



**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

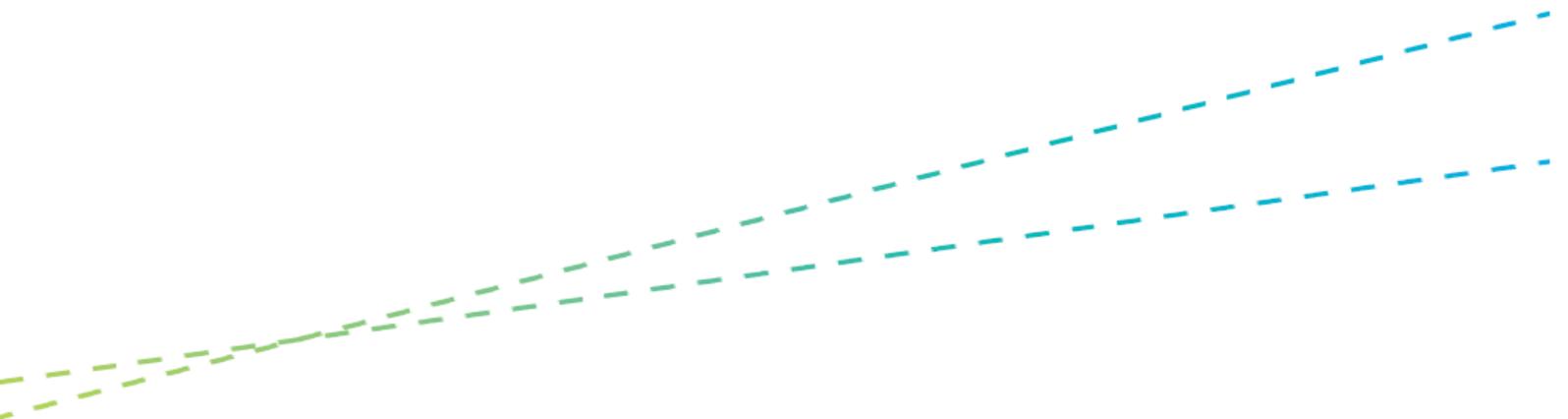
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 120

Year: 2017

Lead inspector: Mary Flaherty

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Fresh Start
Registered Capacity:	Three young people
Dates of Inspection:	25th and 26th of April, 2017
Registration Status:	Registered from 29th of September 2016 to the 29th of September 2019 with no attached conditions
Inspection Team:	Mary Flaherty and Michael McGuigan
Date Report Issued:	3rd October 2017

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1. Foreword

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

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

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

The Department of Health and Children's "National Standards for Children's Residential Centres, 2001" provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children's Residential Centres) Regulations 1996.

Under each standard a number of "Required Actions" may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

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

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

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

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

1.1 Methodology

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its' registration. This first inspection of this service that was registered to commence operation in Sept 2016 was announced and took place over the following dates: 25th and 26th of April, 2017.

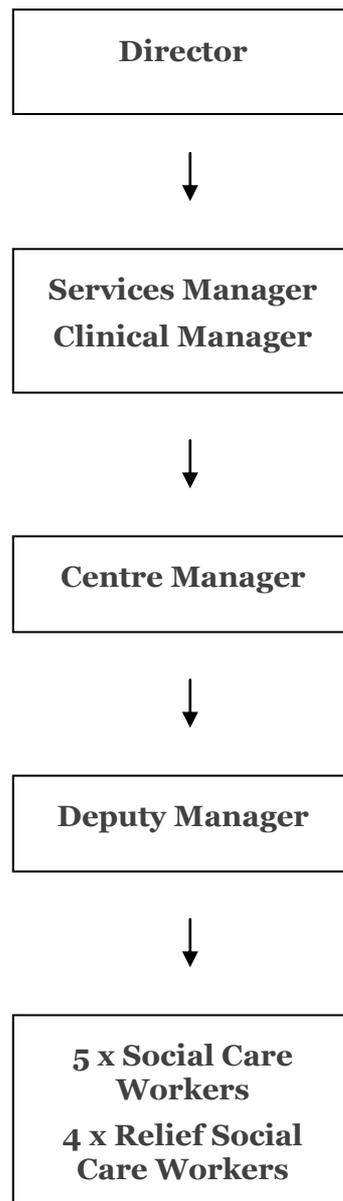
The report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
 - Seven of the care staff
- ◆ 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:
 - The centre manager
 - The services manager
 - Two social care staff
 - Three allocated social workers for the young people placed in the centre
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration. As such this centre remains registered without attached conditions from the 29th of September 2016 until the 29th of September 2019.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

