



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	052
Year:	2015
Lead inspector:	Jacqueline Roche

Registration and Inspection Services
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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Sorcha Homes Limited
Registered Capacity:	Four young people
Dates of Inspection:	23rd, 24th, 25th of November & 1st December 2015
Registration Decision:	Registered without conditions from the 6th of December 2015 to the 6th of December 2018
Inspection Team:	Jackie Roche Eileen Woods
Date Report Issued:	17th May 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 duly made by the proprietors of this centre for continued registration on November 10th 2015. This inspection took place on November 23rd, 24th, 25th November and on December 1st and this report is based on a range of inspection techniques including:

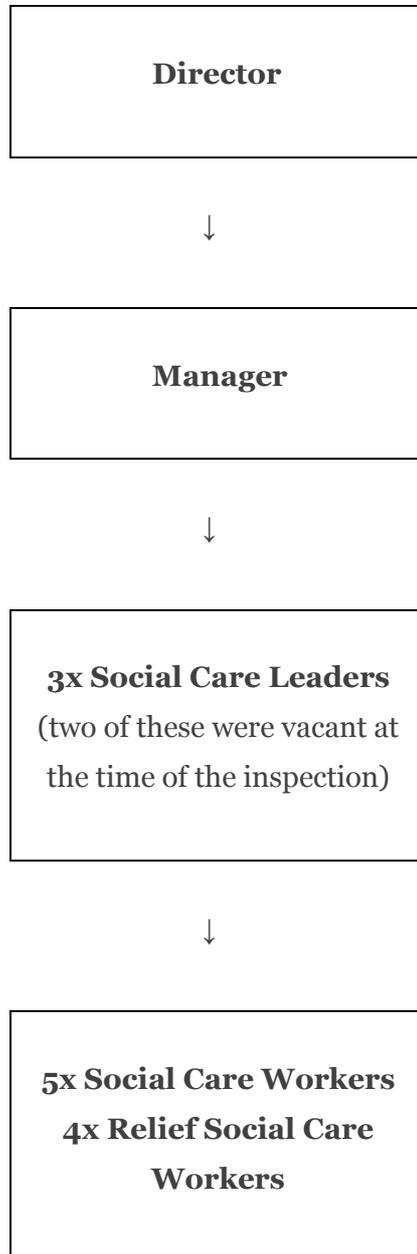
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of pre-inspection questionnaire completed by the Director of Services
- ◆ An examination of the questionnaires completed by:
 - a) Ten of the care staff
 - b) Four young person/people residing in the centre
 - c) Two social workers and one team leader with responsibility for the young people
 - d) Other professionals including a therapist and community social care workers
 - e) The parent's of two of the young people
- ◆ An examination of the most recent report from the Monitoring Officer
- ◆ 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 management
 - b) Four staff
 - c) Two young people
 - d) The monitoring officer
 - e) Supervising social workers for two young people

- f) Social work team leader for two of the young people(one young person did not have a social worker allocated)
 - g) Principal social worker for three of the young people residing in the centre (two of these did not have an allocated social worker)
 - h) The guardian ad litem for two of the young people
- ◆ 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 17th of May 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 without 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 6th December 2015 until the 6th of December 2018.**

3. Analysis of Findings

3.1 Purpose and Function

Standard

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

3.1.1 Practices that met the required standard in full

None identified.

3.1.2 Practices that met the required standard in some respect only

The centre's statement of purpose and function indicates that short to medium term placements are offered to up to four boys or girls between the ages of thirteen and seventeen years of age. Referrals of young people under thirteen years of age are accepted following consultation with Child and Family Agency social work departments and the approval of the registration and inspection service. All four beds in the centre are procured by arrangement between the proprietors and the Child and Family Agency.

At the time of the inspection there were four young people living in the centre. A number of the young people told the inspectors that they would like to remain in the centre and that they viewed it as their home. Placement durations were one year nine months, one year three months, one year one month and eleven months. Two of the young people were under sixteen years and assessment indicated they required a long term care arrangement. The remaining two young people were over seventeen years. The manager acknowledged that the centre was operating outside of its purpose and function because of a commitment to look after the accommodation needs of the young people while awaiting an alternative care arrangement. The inspectors acknowledge the challenge for the centre management however accommodating young people requiring long term care alongside those that require shorter periods of care can have negative effect on the quality of service being provided. The inspectors found that this was the case in the centre during the inspection. The management must ensure that the length of stay reflected in the statement of purpose and function reflects the service offered and the care needs of young people residing in the centre

The centre offers to meet the assessed needs of young people in a safe, predictable, welcoming and calm environment. The inspectors found that the environment in the

centre was turbulent for a lengthy period prior to and during the inspection and as a result the care staff had difficulty meeting the assessed needs of all of the young people. In keeping with the ethos that underpins the statement of purpose and function the management must ensure that the centre environment is suitable to meet the assessed needs of the young people.

The manager promoted a therapeutic environment based on a certified model of care and there were many examples of good care practices including an emphasis on creating a home for young people and a sense of belonging. However there was a lack of evidence that this model was fully implemented in the day to day care approach. Interviews and review of documentation evidenced that the care staff required training in the model and support in its operation in order to offer a cohesive approach to the care of the young people. Management must ensure that the model of care is well understood and practiced by the care staff.

3.1.3 Practices that did not meet the required standard

None identified.

Required Action

- The management must ensure that the length of stay reflected in the statement of purpose and function reflects the service offered and the care needs of young people residing in the centre
- The management must ensure that the centre environment is suitable to meet the assessed needs of the young people.
- Management must ensure that the model of care is well understood and practiced by the care staff.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The manager of the centre is appropriately qualified and has many years experience in the provision of residential care to young people. The manager demonstrated effective leadership skills, knowledge of the young people, a therapeutic approach to their care and an interest in their welfare. The manager ensured that appropriate care and operational practices were in place by having an involvement in the day to day running of the centre, interaction with young people and the care staff, the provision of formal monthly supervision to key workers, attendance at team meetings and the provision of guidance and support to care staff in the preparation of all reports relevant to young people. The manager was supported in the role by one of the social care leaders who took responsibility for health and safety, fire safety, oversight of young people's records and petty cash.

