



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 051

Year: 2017

Lead inspector: Mary Flaherty

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Home Again
Registered Capacity:	Five young people
Dates of Inspection:	30th and 31st of May, 2017
Registration Status:	Registered from 28th of February 2017 to 28th of February 2020 with no conditions attached
Inspection Team:	Mary Flaherty Linda Mc Guinness
Date Final Report Issued:	26th September 2017

Contents

1. Foreword	4
1.1 Methodology	
1.2 Organisational Structure	
2. Findings with regard to Registration Matters	9
3. Analysis of Findings	10
3.2 Management and Staffing	
3.4 Children's rights	
3.5 Planning for Children and Young People	
4. Action Plan	27

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 a thematic 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 inspection was announced and took place over the following dates the 30th and 31st of May, 2017

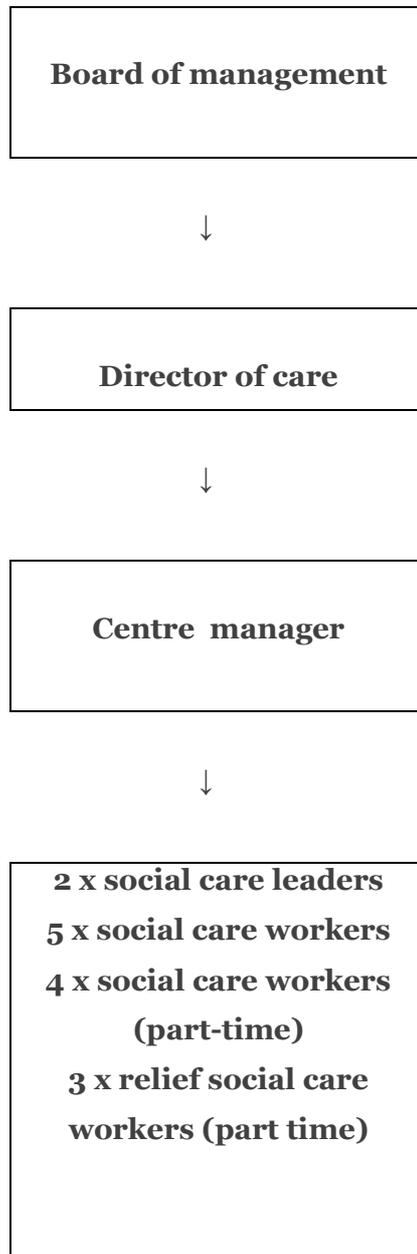
The report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) One social worker and one social work team leader with responsibility for young person/people residing in the centre.
- ◆ An examination of a sample of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to have a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The service director
 - c) Two staff members
 - d) Three social workers worker with responsibility for young people residing in the centre.
 - e) One social work team leader with responsibility for young person residing 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 the registration of this centre remains from 28th of February 2017 to 28th of February 2020 with no conditions attached.

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

Register

The centre is registered to provide care for five young males, aged between 13 and 17 years on admission. Since the previous inspection process in 2014, three young people had been placed and were living in the centre at the time of this inspection. There have been four discharges from the centre since the last inspection by the registration and inspection service in 2014. The register of admission's and discharges contained the young person's name, date of birth, date of admission and discharge and details of the allocated social worker and the names and addresses of birth parents of the young people placed, as required. The inspectors noted there was evidence of centre management oversight across the register as they are responsible for entering enter all details. There was no evidence of external management oversight on this register. A copy of the register is maintained centrally by Tusla, Child and Family Agency.

3.2.2 Practices that met the required standard in some respect only

Management

The centre has a management structure in place that is well established, the centre manager reports to a director of care who in turn reports to a board of management. The current manager has almost twenty years relevant experience and holds a recognised qualification in social psychology and psychology, with twelve years service working in this post at the time of the inspection. 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 Tuesday to Friday during regular working hours. The director of care is on-call from Friday to Monday and visits the centre on Monday

mornings to oversee and sign off on significant events from the weekend and ensure they are forwarded to relevant parties. From interview with the centre manager and with the director of care, the inspectors learned that most communications between both parties are informal and not recorded. The inspectors did not find evidence of an arrangement in place regarding communication of information between the centre manager and director of care.