None Identified

3.2.2 Practices that met the required standard in some respect only

Management

The organisational structure for the centre comprises a director, a services manager, a clinical manager, the centre manager, a deputy manager and the social care team. The centre commenced operations in September 2016 and the centre manager was appointed at that time. This person has relevant experience and holds a recognised qualification in social care, with eight years service working in children's residential centres in this organisation. The centre manager has also worked as a deputy manager in another centre operated by this company from 2015 until they were appointed into this position.

The manager has responsibility for overseeing the day to day operation of the centre and is scheduled to work on a full time basis from Monday to Friday during regular working hours. Every manager within the region has responsibility for on-call duty on a rotational basis. The manager attended an induction programme alongside new staff for the company and reported regular support from the services manager in their role. The manager's strengths in building relationships with young people and emphasis on supporting family relationships was a theme throughout interviews conducted by inspectors.

The centre manager identified the internal quality assurance systems in place include management meetings, fortnightly team meetings and child in care review meetings, all of which they attend. Management meetings take place on a monthly basis and are attended by centre managers in the region and the senior management team. The records of the meetings reviewed by inspectors reflected attention to issues including

governance, practice recommendations from the company, recording practices, staff retention, training and maintenance.

During interview the centre manager set out a range of management responsibilities, including oversight of centre paperwork, staff supervision and support, facilitation of team meetings, attendance at daily handover and participation at clinical and professionals meetings. Further, the services manager stated they visited the centre monthly and reviewed records during this time and outlined that they had responsibility for the external oversight of all operational practices within the centre. There was evidence of the services manager's oversight on some registers and records. Inspectors found there was oversight by the centre manager and external management of the care being provided to the young people placed in the centre, however this required improvement. The services manager advised inspectors that the manager had progressed in their role and that they had a good understanding of their responsibility for oversight across centre practices.

Inspectors observed that there were two self audit documents completed and signed by the centre manager and services manager. These documents addressed aspects of care files and practices in the centre. However, it is unclear if the services manager had checked the care files to satisfy themselves that all documents referred to in this self audit were in place as this was not evidenced. Since completing this report, the services manager has stated they did check all care files referred to in the self audit reports. Issues relating to complaints, consultation with young people and key working were identified as requiring attention during this inspection process; however, these had not been picked up by the services manager. Further, there was no evidence of external oversight on the supervisions being conducted by the centre manager. A more robust, structured and formal framework for quality assurance that includes external oversight and governance is required.

Register

The centre is registered to provide care for three young people, male or female, aged between 13 and 17 years on admission. Since the centre had been registered to commence operations, four young people had been placed there. Three young people were living in the centre at the time of inspection and the manager maintained a register of young people placed at the centre. The register contained the young person's name, date of birth, date of admission and discharge and details of the allocated social worker. However, the register did not contain the names and addresses of birth parents of the young people placed as required and inspectors

noted there was no evidence of management oversight across the register. A copy of the register is maintained centrally by Tusla, Child and Family Agency.

