formal complaints by young people.</p>	<p>As per policy and procedure on complaints, the young people are made aware of the complaints process upon admission. On receipt of a complaint the manager will notify the organisations complaints officer and ensure they are updated on the investigation and outcome. Informal complaints are recorded in the young person's voice section of their daily log and the centre grievance register. On receipt of an informal complaint manager will review and investigate in conjunction with regional manager and a decision will be made regarding possible escalation to the formal complaint process.</p>	<p>The policy is not the focus of this issue requiring action - the action required is a commitment to more extensive oversight and governance of all ongoing practice and trends emerging. This has been clarified with the manager.</p>

	<p>The team must examine in detail what constitutes an informal complaint and the purpose of this option.</p> <p>A concerted effort must be made for there to be a strong advocate for young people when conflict and complaints accumulate.</p> <p>Inspectors must be updated regarding the actions taken since the inspection to address the matter of the management of complaints within the centre.</p>	<p>A presentation and discussion around the definition of an informal complaint was completed in team meeting. This will be followed up with staff members through further discussion in supervision.</p> <p>As per our model of care, advocating on behalf of the young person is a significant aspect of the role of all social care workers in the organisation. This is carried out in individual works completed with the young person, recorded in the young person's voice section of their daily log and in case management meetings. Upon admission young people are also made aware of EPIC, the youth advocacy service and the centre complaint procedure.</p> <p>The complaints policy has been reviewed at the team meeting and as mentioned above discussion on definition of formal and informal complaints completed and will remain an ongoing topic for team meetings and highlighted through staff supervision. The complaints procedure has been put on the</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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		<p>agenda for the regional management meetings to be discussed and discussion of centre complaints are now a standalone agenda item for this meeting.</p>	
<p>3.5</p>	<p>Pre admission risk assessments must be maintained to a good standard and updated as necessary.</p> <p>Close attention should be paid to gathering relevant information from other of the company's centres a young person may have lived in.</p>	<p>Manager will ensure all pre admission risk assessments will be maintained to a good standard and updated as necessary.</p> <p>The organisation has in place a comprehensive online document management system. This allows manager access to young person's files to review and share information gathered with the team in order to best meet the young person's needs. A handover of young person by the previous key working team to the new team will commence where applicable.</p>	<p>Inspectors wish to clarify also that the updating of risk assessments and completion of comprehensive collective risk assessments for the group is key for the management of admissions.</p> <p>The inspectors are satisfied with this response.</p>

	<p>Tusla, the Child and Family Agency must ensure that social work departments are resourced to complete the necessary care planning within the required timeframes.</p> <p>The model of care should be informed by outcomes experienced regarding its implementation by the team.</p> <p>The team must take account of any clinical diagnoses young people have and incorporate a good understanding of this into their plans.</p>	<p>The principal social worker for the relevant young person had responded to the inspection through the completion of a questionnaire.</p> <p>Staff and young people exit interviews are carried out when they leave the service. Coupled with outcomes of individual work reports, weekly and monthly reports and the significant event review the development, pace and approach to the young person's placement plans, goals for growth are decided. These reports also guide the focus of the monthly model of care review group.</p> <p>Prior to admission a thorough needs assessment is completed with the young person. This in conjunction with clinical support documents guides the planning process. External supports will also be sought where appropriate to assist the team around understanding the complex needs of the young person.</p>	<p>The inspectors are satisfied with this response.</p> <p>Inspectors recommend that the team also establish with a young person what, if any, their understanding of their diagnosis is and in consultation with the social work department assist the young people in gaining self knowledge.</p>
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	<p>The system of warnings including timeframes must be described in the policy and procedure document.</p> <p>Content on records including sanctions must be specific and individual. The managers and the young person's comments must be included.</p>	<p>The system of warnings and timeframes are described in the residency agreement which is explained and given to the young person upon admission. On receipt of a warning the system is again clearly explained both verbally and in written format. The system of warnings is designed as an educational tool as part of preparation for leaving care as it is a similar system applied in adult services.</p> <p>Sanctions/consequences are based on individual's needs and not punitive and with the goal to create a positive learning outcome and change in behaviour. Manager will review all sanctions personally and amend where appropriate, again based on the individual's needs. Review of sanctions are also part of the case management meetings and emerging patterns discussed.</p>	<p>Inspectors require that the details of this system is available in the policy and procedure document for staff and that it is understood regarding where it operates in respect of behaviour management and with regard to discharges.</p> <p>The inspectors are satisfied with this response.</p>
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<p>3.6</p>	<p>The behaviour management policy should reflect/cross reference with the model of care.</p> <p>Anti- bullying training should be completed by the team.</p> <p>The record of warnings should be clear regarding the event that triggered it, actions required of the young person and a timeframe when the warning will be discharged from their file.</p>	<p>The model of care used in the centre is based on specific named programmes. This is reflected in all behaviour management documents such as ICMPs, significant event forms, practice guidelines etc.</p> <p>Anti-bullying training is scheduled for Wednesday 31st August 2016 for the team.</p> <p>The warning and timeframe is noted in the Sanction Register. A sanction report is completed when a warning is issued again noting the triggering event, actions required and timeframe.</p>	<p>The inspectors require that the behaviour management policy adequately reference and reflect the behaviour management techniques and the policy content be broadened.</p> <p>The inspectors are satisfied with this response.</p> <p>As stated inspectors require that the policy document is amended to clarify the policy and procedure surrounding warnings.</p>
<p>3.9</p>	<p>The manager must ensure that the health and related documents at the centre are well maintained.</p>	<p>Along with health and safety officer, manager has assigned a person to oversee the health related documents to ensure they are well maintained. Day and night check lists have been introduced to ensure same.</p>	<p>The inspectors are satisfied with this response.</p>