The inspectors found that the manager's leadership skills contributed positively to the service offered by the centre

The external manager has experience in the provision of residential care, is the director of the organisation and one of its two proprietors. The manager maintains regular contact with the director who visits the centre at least on a weekly basis. The organization employs an external consultant who provides guidance to the manager when this is required. They were not involved in the formal line management structure and did not offer support to the care staff in the context of the day to day care of the young people. A formal management meeting takes place monthly and is attended by the manager, the director and the external consultant. The centre is a standalone service and the manager of the centre takes responsibility for all operational matters and governance in the centre. The director has overall responsibility for care and operational matters and ensures that resources are in place to facilitate the operation of the service.

Notification of Significant Events

The centre maintains a record of significant events affecting young people who reside in the centre. Care staff on duty record significant events in individual notification forms and send them to supervising social work departments, the monitor and where relevant the guardian ad litem. Interviews with external professionals indicated that occasionally significant events are not reported promptly. There was evidence during the inspection that this matter has been addressed by the manager.

There is a significant event review group which is attended by the manager of the centre and two managers from a sister organisation. The inspectors reviewed minutes of these meetings and saw that these forums offer mutual support and guidance and that reflections are used to guide practice.

Register

The manager keeps a record of all young people who live in and those discharged from the centre. Onward destinations and dates are recorded. The Child and Family Agency maintains details on a data base pertaining to all young people residing in and discharged from the centre.

Administrative files

The recording system in the centre was well organised and maintained to facilitate effective management and accountability. There was evidence that the manager and a designated social care leader monitors the quality of all records and encourages the staff to maintain a standard of report writing and record keeping.

The centre policy states that records are returned to referring social work departments when young people are discharged. The manager reports that social work departments on occasion do not agree to this. The inspectors recommend that the storing of young people's records is agreed prior to the admission of young people into the centre and that the Child and Family Agency maintains a national archive of records pertaining to all young people in statutory care.

3.2.2 Practices that met the required standard in some respect only

Staffing

All of the staff team were appropriately qualified however a high number were recently qualified. Five of the six care staff had less than two years experience in residential care. Three of the four relief staff had six months experience or less. At the time of the inspection there were a number of vacancies on the staff team. Two of the three social care leader posts had recently been vacated. There was evidence of a lack of balance between experienced to inexperienced staff and the manager had difficulty ensuring that at least one qualified staff member at child care leader level was available on each shift. There were two social care staff on shift on a twenty four hour rota basis supported by a team leader who worked a day time shift. The team leader had responsibility for administrative governance and oversight alongside direct work with the young people.

Management must ensure that there is a balance of experienced to inexperienced staff available to manage the centre environment and to ensure that the individual care needs of young people are met.

The inspectors reviewed staff personnel files and found that all of the staff were appropriately vetted and the manager provided formal induction to them before they commence work in the centre.

Supervision and support

In line with policy supervision of staff took place at four and six week intervals. The manager and one social care leader had completed supervision training and there was evidence that all staff receive regular and formal supervision. At the time of the inspection the manager supervised the permanent care staff and one of the social care leaders supervised the relief staff. Young people and their placement plans are a key focus of supervision.

The inspectors found that the staff team required a significant amount of support from the manager and that care staff experienced difficulty managing the environment in the centre. Staff experienced difficulty completing paperwork on shift due to the requirement to manage the needs of the four young people. Review of documentation evidenced that staff were subjected to a consistent threat of verbal and physical assault. The inspectors found that the care staff had made suggestions in relation to how best to manage the centre environment however there was a lack of evidence that suggestions made were taken into consideration by the management.

Team meetings took place weekly and key workers present reports on young people which are discussed and from these daily plans for the week ahead are agreed. Operational matters including staffing and petty cash are discussed at these meetings. There was evidence that these and other meetings are regularly interrupted by behaviours and requests from the young people. The management must ensure that team meetings and other meetings pertaining to young people are not interrupted in order to facilitate good communication, consistency and capacity implement care and placement plans.

Staff who experience stress or injury in the work place can avail of the employee assistance scheme and the manager provides debriefing to them.

Training and development

The manager stated that care practices were based on a certified model of care which places emphasis on developing young people's individual strengths in an environment where they feel valued and supported. However six of the staff team had not completed training in the model and there was evidence that this was required in order to ensure constancy of care. The management must ensure that all of the staff team receive training in the model of care offered by the centre.

The manager prepares a training schedule for staff on an annual basis and child protection, behaviour management; mental health, addiction; fire safety and first aid are all listed on this schedule. There were gaps in the training schedule and a number of the staff team have not completed core training. The gaps in the training needs of care staff had impact on the service being provided. The management must ensure that a training needs analysis takes place in order to ensure that appropriate programmes are provided in order to ensure care staff develop the necessary skills to meet the care needs of young people

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***

Required Action

- Management must ensure that there is a balance of experienced to inexperienced staff available to manage the centre environment and to ensure that the individual care needs of young people are met.
- The management must ensure that team meetings are not interrupted in order to facilitate good communication, co-operation and consistency between staff in implementing care plans and maintaining safety.
- The management must conduct a training needs analysis in order to ensure that staff are suitably trained to meet the care needs of young people

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

None identified.

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

The Child and Family Agency monitor receives written communication in relation to all significant events that take place in the centre. These are reviewed by the monitor on a regular basis. The manager reports that they can contact the monitor for advice and guidance if this is required and the monitor reports regular telephone contact with the manager.