Notification of Significant Events

The centre has a policy for the prompt notification of significant events to family members, internal management, the organisation's therapeutic crisis intervention trainer and relevant external professionals. From a review of the significant events for this centre, inspectors noted there had been nine reports issued on significant events young people including two admission notifications, one standard referral form and four missing from care episodes. Records reviewed by inspectors reflected that the team responded appropriately and made efforts to engage with the young people following an incident. This view was shared by the allocated social workers who confirmed the prompt receipt of significant events and consistent communication from the care team. There was also an agreed process between social workers and centre staff for informing the young person's parents of significant events.

The centre manager signed all entries on the significant event register and there was evidence of external management oversight by the services manager. Entries onto the register noted when and if the significant event had been reviewed and the centre manager advised that team meetings were used as part of the internal review process. However, there was limited written evidence of this on the team meeting minutes. Inspectors reviewed two post crisis response records held on file which pertained to incidents involving one young person and observed that these records could be improved to include an assessment of the staff interventions and/ or management of the incidents and to include the clinician's assessment of same. The manager participates in a peer significant event monitoring group which is comprised of managers of all centres operated by this service and that had been in place as an oversight mechanism and to promote practice development and learning.

Inspectors noted that the referencing system in place for significant events was confusing and did not allow for the easy tracking of information. Inspectors had to manually count the entries on the register to determine how many events had been notified.

Staffing

The centre operates with a staffing complement of a centre manager, deputy manager and six full time social care staff. The deputy manager was appointed on 13/4/2017 and their role is to support the manager and the day to day operation of the centre. One of the social care positions was vacant at the time of inspection, however, the manager had access to a relief panel for the company and inspectors were advised that the organisation was in the process of recruiting. From a review of a sample of personnel files, the inspectors observed that five of the full time staff had experience of working in social care prior to their employment with this service. There were five full time staff and four relief (full time) staff members in post at the time of inspection. Inspectors noted that four members of the staff team had commenced employment in the centre since it opened in September 2016.

Two staff members had left their posts since the service opened. The centre manager advised that they conduct exit interviews unless the staff member requests otherwise. Inspectors reviewed one exit interview on file and found that the questions were largely geared towards ascertaining the manager's performance and as such should perhaps be completed by someone external to the centre. The centre manager advised inspectors that all learning from the exit interviews will inform the recruitment and retention of staff, going forward.

Inspectors examined a sample of personnel files as part of this inspection process and identified they were in full compliance. Each staff member on the core team had a social care degree or equivalent qualification suitable to the role. Inspectors noted that staff qualifications were held on the staff files that were reviewed, and there was evidence that the qualifications had been verified by the services manager. Inspectors noted evidence from staff files reviewed that the service delivered a structured induction and the staff members that were interviewed stated they found this supportive to their role. New staff members are introduced to the organisation's policies and procedures and complete two shadow shifts as part of their induction process. A mentoring system is also in place in the centre where new staff are paired with experienced team members as an additional support. The staff members interviewed described the induction process as a positive learning experience for them as they were introduced into their roles in residential care.

Relief staff members are used regularly in the centre and are appointed from a relief panel used by the company. The manager advised that the centre had been operating with four relief staff scheduled to cover the vacant full time social care position and to cover periods of annual leave until a successful recruitment drive was completed.

The centre manager advised inspectors that in some instances due to annual leave and sick leave cover, relief staff have been scheduled on shift together. In line with best practice it is recommended that the scheduling of a relief staff member on the roster takes place alongside a member of the core staff team to maintain a balance of experienced staff on shift.

Supervision and support

The manager, who had received training in a recognised model in the delivery of supervision, had responsibility for supervision of the staff team in adherence with the centres supervision policy. Inspectors examined a sample of the individual supervision files maintained for each staff member and observed that signed supervision contracts were in place and that supervision had taken place at regular intervals in line with the organisation's policy of every four to six weeks. Records of supervision reviewed referred to aspects of the social care role. However, these minutes had limited detail and did not have a clear record of actions agreed. The records also did not contain sufficient details on the discussions on the planning of care for young people or staff members care practices. Inspectors found that supervision records did not demonstrate an effective link to the implementation and progression of the young person's individual placement plan. Key-working and placement planning were not specific focused items evidenced in the written records.