During interview, the centre manager identified the internal quality assurance systems in place include management meetings, fortnightly team meetings and staff supervision, all of which they attend.

The Director, 2 Managers and representatives from the Board of Management attend Monthly Welfare Meetings where an overview of the young people and issues regarding staffing arrangements are discussed. Representatives from the welfare meetings present this information to the Board of Management at their monthly meeting. Management meetings take place on a monthly basis and are attended by the centre manager, the centre manager of a second centre, the director of care and representatives from the board of management. . The records of the management meetings reviewed by inspectors reflected attention to issues including governance, practice recommendations from the company, recording practices, staff retention, training and maintenance.

The inspectors found the centre manager had a thorough understanding of the young people and had developed positive relationships with each young person in placement. In interview, the centre manager displayed a good insight into each young person's individual needs. They have mechanisms in place to oversee the work of the staff team to include staff supervision, team meetings, management meetings, child in care review meetings and strategy meetings with placing social work teams, all of which they attend. There was evidence that the centre manager reads the young people's individual records on a consistent basis.

The centre manager and director of care reported they had regular communication on all aspects of service provision to include the care of young people and staffing issues, however the written evidence of this was not available to track. In interview, the director of care as the external manager displayed a good awareness of the service and the operation of it including any deficits in practice that were brought to his attention by the manager however they did not have a robust system in place to ensure that the service was operating in accordance with the agreed policies and procedures. They were aware that the supervision policy in the previous twelve

months was not been adhered as it did not meet the timeframes set out in policy, and stated supervision processes are to be reviewed for this reason. They were very supportive of the centre manager's dedication to implementing the model of care in the centre and systems in place to support this. The director of care provided the inspectors with audit reports that he had completed up to September 2016 however there were none completed since this date. The inspectors reviewed the records for audits completed for 2016 and found that details regarding case file reviews and deficits in service were identified for each young person, where applicable. The inspectors found however that the records could be improved as it did not detail the agreed action on how the matters were to be resolved. In interview, the director of care acknowledged that a more robust, structured and formal framework for quality assurance that includes consistent external oversight and governance is required.

Staffing

There are twelve permanent staff, (including the centre manager) working in the centre. One staff member is on maternity leave presently and a relief staff member is covering the maternity contract. Two staff members are employed as social care leaders and the remaining staff members are social care workers. Four of the permanent staff job-shares and there are two designated relief staff to cover annual leave and sick leave, etc. This care team is well established, with all members having considerable experience in social care.

The child care leaders are rostered to be on shift on alternative days and on alternate weekends to ensure that as far as practicable there is an experienced staff member working in the centre who can lead the team. This is particularly important as the centre manager works Tuesday to Friday only and is not in the centre at weekends.

Samples of staff personnel files were reviewed as part of the inspection and they were found to comply with the requirements in respect of Garda vetting and references from previous employers. However, the inspectors did not find copies of qualifications on file for all staff members and verifications of qualifications were also not present in some instances. The inspectors did not find certificates for training completed by staff on personnel files. It is recommended that the files are reviewed again by management to ensure they fully comply with the requirements set out in the regulations and National Standards.

There is a policy in place for induction for new staff. There is very low staff turnover in the centre, however a staff confirmed through their interviews that they received

induction prior to taking up duties and that they found the induction helpful, informative and that it assisted them in preparing to take up full time duties.

Supervision and support

The centre has a policy on supervision which states that staff should be supervised at least once every six weeks. 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 not taken place at regular intervals in line with the organisation's policy stated above. 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.