There was no written report of the monitoring process available since the last inspection. The monitor had not met with the young people residing in the centre and there was no evidence that they ensured that care plans were prepared or that decisions taken were acted upon.

The Child and Family Agency must ensure that an authorized person monitors the centre on a regular basis to ensure compliance with regulations, standards and best practice. They must ensure that a written report of the monitoring process is available on an annual basis to senior managers, centre staff and inspectors.

3.3.4 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 Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

Required Action

- The Child and Family Agency must ensure that an authorized person monitors the centre on a regular basis to ensure compliance with regulations, standards and best practice. They must ensure that a written report of the monitoring process is available on an annual basis to senior managers, centre staff and inspectors.

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

Access to information

There is a policy in relation to young people's access to information about themselves and services available to them. Two of the young people have reviewed their files and all of the young people are aware of this right and that they can contribute to their individual plans.

3.4.2 Practices that met the required standard in some respect only

Consultation

The inspectors found that young people's views are sought in relation to decisions that affect their daily lives. Young people contribute to their statutory review meetings and house meetings which are held about twice monthly. Three of the young people freely expressed their views and opinions to the inspectors, social workers and centre staff. Young people reported concerns in relation to the environment in the house however effective long term strategies were not initiated to deal with the concerns expressed. Strategies to address concerns were short term and they did not address the challenges that the young people experienced on a day to day basis. The management must evidence that the opinions of young people are used to inform policies and practice and the daily running of the centre.

Complaints

There is a formal complaints policy in place and this is operational in the centre. Young people, parents, staff members, social workers and others interviewed by the inspectors indicated a knowledge of the formal complaints procedure. Formal complaints are recorded in young people's care files and review of these evidenced that in general complaints are sensitively dealt with and safety plans are put in place when necessary. A record of all complaints made was sent to social work

departments and social workers meet with young people when a complaint is made. The inspectors reviewed the complaints log and found that recorded complaints were investigated by the manager, conclusions were reached and young people were informed of outcomes.

The inspectors found from interview and from records that young people consistently expressed concern in relation to the noise level in the house and the dominance of some young people's needs over the needs of their more compliant peers. The inspectors found that this complaint was not effectively recorded or addressed although the concerns continued and were observed by the inspectors while they were onsite in the centre. Concerns expressed by young people in relation to the negative effects of the centre environment on them must be recorded in the complaint log and these must be addressed by centre management and social work departments.

3.4.2 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 management must evidence that the opinions of young people are used to inform policies and practice and the daily running of the centre.
- Concerns expressed by young people in relation to the negative effects of the centre environment on them must be recorded in the complaint log and these must be addressed by centre management and social work departments.

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

Discharges

There was evidence that young people were valued by the manager and that efforts are made to maintain their placements. Three young people were discharged from the centre over the two years prior to the inspection. These discharges were planned and there is a record maintained in relation to each of these in the centre register.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

All four beds in the centre are procured by the Tusla the Child and Family Agency. Referrals to the centre come via the Child and Family Agency central referrals committee and social work departments. The responsibility to ensure that the placement can meet the welfare, educational, health, emotional and psychological needs of the young person is shared by the central referral committee and social work departments of the Child and Family Agency and the centre management. When a vacancy arises the manager reviews referral documentation and if the young person is considered suitable consults with the external consultant and the director.

The centre has a clear policy and agreed procedure describing the process of admission. The centre policy states that young people and their families are invited to visit the centre before admission and the process is sensitive to individual needs. The policy also states that in exceptional circumstances young people can be admitted in an unplanned manner subject to consultation with referring social work departments and the central referrals committee.

A number of the young people were placed in the centre by social workers who intended to move them onto a long term care arrangement however the inspectors saw that moves had not taken place as planned. At the time of the inspection one young person was living in the centre for fourteen months and a second for twenty months. They had developed a sense of belonging in the centre and they indicated during interviews with the inspectors that they did not know what their long term care plan was. This sense of uncertainty was difficult for young people. The inspectors found from interviews that the identification of suitable move on placements was a challenge for social work departments however planning had not occurred in a timely manner and this created uncertainty for the young people in relation to their future care.

There is a handbook which explains information relevant to the type of care offered in the centre. However there was evidence that the key work service offered in the booklet was not operational. The booklet promises weekly contact with an allocated key worker and the inspectors saw that this does not operate as promised. The management must ensure that the key work service offered in the young person's handbook is operational in the centre

In general social work departments had provided sufficient background information in respect of the young people. As referenced further on in this report under 'administrative files' further information was required in respect of one young person.

Statutory care plan

All of the people residing in the centre had a statutory care plan in place. Parents, young people, external specialists were consulted in the drawing up of these plans. Care plans included an assessment of young people's educational, social, emotional, behavioural and health requirements.

Each young person had a placement plan based on the key aspects of the model of care. They are reviewed on a monthly basis during supervision sessions attended by the manager and key workers. Matters such as medical needs, family access, education and social needs are all given consideration. There was a strong emphasis on the provision of a caring environment and a sense of belonging in the centre. Placement goals were identified in placement plans however there was no review of outcomes and the reasons why placement goals were not achieved.

The manager must ensure that placement plans give consideration to progress made by young people and give consideration to the capacity of the service to meet the ongoing and presenting needs of young people.

Statutory care plan review

All of the young people's care plans was reviewed in accordance with relevant regulations. However for a number of young people there was a lack of evidence that the effectiveness of the care arrangement was fully taken into consideration particularly in the context of the progress made. When statutory care plans are reviewed social work departments and centre management must ensure that due regard is given to the capacity of the centre to continue to meet the needs of the young people and to ensure that they are offered individualized opportunity to make progress.