The manager ensured that daily handover and fortnightly team meetings had were conducted to facilitate communication between the staff team. Inspectors' observation of the handover meeting and review of the handover book reflected good communication between staff regarding the presentation and needs of the young person and a structured plan for the day was completed by staff present.

Minutes of staff team meetings were reviewed as part of this inspection process. Records of team meetings referenced care practices, staffing and staff training issues, however, inspectors noted that the team meeting minutes showed an over-focus on operational issues. Overall, inspectors found the written record of team meetings required improvement as they lacked detail. It was also observed that the meetings did not reference the outcome of the young person's weekly house meetings, consultation with young person around the agenda or implementation of the placement plans. Records of the decision making process and actions agreed needed to be improved and clearly tracked in further meetings. Inspectors recommend that the agenda of team meetings is reviewed to provide more structure to the team meeting and the quality of the records must be addressed by the centre manager.

The centre has a clinical consultant available to staff internally who attends the clinical team meeting on a monthly basis. There were examples of good practices including attendance of external professionals to support the admission of one young person to the centre. An external professional facilitated a de-brief session with the staff team following an unplanned discharge of one young person from the centre and to support staff members with its impact on them. Inspectors reviewed the clinical team meeting minutes where the clinical consultant gave direction on placement planning and found that the written records of the clinical input could be improved. Inspectors observed that the minutes reviewed lacked detail and did not set out what discussion had taken place or what actions had been agreed within this forum.

The centre manager receives supervision from the services manager in line with centre policy. Inspectors found that the quality of the supervision records required improvement as they lacked sufficient detail. In interview, the centre manager had reflected positively on the consistent support of the services manager. The services manager informed the inspectors that they had not quality assured the staff supervision records and relied on the centre manager's updates with regard to supervision practices. Inspectors recommend that the services manager should consistently audit the written records themselves as part of their internal quality assurance system and that this should be included in the written policy and in the supervision contract.

Training and development

The centre had a written policy specific to training and development. The policy identifies the service's commitment to ensuring staff are suitably qualified for their role in a children's residential centre and the potential supports from the service for staff attending college to gain a relevant qualification. Inspectors recommend that the policy is reviewed and developed to set out the services expectations for staff participation in mandatory and supplementary training. The services manager and centre manager identified that staff personnel files contained all records of training completed and this was confirmed when inspectors reviewed a sample of staff personnel files.

The manager's training audit and planner reflected up-to-date training in child protection, manual handling, fire safety and therapeutic crisis intervention for the staff team. Three core team members including the centre manager and one relief staff member had not completed first aid training at the time of inspection and the manager reported that this was being scheduled. A training needs analysis reviewed by inspectors only identified core training requirements and did not provide any

detail on additional training required by the staff team. As noted earlier in this report, the staff team did not have a balance of experience and additional training is integral to supporting staff in their current roles.

Administrative files

The administrative records reviewed by inspectors were completed to a satisfactory standard, in some respects only. The manager had consistently signed off on records generated by the care team, however there was no commentary noted, for example, that addressed issues on care practices by centre staff. From review of one young person's case file and minutes of the young person's meetings, inspectors found evidence where the young person had expressed their dissatisfaction with aspects of the service and that this had not been reported as a complaint and processed appropriately. The centre manager must ensure that staff members are accountable for their work and that the young person's voice is represented appropriately when signing off on records.

Inspectors identified issues across various records including significant conversations, key-working records and registers. The register of complaints had evidence of the centre manager's oversight but not been updated and completed. There were two complaints recorded on the complaints register that had no detail on their outcome, how they had been progressed or if these had been concluded. The informal complaints register contained two entries, neither of which showed evidence that the matters were addressed appropriately and or to a conclusion. The informal complaints register did not evidence oversight by the centre manager however it did have the services manager signature. Inspectors identified that these issues had not been identified by the manager or external manager in the course of their governance duties.