An external consultant has facilitated four group supervision as part of his training with the staff team to assist with the team development and with the relational approach as a way of working with young people (RAP training).

The centre manager has completed training in Daily Life Events (DLE). The centre manager facilitates group supervision sessions with staff to assist the implementation of the model of care into practice. The inspectors found recorded evidence of the successful application of the model of care across case files. The staff interviewed as part of this process, displayed a clear understanding of the model of care and described this as a framework underpinning their everyday practice.

To support the links between supervision, placement planning and key working; a system of case management meetings have been established whereby one of the social care leaders meets with the key workers to review the goals of the placement and to ensure that goals are being met. The inspectors found these supervision records demonstrated an effective link to the implementation and progression of the young person's individual placement plan and key-working. The staff interviewed as part of this process and centre manager stated this is a more effective way to ensure that the key working role is being implemented and that the young people are progressing in their placement. The inspectors found that the system so far has been implemented well and that it displayed accountability and traceable evidence that the care team are following the goals of individual placement plans.

The team handover takes place daily and is attended by staff on shift and the staff members that are coming on shift. The centre manager does not routinely attend handover and they receive a verbal handover from staff on shift when they come in. The inspectors found that the communication systems in place for the management and care team required improvement, so as to ensure all matters were handed over effectively and efficiently, and that there is a written record of same. One inspector attended a handover meeting and found it to be well organised, structured and that it delivered a comprehensive account of the previous day. However the inspector found that the team in handover did not focus on pro-active planning for the young people for the day ahead.

The team also have a fortnightly team meeting. The structure of the meeting has been reviewed to ensure it was an efficient and effective forum for communication and planning. The team meeting minutes were reviewed for the previous year and the inspectors found they were structured with a clear agenda at the outset. There are records of discussion regarding young people, actions to be taken and those responsible for implementing actions were identified. There is evidence of regular review of these matters. Placement plans, key-working and Individual Crisis Management Plans (ICMPs) are discussed and updated where necessary. Inspectors found that the care team paid good attention to primary care needs of the young people and decisions were made based on the individual needs of each young person taking into account their emotional and developmental stage.

The centre manager receives supervision from the director of care. From review of the records the inspectors found supervision was not completed within the stated timeframes and 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 from the director of care. The director of care informed the inspectors that they had quality assured staff supervision records when they were aware of ongoing issues. In these instances they were satisfied with how issues were being managed and that they were resolved appropriately. The inspectors recommend that the director of care should consistently audit the written records themselves as part of their internal quality assurance system and that this should be included into the written policy and in the supervision contract with staff.

Notification of Significant Events

The centre have a system in place to record and notify the Child and Family Agency of all significant events that occur relating to young people in the centre. The

notifications are prompt and social workers confirmed that they were satisfied with how promptly they receive information and also how the incidents were managed. All significant event notifications are completed on standardised documents and a register of events is maintained for the purpose of oversight by the manager in the centre. The inspectors found no evidence of the centre manager or external manager's oversight of the significant event register and found that some entries on the register were incomplete. The centre manager reads all significant events and signs same. The director of care reads significant events that take place between Friday and Monday only, when they are on-call. There was evidence of direction from the centre manager/ and or external manager with regard to how significant events were managed and responded to.

There is a local forum for the review of significant events which is attended by residential services in the region, the purpose of this group to sample significant events and to use a group reflection and learning approach to gain insight as to how events are managed. While this is positive it was having very little impact on the insight and learning for the care team in relation to their day to day practices in this centre. There is no formal review of significant events in the centre presently and the director of care and centre manager suggested that an internal review of the significant events would be more beneficial. This issue was identified in the previous inspection, 2014- the centre manager advised that plans were in place for this to be introduced promptly.

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 for each young person.