All of the young people attended their statutory review meetings and their families are invited to attend and contribute. There was good evidence of multidisciplinary attendance and communication at these meetings.

Contact with families

The centre has a policy in relation to family contact. The purpose of the policy is to support and encourage young people to maintain contact with their family and friends. Three of the young people had contact with their families and a factor of their placement in the centre was a need for proximity to family. Professional reports reviewed by the inspectors emphasized the importance of family contact for a number of the young people and the need for a comprehensive access plan. Overall the inspectors found a commitment amongst the centre management to promote positive contact between young people and their families however there was a lack of evidence of a consistent capacity to promote and encourage contact especially when difficulties arose. The day to day operation of the centre and the varying care requirements of the four young people restricted care staffs capacity to re-establish family contact when difficulties arose and extra support was required. The manager must ensure that there is adequate care staff available to facilitate family contact in accordance with care plans and professional recommendations.

Social workers and centre staff ensure that parents are kept informed about events in their child's lives and when appropriate they are invited to attend events such as school meetings, medical and dental appointments. Sibling contact is encouraged and

young people are helped to understand the reasons behind their individualised access arrangements.

Supervision and visiting of young people

Each of the young people were visited by social workers however the provision of a consistent social worker to young people was a challenge for social work management. However there was evidence that efforts were made by them to ensure that young people were visited in line with regulations. There was evidence that social workers read young people's files from time to time and that social work departments maintained regular contact with young people.

Social Work

Standard

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

Social Work Role

The lack of a consistent social work relationship was a challenge experienced by a number of the young people residing in the centre. Some of the young people had three changes in their allocated social worker over a twelve month period.

The inspectors acknowledge that when young people's allocated social worker was not available social work management maintained contact with the centre. Regular multidisciplinary meetings took place and these evidenced good communication and a sharing of the responsibility of the day to day care of the young people. However a number of the young people did not have the opportunity to develop trusting relationships with a social worker who would act as an advocate for them. Young people who met with inspectors expressed dissatisfaction in relation to this

The Child and Family Agency must ensure that young people in statutory care have an allocated social worker who is available to visit at regular intervals, to act as an advocate and to deal effectively with concerns raised by them.

Emotional and specialist support

The manager promoted a caring, therapeutic environment in the centre where young people experienced a sense of home. Care staff had an interest in the young people and in the provision of an environment where their emotional needs were met. However the turbulent environment in the centre at the time of the inspection restricted staffs capacity to consistently meet the emotional and psychological needs of the young people effectively.

The inspectors found from interviews and records that centre staff had difficulty delivering a cohesive approach to the care of the young people. As previously stated in the report six of the care staff had not received training in the model of care which the policy states is the basis of the care approach in the centre. In interview care staff, management, social workers and other professionals stated that consistent clinical guidance would enhance the staff team's capacity to meet the complex emotional needs of the young people being placed in the centre. The inspectors recommend that the organisation seek appropriate clinical oversight that will support the staff team in their understanding of the complex needs of children placed in the centre. The clinical support should take the key components of the model of care offered into consideration.

Referring social work departments facilitated external specialist support to two of the young people. The findings and recommendations of specialist professionals were represented in centre documentation however there was evidence that these were not always given due attention in the care planning process. An individualized programme in a calm environment was recommended for one young person and there was evidence that this was not in place during their placement in the centre. Social work departments and the centre management must ensure that the findings and recommendations of specialist professionals are reflected in the care plan, placement plan and the in the work of the centre with young people.

Preparation for leaving care

Two young people were over seventeen years of age at the time of the inspection and there was no clear plan in place for their aftercare arrangement. One young person had an allocated aftercare worker and aftercare was discussed at multidisciplinary meetings. The care staff provided support to young people to develop skills to support their ability to live independently. There was evidence that staff had initiated a preparation for leaving care programme with one young person however they were not engaging in this at the time of the inspection.

Aftercare

Two of the young people were over seventeen years old at the time of the inspection. One had an allocated aftercare worker and consideration was given to their aftercare arrangement at multidisciplinary meetings. The Child and Family Agency was negotiating a bespoke aftercare arrangement for this young person.

The second young person did not have an allocated aftercare worker, they had four different social workers during their ten month placement and there was no decision made in relation to an after care arrangement. The young person regularly expressed concern in relation to this matter. In line with Child and Family Agency policy young people must be informed by their social workers in relation to support and entitlements in preparation for leaving the care system.

Children's case and care records

In general social workers maintained a case record for the young people's which contained their history and relevant legal documentation relevant to their status. The inspectors found that relevant legal documentation was not on file for one young person. In line with regulations supervising social work departments must ensure that each young person has a permanent, private and secure record of their history alongside documentation relevant to their legal status.

Care records were well maintained by the centre. However the inspectors noted occasional use of unprofessional language and recommend that this matter is addressed by the manager.

3.5.6 Practices that did not meet the required standard

None identified.

3.5.7 Regulation Based Requirements

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

Regulations 1995

-Part IV, Article 23, Paragraphs 1and2, Care Plans

-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

- The management must ensure that the key work service offered in the young person's handbook is operational in the centre
- The manager must ensure that placement plans give consideration to progress made by young people and the capacity of the service to meet their needs.
- When statutory care plans are reviewed social work departments and centre management must ensure that due regard is given to the capacity of the centre to continue to meet the needs of the young people and to ensure that they are offered individualized opportunity to make progress.
- The Child and Family Agency must ensure that young people in statutory care have a consistent allocated social worker who is available to visit at regular intervals, to act as an advocate and to deal effectively with concerns raised by them.
- Social work departments and the centre management must ensure that the findings and recommendations of specialist professionals are reflected in the care plan, placement plan and the in the work of the centre with young people.
- Young people must be informed by their social workers in relation to support and entitlements in preparation for leaving the care system. This is in line with Child and Family Agency policy
- In line with relevant regulations supervising social work departments must ensure that each young person has a permanent, private and secure record of their history alongside documentation relevant to their legal status.