The centre management oversees the centre budget which is reviewed weekly in the centre and petty cash is recorded. The centre manager stated that the budget was adequate for the purpose and function of the service.

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 16, Notification of Significant Events.
-Part III, Article 5, Care Practices and Operational Policies
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)

Required Action

- Centre management must ensure that a more robust, structured and formal framework for external oversight and governance is implemented in the centre without delay.
- The services manager must ensure that the vacant social care worker position is filled by a suitably qualified person as a matter of priority.
- The centre manager must ensure that an effective link between supervision and the implementation of the individual placement plan is evidenced on supervision records.
- The centre manager must revise the agenda and structure of the team meeting and oversee that decision making processes and actions are clearly recorded and reviewed.
- The centre manager and external manager must undertake more robust oversight of centre administrative files to ensure adherence to centre policies and procedures.
- The centre manager must complete a training analysis of the staff team’s needs and submit this alongside the action plan as to when this training is to be provided.
- The centre manager must complete an analysis of the staff team’s training needs and furnish this to the Registration and Inspection service alongside a plan on how this training will be provided.

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 ethos and approach of the manager and staff team has been to encourage supportive family relationships through regular contact, consultation and inclusion in the care of the young person and inspectors found this had been achieved to a good standard. Inspectors found that the care team and social work department worked together to support agreed contact arrangements for the family and the centre had suitable facilities for young people to spend time with their family in private, if required. One young person had chosen not to have family contact at the time of this inspection and there was evidence on the case records that they were being supported appropriately by the care team in this regard.

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.

Each of the young people in placement had an allocated Child and Family Agency social worker. Inspectors completed interviews with all three social workers as part of the inspection process and found that they were familiar with the care needs of the young person and progress in their placement. The young people had contact information for their social worker and the inspectors found records that regular meetings had taken place both in the centre and off site. Meetings had also taken place between the centre, relevant professionals, young people's parents and social workers and young people also attended and were supported to participate in these meetings.

There was clarity in the working roles between the centre staff and the allocated social workers and all parties reported an effective working relationship. The allocated social workers of all three young people had reviewed the young person's case file and daily logs whilst in the centre. Overall, the allocated social workers reported that they were satisfied that their young person was safe and well cared for in the centre.

Supervision and visiting of young people

As stated earlier in this report, all young people placed had an allocated Child and Family Agency allocated social worker who reported regular visits to the young person at the centre and in private in line with statutory regulations. The young people had contact information for their social worker and access to a telephone. Inspectors observed records of regular contact between social workers and the centre regarding the young people's progress. The daily logs and contact sheets referenced external professionals meeting with the young people, as appropriate.

Inspectors reviewed centre records of social work visits to the young people at the centre. In review of one young person's case file, the inspectors noted that on one occasion the young person had requested to meet with their social worker alone, whilst they were visiting the centre. A staff member had sat in on this meeting with the young person and their allocated social worker as an incident was being discussed. The staff member present initially refused to leave the meeting to allow the young person to meet their social worker in private and when they did leave, they advised the young person they were leaving the door open so as they could monitor the conversation. The written account indicates the young person became escalated in the meeting as result of the management of this incident. The allocated social worker advised the Inspectors that they had not addressed their concerns regarding the management of this incident at the time and intended to follow up on same. The centre manager advised the Inspectors that they had verbally reviewed this incident with the staff members involved at the time it took place; however there was no written evidence recorded. Inspectors recommend that this incident is reviewed by centre manager to ensure the young person's rights to meet with their social worker in private are upheld in future and to promote learning for staff members on how their interventions may have contributed to an incident. This review is to be recorded appropriately on the young person's case file.

Emotional and specialist support

In interview the care staff demonstrated some awareness of the young people's social history and circumstances that would impact on their emotional wellbeing. The records of daily logs demonstrated efforts from the staff team to engage with the young people and interact in supportive ways towards building positive relationships. Daily logs reflected that the careteam were observant of the young people's general presentation. Young people can access the organisation's clinical psychologist directly for support, should this be deemed in their best interests.