Training and development

The staff team all have a qualification in a social care related field. A register is maintained by the centre manager for all staff training completed and required. In review of the training records, the inspectors found one staff member required training in Children's First National Guidance for the Protection of Children: 2012. The centre manager advised this staff member would attend the next available training arranged. Some staff members had not completed the core training in fire safety and first aid training is expired at the end of 2017. Since this audit, the centre manager advised inspectors they are arranging fire safety and first aid training for November/ December 2017 for the staff team. Training in Therapeutic Crisis

Intervention was up to date for all staff members bar the centre manager who stated they did not intend to re-complete same.

The team have also completed training in RAP as a model of care and have been implementing this under guidance of the certified RAP trainer who meets with the team once every six weeks. This external consultant has facilitated group supervisions with the staff team to assist their development and implementation of this model of care. The staff team identified this as very useful training and which assists them in how they do their work.

Other areas of training that the manager and the staff identified as a need were in update drug awareness and strengthening families approach. There was no specific training sourced for the team in these areas at the time of the inspection and the centre manager identified that this matter would be prioritised.

Administrative files

The administrative records reviewed by inspectors were completed to a satisfactory standard, in some respects only. The centre has a standardised administrative filing system that is in operation for many years. In review of centre registers and records, the inspectors found limited evidence of centre management and external management's oversight on documentation to include daily logs and centre registers.

Inspectors identified issues across the register of complaints that evidenced concerns with regard to the management and processing of formal complaints. This is discussed further under Standard Four of this report.

There are clear arrangements in place for the financial running of the service and the Board of Management oversee the budget for the service. The manager and staff were satisfied that there is adequate petty cash for the day today running of the service and if money was needed for specific items then this would be facilitated.

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 5, Care Practices and Operational Policies
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- The governance of the service must be made more robust and accountable. There must be clear systems in place to track how the management oversee the operational practices and procedures and track how they are implemented.
- The centre manager and director of care must undertake more robust oversight of centre administrative files to include daily logs, ensuring adherence to centre policies and procedures.
- Centre management must ensure that all personnel files are up to date and comply with requirements.
- Centre management must ensure the significant event register is completed and up to date.
- Centre management must ensure that staff supervision is completed in the appropriate timeframes, as outlined in service’s own policy.
- 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.

3.4 Children’s Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Access to information

The centre has a policy on access to information and there is also information on this in the young person's booklet. Both young people confirmed to inspectors in their interviews that they could read their daily records and had done so previously.

Consultation

Young people's meetings are held bi-weekly and there are records of the young person's voice being represented in this process. In review of individual work and key-working records, the inspectors found the care team engage with the young people individually to ensure their requests are included in placement planning and decisions regarding them. There was evidence that young people had been consulted regarding activities that may be of interest to them and in planning for the weeks ahead. There are contact details for EPIC (empowering young people in care) and records showed that an advocate from EPIC had visited the centre.

3.4.3 Practices that did not meet the required standard

Complaints

The centre has a detailed policy on the complaints and the procedure to be followed in the event of any complaint made. There is a register held in the centre and inspectors noted there are no complaints recorded for 2017. There were three complaints recorded for 2016. There were nine complaints recorded for 2015. The centre manager and director of care have taken the responsibility of complaints officer and for managing and processing complaints at different times. There is no evidence of centre management and/ or senior management oversight on the centre register, separate to their involvement in the processing of the issues.

In review of the entries for 2016, the inspectors noted that all complaints had been processed as significant events and a conclusion was recorded on the register. In one instance it was recorded that the young person was not satisfied with the response, however it is unclear how the young person was supported with this view and/ or if they were advised of an appeals process. One complaint was made by a young person who described that other residents had physically assaulted him. There was no detail recorded as to how this matter was investigated and/ or how the social work department had responded to the matter.

From reviewing the entries recorded for 2015, the inspectors noted that on two instances complaints were processed when a young person had made an allegation against a staff member. On one of these occasions, the young person later retracted the allegation stating it was false. In both instances the director of care commenced or completed an investigation; however these matters were not processed appropriately under Children First: National Guidance for the Protection and Welfare of Young People, 2011. Again, it is unclear how the social work department had responded to the serious matters raised and if they were satisfied with the investigation process and outcome.