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

Provision of food and cooking facilities

Young people are provided with adequate quantities of nutritious and appetizing food and individual preferences are taken into account when planning menus. Young people with special dietary requirements are offered a range of suitable and nutritious food. Staff and young people eat food together and these occasions are regarded as a positive social event. Young people are encouraged to develop healthy eating habits.

Race, culture, religion, gender and disability

Young people residing in the centre are given opportunities to develop their skills and interests. The care staff help young people to understand the nature of discrimination and where young people feel discriminated against the manager ensures that attention is given to addressing the matter and advice and support is offered to all young people involved. Young people are facilitated in the practice of their religion subject to their individual wishes. The importance of family is recognized and there is respect for the family as a source of heritage and identity. Young people from different cultural groups are supported to access foods, hairstyles and to attend cultural events relevant to their ethnicity.

One young person expressed a need to collect information in relation to their background. The inspectors recommend that this task is addressed by their key worker in consultation with the social work department. All of the staff team were aware of the centre's policy on diversity and anti-discrimination and this was evident in their work in the centre.

Restraint

The centre policy states that a recognized model of physical intervention is used to manage challenging behaviour and that training is mandatory for the centre's care staff. All of the staff were up to date in this training.

Care staff use core principals of the model to de escalate any aggressive behaviour. There were no episodes of physical restraint during the twelve months prior to the inspection. The Gardaí are called if staff feel that there is an unmanageable risk of injury or serious property damage. The centre has a policy in relation to seeking assistance from An Garda Síochána and the inspectors found that care staff adheres to this.

Absence without authority

The centre follows the Joint Protocol between An Garda Síochána and the Child and Family Agency for the management of young people who leave the centre without permission.

Each young person had an individual absence management plan agreed between centre management and social work departments and these take the age and development stage of young people into account. Clear differentiation was made between missing from care and absent at risk episodes. Two young people were absent on 94 occasions over the twelve months prior to the inspection the majority of these were overnights. There was evidence that staff in the centre make efforts to track young people's whereabouts when they are absent and are available to collect them if necessary. The manager and social work departments communicate effectively when young people are missing and strategies are put in place to minimise risk.

The centre shares information with the local Gardaí when necessary in order to promote the safety of young people and manage any risk. Interagency meetings are held as necessary and safety plans are put in place. The Inspectors saw that missing from care episodes had significantly reduced over the two months prior to the

inspection. Centre staff and social workers encourage young people to return to the centre at night time and help young people to understand the risks and consequences of not returning to the centre at night time. Young people's social workers, their guardians and the monitor are notified when a young person is absent without authority and the guards are notified when they are missing from care.

3.6.2 Practices that met the required standard in some respect only

Individual care in group living

The four young people living in the centre completed questionnaires and met the inspectors on an informal basis. Two of the young people agreed to meet and spoke with the inspectors in relation to their experience of living in the centre. The young people were ambivalent about their care in the centre on the one hand they expressed a feeling that the manager and staff cared about them and that they experienced a homely supportive environment. However they also felt unsafe, the environment was extremely noisy, some of their peers needs dominated service provision and there was a culture of interrupting, shouting and challenge to the authority of care staff. The inspectors found from review of records and observations while onsite in the centre that the views of young people were based on real experiences. The turbulent environment in the centre diminished the care staffs capacity to take account of all four young people's emotional lives and their individual wishes and preferences.

The young people's handbook states that the key worker will meet with young people once a week and discuss problems, support positive behaviour, attend appointments and have overall responsibility for the coordination of individualized care programmes. Young people reported, and the inspectors found that the key work relationship was not operating in the manner defined in the handbook. Key workers did not meet weekly with young people. Specialist advice on file for one young person stated that they required daily individual attention from a consistent person who had capacity to support their care plan including education and family contact. This was not in place at the time of the inspection. The management must ensure that staffing levels are adequate to provide individualised care to young people particularly when this is recommended by specialists. The key work system must be developed in order to be effective and provide a consistent care worker who has capacity to understand and support young people.

Young people are provided with adequate clothing and issues of personal hygiene are dealt with sensitively. Young people are encouraged to maintain interests and hobbies and are given an opportunity to participate in leisure and recreational activities. Festive occasions and birthdays are celebrated and young people receive generous gifts.

Managing behaviour

All of the care staff were trained in a recognized model of behaviour management. Young people had individual crisis management plans (ICMP's) and behaviour plans. These documents evidenced a young person centred and therapeutic approach and young people understood that incentives such as go karting, shopping trips, beauty treatments and extra pocket money were used to encourage them to achieve their goals. On occasion incentives appeared excessive and the inspectors recommend that the management ensures that the provision of expensive gifts is used appropriately. At the time of the inspection there was a culture of challenging the authority of the care staff and this limited the effectiveness of behaviour management plans. Issues such as theft of young people's property, assaults on staff and young people, use of drugs both within and outside of the house, shouting and controlling behaviour were behaviours presented by some but not all of the young people. When sanctions were put in place these were not effective for some of the young people as the targeted behaviour continued. The inspectors reviewed the sanction log maintained in the centre and found that sanctions were more lightly to be given to the younger and less dominant young people.

In order to control the centre environment respite was offered on a number of occasions. Following these episode behaviour contracts were put in place and these contained clear articulated and equitable expectations of the type of behaviour expected and the type of behaviour that would lead to discharge. These contracts were repeatedly broken however there was no evidence of a limit to unacceptable behaviour and this was required in order to effectively protect the needs of the collective group of young people.