The provision of emotional support from the staff team was informed by clinicians employed by the service who provided recommendations for practice when attending meetings with the manager and staff team, once monthly. The care staff interviewed had found the input of these clinicians to be beneficial to their work and provided examples of strategies used to promote relationship building with young people. Inspectors found that records of the clinical meetings had lacked detail of the guidance staff had described in the course of interview. It is recommended that the manager develops the recording of clinical recommendations to ensure there is sufficient detail around the decision making process, the action to be taken and review of strategies implemented.

Statutory care plan and reviews

Three files for recently admitted young people were reviewed and inspectors found that one young person had a care plan on file that was commenced and signed by the allocated social worker upon their admission, however this did not detail the agreed actions or overall goal of the plan and was not signed by the social work team leader or the young person. The allocated social worker advised the inspectors in interview that this case is to transfer to the 'children in care' team who will schedule a date for their child in care review meeting.

As noted above, one young person transferred to the centre from another centre within this organisation. They had a care plan dated 29/09/16 that pertained to their previous placement and was signed by the placing social work team. This care plan had twelve recommendations however inspectors noted that their aftercare and preparation for independent living was not included in this. The young person did not attend their child in care review meeting. A review of this care plan was due to take place in March 2017, however was postponed due to the young person's placement move and is now scheduled to take place on 08/06/17.

A third young person moved into the centre on the second day of this unannounced inspection. There was no care plan on file on the day of their admission and their child in care review meeting is scheduled to take place in July 2017. The allocated social worker advised the inspectors during interview that an updated care plan has been submitted to the centre for the interim period to support the placement planning process, until the child in care review takes place.

The centre manager described that the implementation of the care plan at the centre is structured through the use of an individualised placement plan. Placement plans were found to be in the process of development for all the young people and these are

to be reviewed monthly and updated. There is a wider review of the core placement plan at six months or when the care plan for the placement and aftercare plans are updated. The placement plans contain eight standard headings to include general presentation, health, education, relationships, emotional presentation, substance misuse, physical health and environment. Inspectors found that some, but not all, of the areas in the placement plans reviewed were delivered in key-working. From review of case files, the inspectors found the link between the key work sessions completed and the placement plan documents should be strengthened. The inspectors noted that evidence on how the placement planning process is reviewed through supervision needs to also be improved.

Discharges

The service has a policy structuring the process of both planned and unplanned discharges. There had been one unplanned discharge from the centre since it had commenced operation in September 2016. This young person returned home to the care of their birth parent following a series of violent assaults on staff, and due to threats being made by the young person and a family member towards staff members, which made the placement untenable. An end of placement report had been completed for this young person that provided an analytical overview of the factors impacting on the placement. The report reflected efforts made by the staff team to engage with the young person whilst in placement and following their discharge to bring closure to the placement and relationships with the staff team.

Preparation for leaving care

The centre's written statement of purpose and function identifies one goal of the service is to provide essential life skills to the young people living there. Inspectors found a 'life skills' folder that the care team use as a resource to prepare the young people for leaving care. There are two young people in placement aged sixteen years at the time of this inspection process. Inspectors found that the young people placed there were being supported by the care team with regards to maintaining their living space, cooking, shopping and budgeting and this was reflected in centre records. The young people were encouraged to be actively involved in decision making around their own life and to attend and participate in meetings to plan for their placement and future.

Aftercare

The Child and Family Agency has a national aftercare document; '*National Policy and Procedure Document on Leaving and Aftercare Services (2011)*' and this document had been subject to the process of review at the time of inspection. There

are two young people in placement aged sixteen years. The Child and Family Agency social workers had submitted a referral in respect of their young people to aftercare services and stated they are being prioritized for allocation. In the absence of the aftercare worker the needs assessments and aftercare plans associated with the current national policy must be addressed.

Given the eligibility and complex needs of one young person in placement, the Child and Family Agency principal social worker must ensure that they are prioritised for allocation of an aftercare worker in line with the national policy.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The centre has a clear policy and agreed procedures describing the process of admission. The centre is registered to provide care for three young people, male or female, aged between 13 and 17 years on admission and referrals for placements are accepted from the Child and Family Agency National Placement Team. Inspectors found that each of the young people in placement had been placed in line with the written statement of purpose and function. One young person had moved from another centre that was also run by this company, however, they had absented themselves from the centre prior to this inspection process and stated they wished to return home to the care of family. The young person remained out of placement at the time of this inspection process. A third young person was admitted to the service on the second day of this inspection process and had moved from another residential placement. A decision had been made by all professionals working with the young person that it was best for them to move without completing a transition process. The allocated social worker advised inspectors that this placement move was very positive and that they were satisfied with how the care team had supported the young person upon admission.

The centre manager had completed pre-admission risk assessments for each young person placed in line with centre policy. The assessments included information around the presenting risks and strategies to be employed by the staff team to manage same. The allocated social workers of all three young people had contributed to the collaborative risk assessment process and stated in interview they were satisfied that there was an appropriate safety plan in place to mitigate against identified risks.

However, from a review of the risk assessments and safety plans, the inspectors noted that the plan in place to manage the ongoing dynamics amongst the client group was not robust enough. In addition, staff members interviewed were unclear on how best to manage the group dynamic particularly with the admission of a new young person and the possible return of another young person who was absent from the centre.

This inspection process found some evidence of good practice in preparing for the young people's admissions that included reviews of social history, liaison and meeting with external professionals to inform practice and meeting with the young person and their family to support the transition. One social worker reflected positively on the transition process that had been developed in consultation with the young person and the work of the staff team to support the young person to settle in the placement. The centre provided a booklet to both young people and parents on admission that sets out the nature of the service, key policies and the young person's rights and responsibilities. The handbook had been individualised for young people setting out the contact information for relevant professionals in their lives. As stated earlier in this report, one young person had moved from another centre within this organisation and the decision regarding their placement move was agreed between the organisations's management and the placing social work team. The young person also had requested to move from their previous centre. The inspectors noted that this transition did not adhere to the centre's admission policy as the young person was admitted prior to an admissions meeting taking place with the placing social work team. The allocated social worker met with the centre manager and young person four days after the placement commenced and inspectors noted this impacted the handover of information amongst professionals as pertinent information regarding the safeguarding of the young person was not shared until after the young person moved in.

Overall, the allocated social workers stated they were satisfied that their young person had been suitably placed on admission and that the centre continued to meet the young person's needs. The careteam were continuing to work in partnership with one placing social work team to support the return of one young person who had absented themselves from the centre.

Children's case and care records

The care files had been divided between a main active folder and archived information in monthly folders. Inspectors found that records were organised and indexed to facilitate access. Inspectors found the placement plan of one young

person had been misfiled in another young person's file and also observed that the date of birth of one young person was incorrect on some of the case files.

The care file of the two young people in placement contained the young person's pre-admission information, birth certificate, voluntary care consent and completed consent forms. The inspectors noted that neither case file held the young person's medical history. All records relating to young people who leave the centre are kept in perpetuity in a storage facility maintained by the organisation.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

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

Regulations 1995

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

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part V, Article 25and26, Care Plan Reviews

The centre had 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 Child and Family Agency social workers for two young people must ensure that there is clarity for all parties regarding the scheduling of statutory care plan and care plan review meetings.
- The Child and Family Agency social workers are required to provide the completed statutory care plan to the centre manager as a matter of priority.
- The Child and Family Agency social worker must address the young person's preparation for leaving care and aftercare planning through the statutory review process and in consultation with the young person, their family and professionals involved to provide clear direction to the work of the centre

- The Child and Family Agency principal social worker must ensure that the young person is allocated an aftercare worker in line with the national policy.