The centre management must review its behaviour management system in order to ensure that a positive and safe environment is promoted in the centre and that young people understand that sanctions and consequences are applied for unacceptable conduct particularly conduct that has a negative impact on the wellbeing of young people living in the centre.

There is a policy on bullying and the inspectors saw that the manager takes such matters seriously. The manager meets with young people involved in such episodes and supports a mutually respectful relationship between the young people. This is an ongoing challenge for the manager and must continue to be consistently addressed.

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 Manager must develop the key work system in order to ensure its effectiveness and provide a consistent care worker who has capacity to understand and support young people while they are in the care of the centre.
- The centre management must review its behaviour management system in order to ensure that a positive and safe environment is promoted in the centre.
- Young people must be supported to understand that sanctions and consequences are applied for unacceptable conduct particularly conduct that has a negative impact on their personal wellbeing and that of others living in the centre.

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.

Safeguarding

3.7.1 Practices that met the required standard in full

The centre has a policy on safeguarding young people. The manager provides effective governance of care practices, young people are encouraged to express their views and opinions, social work departments and other professionals such as guardian ad litem and psychologists have regular contact with the young people. Multidisciplinary meetings take place on a regular basis. Young people can meet with their social workers and other professionals involved in their care in private. All of the young people have mobile phones and can use the centre telephone in private if they wish to do so.

All of the staff team are vetted by the Gardaí, references are reviewed and care staff are made aware of the policy on safeguarding before they commence work in the centre. During interview staff demonstrated an understanding of the policy. Young people residing in the centre have met with representatives from the young people in care advocacy group EPIC.

Young people are allowed in each other's bedrooms provided the door remains open. The inspectors saw during the inspection that friends of the young people visit the centre and spend time in bedrooms. Property of the young people has been taken from the house by visitors and the inspectors recommend that the staff team remain vigilant in order to protect the personal belongings of young people.

Reflective practice is encouraged and there were examples of occasions where staff question each other's practice. Concerns pertaining to practices in the centre are brought to the attention of the manager and there was evidence that there were dealt with appropriately.

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.

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

3.7.4 Practices that met the required standard in full

The centre has a child protection policy and staff are aware of and implement practices which are designed to protect young people in the care of the centre. All of the staff team have completed children first training. In a number of cases this has not been updated since 2012 and the inspectors recommend refresher training at regular intervals. The manager is the child protection officer in the centre. If a child protection matter presents the manager is notified, young people are offered advice and support and risk assessments take place in order to ensure protective measures are put in place. Child protection concerns are brought to the attention of social workers and the designated child protection liaison officer in the Child and Family Agency.

There have been concerns in relation to the safety of some of the young people in the centre during the time they spend in the community. The manager and care staff have had to be vigilant in reporting these concerns. The inspectors reviewed child protection reports sent in relation to young people and saw that these were appropriately responded to by social work departments. The local juvenile liaison officer maintains contact with the centre and offers advice to the care staff in relation to the protection of the young people.

Child protection concerns are brought to the attention of parents subject to the recommendation of social work departments.

3.7.5 Practices that met the required standard in some respect only

None identified.

3.7.6 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

None identified.

3.8.2 Practices that met the required standard in some respect only

The centre management received support from the young people's social workers and Department of Education and Welfare officers to secure educational placements for young people. The organization provided funding for one young person to attend a private course to develop their skills. At the time of the inspection all of the young people had educational placements. However school reports indicated poor attendance which had negative effect on progress. All of the young people attended school irregularly and a marked deterioration in school performance was notable especially for one young person.

Incentives were in place for good school attendance however there was no consistency in the approach to manage irregular attendance or school refusal. The management must evidence that the educational needs of young people are valued and addressed and that each young person is encouraged and assisted to reach their educational potential.

3.8.3 Practices that did not meet the required standard

None identified.

Required Action

- The management must ensure that the educational needs of young people are valued and addressed and that each young person is assisted to reach their educational potential.

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 in full

None identified.

3.9.2 Practices that met the required standard in some respect only

All of the young people had a medical assessment on admission to the centre and young people receive medical, dental ophthalmic and other medical services when required. All young people had a medical card in their own right and have access to a general practitioner. Care staff share appropriate information with young people's doctor in order to facilitate effective medical assessment. Young people remain registered with their family general practitioner if it is possible and appropriate.

All of the young people did not have clear and complete record of medical and health information since birth although there was evidence that the manager has made attempts to collate this. Social work departments must support the centre management to ensure young people's medical records from birth are available to their doctors.

Care records contain a clear record of all medications administered both prescribed and over the counter. Consent for medical treatment is stored in care files parental consent for medical treatment is sought unless there are contraindications. Young people over sixteen are aware that they can give consent to medical examinations or treatment.

Young people are given guidance in relation to the dangers associated with smoking, miss use of drugs and alcohol, sexual transmitted diseases. Healthy diet and exercise is encouraged and young people are offered advice in relation to physical and sexual development.

The inspectors did not see active programmes in place to encourage young people to desist from forming a smoking habit and recommend that one is put in place in the centre.

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

- Social work departments must support the centre management to ensure young people's medical records from birth are available to their doctors.

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 centre is located in a busy suburb and there is immediate access to public transport, shopping areas and recreational amenities. The house is semi detached and the adjacent house is owned by the organization. The house is kept in good structural repair and decorated to a standard that creates a pleasant ambience. The furniture and fittings are comfortable and pleasant and the centre is adequately lit, heated and ventilated. There is a homely atmosphere in the house and there are suitable laundry and cooking facilities. There is ample space for young people to have visits from friends, family members or social workers in private.

The centre kitchen and dining areas are located in one room on two levels the dining area is on the lower level. This can present difficulties for staff in the context of behaviour management. The staff office where records are maintained and administrative work is done is accessed through this kitchen/ dining area. The inspectors recommend that the management is mindful of the challenges care staff experience given the layout of these rooms and that strategies are put in place to minimise risks associated with this layout.

Young people have their own en suite bedrooms which they can decorate to their own taste. Young people have keys for their bedrooms and are encouraged to ensure that they are locked as personal belongings have been stolen and this has caused upset to a number of the young people. Some of the young people stated that this reduces the homely atmosphere in the centre. The inspectors recommend that centre management is mindful of maintaining the homely ambience in the centre at the same time as protecting belongings and the comfort of young people.

The centre insurance schedule was submitted to the inspectors and it evidenced appropriate cover against accidents and injuries.

Maintenance

The manager keeps a log of all repair and maintenance requirements in the centre. The dates that these matters were addressed by the maintenance team were not recorded and the inspectors recommend the maintenance log contains details of all requests made by centre staff and dates that the matter is attended to. The structural and decorative order of the centre is maintained to an appropriate standard.

Safety

There is a health and safety statement and regular health and safety audits take place. One of the social care leaders is the health and safety officer and together with the management they routinely monitor the premises to ensure the living standards and safety. Two of the staff team had not completed first aid training however the manager advised the inspectors that training dates were scheduled. There was a centre car available to transport young people and this was road worthy, insured and driven by people who were appropriately licensed.

Medicines and sharp implements were safely stored in a secure cabinet to which young people did not have access. The administration of medicine is properly recorded in line with policy.

3.10.2 Practices that met the required standard in some respect only

Fire Safety

The inspectors received confirmation that the building was in compliance with building regulations including fire safety standards. A certified engineer provided evidence that fire safety equipment is regularly checked and maintained. The fire safety statement was drawn up in consultation with the fire safety officer and this was on display in the centre.

At the time of the inspection two of the care staff had not completed fire safety training. The management must ensure that all staff complete fire safety training.

A fire drill record book was maintained and evidenced that drills take place approximately twice yearly, when a new staff member commences work or a young person is admitted into the centre.

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.

Required Action

- The management must ensure that all staff complete fire safety training.

4. Action Plan

Standard	Required action	Response with time frames	Inspectors commentary
3.1	<p>The Statement of Purpose and Function must be reviewed by the organisation to reflect placement durations.</p> <p>The management must ensure that the centre environment is suitable to meet the assessed needs of the young people.</p>	<p>Management has reviewed the Purpose and Function to reflect the length of stay offered to young people who reside in the home.</p> <p>The Statement of Purpose and Function will provide Medium to Long Term Care for young people being admitted to the centre.</p> <p>Manager and Director are completing a review of the centre over the last year. The purpose of this is for learning to guide future practice amongst the staff team.</p> <p>Stronger interagency collaboration will be taking place regarding admissions, discharges and review the appropriateness of ongoing placements.</p>	<p>The inspectors are satisfied with this response</p> <p>The inspectors are satisfied with this response</p>

	<p>Management must ensure that the model of care is well understood and practiced by the care staff.</p>	<p>Management and representative from the staff team will devise a programme for the implementation of the model of care.</p> <p>All staff members have received training in the RAPS model of care. Relief staff members received RAPS training in February 2016.</p> <p>An In-house programme is being developed to integrate this approach fully in practice</p>	<p>The inspectors reviewed an initial draft of the model of care to be operational in the centre and are satisfied with this response</p>
<p>3.2</p>	<p>The management must ensure that professional language is used at all times to describe the young people.</p> <p>The role of the external management system must be defined in order to evidence that the manager receives effective support to manage operational and care matters relevant to the centre.</p> <p>The management must ensure that significant events are consistently reported promptly.</p>	<p>A review of the language used to describe the young people has taken place and is ongoing with the staff team throughout team meetings and Supervisions.</p> <p>Management have identified an outside professional who will review practices, and complete audits of the home on a regular basis.</p> <p>Staff members are clear on the need to efficiently report SENS and management will ensure that significant events continue to be reported promptly.</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>

	<p>The management must ensure that there is a balance of experienced to inexperienced staff available to manage the environment and meet the care needs of the young people.</p> <p>Management must ensure that the number of staff on shift is sufficient to meet the individualized care needs of young people and maintain their records.</p> <p>The managers must ensure that team meetings are prioritized in order to facilitate good communication, cooperation and consistency between staff in implementing care plans and maintaining safety.</p>	<p>An additional experienced staff member has joined the care team and an experienced social care leader has returned from leave and rejoined the team.</p> <p>Since the Inspection in November 2015, an extra staff member has been employed as a fourth member of staff on shift to ensure the care needs of all young people are sufficiently met. At weekly team meetings, we review whether there is a need to special young people. (Every day there are two sleepovers, one day person and a Team Leader on a day shift also along with Live Nights where possible).</p> <p>Team meetings are prioritised and the manager will ensure that these and other meetings are not interrupted except in the case of an emergency.</p>	<p>The inspectors are satisfied with this response</p> <p>The inspectors are satisfied with this response</p> <p>The inspectors are happy with this response</p>
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	<p>The management must conduct a training needs analysis in order to ensure that staff are suitably trained to meet the care needs of the young people.</p>	<p>A full training needs analysis has been completed and a mandatory and general training schedule has been prepared by the manager and the organisation will support this.</p>	<p>The inspectors are satisfied with this response</p>
<p>3.3</p>	<p>The Child and family Agency must ensure that an authorized person monitor's the centre on a regular basis to ensure compliance with regulation, standards and best practice. They must ensure that a written report of the monitoring process is available on an annual basis to senior managers, centre staff and inspectors.</p>	<p>A monitoring visit to the centre will be carried out following the issuing of the final report this visit will follow up recommendations made by the inspectorate. A report of this visit will be made available to the inspectorate.</p>	<p>The inspectors are satisfied with this response</p>