4. Action Plan

Standard	Required action	Response with time frames	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	<p>Centre management must ensure that a more robust, structured and formal framework for external oversight and governance is implemented in the centre without delay.</p> <p>The services manager must ensure that the vacant social care worker position is filled by a suitably qualified person as a matter of priority.</p> <p>The centre manager must ensure that an effective link between supervision and the implementation of the</p>	<p>Quality assurance officer appointed and commencing in September 2017. In the interim, the external manager will carry out monthly audits and demonstrate evidence of oversight and governance.</p> <p>Interviews were conducted and an offer of employment has been made and the staff member is currently going through the vetting process. This position will be filled by end of July 2017.</p> <p>The centre manager will ensure that there is a clear link between supervision and the individual placement plans. This will be clearly evidenced in the supervision</p>	<p>The centre manager and services manager will ensure that consistent oversight of all centre records through the use of internal audit tools.</p> <p>The services manager will endeavor to ensure that there is a panel of bank staff in place to fill any social care vacancies as they arise.</p> <p>The centre manager will ensure that there is a clear link between supervision and the individual placement plans. This will be clearly evidenced in the supervision records.</p>

	<p>individual placement plan is evidenced on supervision records.</p> <p>The centre manager must revise the agenda and structure of the team meeting and oversee that decision making processes and actions are clearly recorded and reviewed.</p> <p>The centre manager and external manager must undertake more robust oversight of centre administrative files to ensure adherence to centre policies and procedures.</p> <p>The centre manager must complete a training analysis of the staff team's needs and submit this alongside the action plan as to when this training is to be provided.</p>	<p>records.</p> <p>The centre manager has revised the structure of the team meetings to ensure that the decision making processes and actions are clearly recorded and reviewed.</p> <p>The centre manager and services manager will attend three way meetings and use the internal audit tool to oversee and evidence governance of the administrative files.</p> <p>Mandatory training analysis has been completed and sent to the inspector.</p>	<p>The centre manager and services manager ensure that the records of team meetings are evidenced and the decision making processes and that the actions are clearly recorded and reviewed through our internal auditing tool.</p> <p>Through on-going review of centre records and internal audits, centre management will ensure that a robust oversight of centre records is in place.</p> <p>Through on-going review of centre records and internal audits, centre management will ensure that a robust oversight of centre records is in place.</p>
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	<p>The centre manager must complete an analysis of the staff team's training needs and furnish this to the Registration and Inspection service alongside a plan on how this training will be provided.</p>	<p>Mandatory training analysis has been completed and sent to the inspector.</p>	<p>Training analysis for the staff training needs will be identified and submitted to the training development officer and clinical manager for further review.</p>
<p>3.5</p>	<p>The Child and Family Agency social workers for two young people must ensure that there is clarity for all parties regarding the scheduling of statutory care plan and care plan review meetings.</p> <p>The Child and Family Agency social workers are required to provide the completed statutory care plan to the centre manager as a matter of priority.</p>	<p>The Registration and Inspection Service did not receive a response from the Child and Family Agency.</p> <p>The Registration and Inspection Service did not receive a response from the Child and Family Agency.</p>	<p>Social workers emailed when monthly manager checklist completed if care plan is outstanding.</p>

	<p>The Child and Family Agency social worker must address the young person's preparation for leaving care and aftercare planning through the statutory review process and in consultation with the young person, their family and professionals involved to provide clear direction to the work of the centre.</p> <p>The Child and Family Agency principal social worker must ensure that the young person is allocated an aftercare worker in line with the national policy.</p>	<p>The Registration and Inspection Service did not receive a response from the Child and Family Agency.</p> <p>Centre management advised that plans are in place for the young person to return home with supports in place. Transition plan being devised at present. Extern and Empowerment plus services have received referrals for the young person.</p> <p>The Registration and Inspection Service did not receive a response from the Child and Family Agency.</p>	<p>Aftercare worker application was processed and this information was received by center management with the referral information.</p>
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