<p>3.4</p>	<p>The management must evidence that the opinion of young people are valued and that these are used to inform policies and practice and the daily running of the centre.</p> <p>Concerns expressed by young people in relation to the effects of the centre environment on them must be recorded in the complaint log and these must be addressed by centre management and social work departments.</p>	<p>A review of all young people's opinions has take place and these will be used to guide practice in the centre.</p> <p>Team meeting 1st December 2015: Staff informed of the need to record concerns and grievances of young people in the complaint log as a means of tracking them and ensuring action is taken.</p>	<p>The inspectors are satisfied with this response</p> <p>The inspectors are satisfied with this response</p>
<p>3.5</p>	<p>The management must ensure the care practices particularly around key work offered in the young people's handbook are put in place while young people reside in the centre.</p>	<p>A new key work delegation is in place to ensure that all young people engage in weekly key work sessions. There is a mix of formal and informal session including fun/social activity, in order to increase uptake and to provide a forum where the young person feels they can speak of concerns.</p>	<p>The inspectors are satisfied with this response</p>

	<p>The manager must review placements plans in order to give consideration to the outcomes for young people particularly in the context of their emotional and long term care needs.</p> <p>The manager must ensure that care staffs are available to facilitate family contact in accordance with care plan and professional recommendations.</p> <p>External management must arrange clinical guidance for the care staff team in order to develop their capacity to provide emotional support, to aid assessment and to meet the care needs of young people referred to the centre.</p>	<p>Placement plans will give consideration to outcomes for young people.</p> <p>The manager prioritises young people's contact with their family and care staff will continue to support these arrangements.</p> <p>A Clinical Psychologist has been identified to work with the team on a weekly basis, attending professional meetings and the team will attend a two-day training session to help develop their capacity to provide the appropriate emotional support to the young people. This arrangement is part funded by the social work department and the centre.</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>Supervising social work departments and organisation management must ensure that long term care needs are considered and regularly reviewed during the young person's placement in the centre. Due regard must be given to young people's safety, emotional health and sense of belonging.</p> <p>Referring social work departments and centre management must ensure that young people are assisted to understand the plan for their future care.</p> <p>Supervising social work departments and the centre management must ensure that admission policies and practices take account of the need to protect young people when they live in statutory care.</p>	<p>Social work departments meet regularly with centre management in order to give consideration to the best care arrangement for young people.</p> <p>Social work departments and centre management have employed a psychologist to advise on young people's care plans. When long term care arrangements have been decided arrangements will be made to ensure that young people understand what these are. The management will ensure that the social workers for all the young people are consulted with when a young person is being admitted into the centre</p> <p>The social work department and centre management will consult regularly in relation to the safety of young people residing at the centre.</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>Social work departments and the centre management must ensure that the findings and recommendations of specialist professionals are reflected in the care plan and the work of the centre with young people.</p> <p>The child and family agency must ensure that young people in statutory care have an allocated social worker who is available to visit at regular intervals and to act as their advocate external to the centre.</p> <p>Social Work Department must ensure that in so far as possible background information and legal documentation is available in order to inform the care planning process and support the young people in statutory care.</p>	<p>The manager and social work departments will ensure that recommendations of specialists are reflected in the planning for young people.</p> <p>All of the young people have been allocated a social worker who visits them on a regular basis, acts as their advocate outside of the centre and ensures that relevant documentation is available.</p>	<p>The inspectors are satisfied with this response</p> <p>The inspectors are satisfied with this response.</p>
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	<p>Social workers must ensure that aftercare arrangements are put in place as soon as possible in order to facilitate the preparation of an effective preparation for leaving care plan by centre staff.</p> <p>In line with Child and Family Agency policy young people must be informed by their social workers in relation to support and entitlements in preparation for leaving the care system.</p>	<p>Social work departments have addressed the aftercare arrangements for young people.</p>	<p>The inspectors are satisfied with this response</p>
<p>3.6</p>	<p>The key work system must be developed in order to be effective and provide a consistent care worker who has capacity to understand and support young people while they are in the care of the centre.</p> <p>The centre management must review its behaviour management system in order to ensure that a positive and safe environment is promoted in the centre.</p>	<p>A new key work delegation system is in place to ensure that young people receive weekly key work sessions with key-workers. A focus group for key working has been developed which reviews creative ways of engaging the young person in the content of sessions.</p> <p>New Behaviour Management Plans have been devised with management and the staff team in order to ensure that the young people experience a safe and nurturing environment in the centre. Behaviour Management system is addressed in the programme for the implementation of the RAPS model of care.</p>	<p>The inspectors are satisfied with this response</p> <p>The inspectors are satisfied with this response</p>

	<p>Young People must be supported to understand that sanctions and consequences are applied for unacceptable conduct particularly conduct that has a negative impact on their person and wellbeing and that of others living in the centre.</p>	<p>Key work sessions will include the reasons why consequences and sanctions are in place and will be reviewed regularly at team meetings.</p>	<p>The inspectors are satisfied with this response</p>
<p>3.8</p>	<p>The management must ensure that the educational needs of young people are valued and addressed and that each young person is encouraged and assisted to reach their educational potential.</p>	<p>Key work sessions to explore why young people are not going to school. Regular discussions / meeting with Social Work team regarding education and school attendance for your people and how best to support the young people with attendance, ongoing.</p>	<p>The inspectors are satisfied with this response</p>
<p>3.9</p>	<p>Social work departments must support the centre management to ensure young people's medical records from birth are available to their doctors.</p>	<p>Social Workers are now sourcing medical histories for all the young people and will provide them to the centre</p>	<p>The inspectors are satisfied with this response</p>
<p>3.10</p>	<p>The management must ensure that all staff completes fire safety training.</p>	<p>All staff members have received fire training.</p>	<p>The inspectors are satisfied with this response</p>