Both the centre manager and director of care stated they had not picked up on the issues arising around the management of complaints and allegations and described this as a deficit in their oversight. Management must review the complaints register to ensure that all complaints have been addressed appropriately, with an outcome recorded.

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

- Centre management must provide training to the staff team on complaints processes to ensure the care team understand the difference between complaints, informal complaints and allegations and the separate procedures to manage and process same.
- Centre management must ensure that all complaints are processed in line with the service's own policy on the management of complaints
- Centre management and senior management must strengthen their own governance and oversight across complaints and allegations to ensure that all matters are responded to appropriately.

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

Statutory care planning and review

There were up to date care plans on files for three of the young people in placement. The statutory review of the care plans for all three young people had occurred in accordance with regulations and the minutes on file showed that the young people attended their review and that their views and wishes were obtained to inform the decision making processes.

The care plans for the young people are supported by a placement plan. The inspectors found that the placement plans for each young person was a meaningful document that allowed the goals of the care plan to be actioned. The goals of the placement plans were congruent with the care plans and the centre had a system in place to track how goals were being met, who was responsible for same. There was a consistent review process in place as described above.

One of the social care leaders has responsibility for meeting with the allocated key work teams and discussing, reviewing and updating the placement plans on a monthly basis. This system works well for the care team and the young people and was easy for inspectors to track the measurable progress that young people had made in their placements. The inspectors found evidence that the young person and their birth parents are consulted and involved in the drawing up of placement plans. Additional needs not identified in the care plan are included in the placement plan which also contains measureable goals to be achieved, and by whom. The inspectors found evidence of consistent oversight by the centre manager across placement plans and key-working records.

Contact with families

The ethos and approach of the manager and care 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 young person with family members. The centre has a written policy on family involvement and the centre had suitable facilities for young people to spend time with their family in private, if required.

Family members are also sent a monthly report by key workers and there was evidence across placement plans and case files where the care team made efforts to engage with birth parents around placement planning.

Supervision and visiting of young people and 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.

Two of the young people in the centre have an allocated Child and Family Agency social worker who visit them in the centre and meet with them in private, on occasion. One of the allocated social workers advised the inspectors that due to their allocated client becoming threatening and aggressive towards them in the centre recently, they will now only meet when there is a second person present. As stated earlier in this report, strategy meetings had been convened by the centre manager and placing social work team in response to the increasing at risk behaviour of one young person and to examine the suitability of placement going forward. At the time of this inspection process, the social work team had concerns for the risk taking behaviours of this young person whilst out of the centre.

One young person did not have an allocated social worker since February 2017. A student social worker was actively working this case with the social work team leader who was their practice supervisor from February 2017 until May 2017. The young person in interview spoke of their positive relationship with this social worker. At the

time of writing this report, the student social worker had completed their qualification and returned as allocated social worker to this young person.

Inspectors completed interviews with all three placing social work teams, as part of the inspection process and found that they were familiar with the care needs of each young person and their 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 their social workers. 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 placing social work teams for 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. They were satisfied with the standard of communications from the care team and management and described them as strong advocates for the young people.

The centre keeps a record of all social work visits to include a record of agreed actions taken as a result of the visit on the young person's case file. Inspectors found that the placing social workers have fulfilled their statutory obligations by having care plans and care plan reviews in line with the requirement of regulations.

Emotional and specialist support

In interview the care staff demonstrated a keen understanding of the young people's social history and circumstances that would impact on their emotional wellbeing. The key-working and individual work records 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 care team were observant of the young people's general presentation whilst also attentive to their basic needs.

Inspectors found the care team demonstrated consistent evidence of implementing the model of care in that they sought to understand the reasons behind the young person's behaviours. Staff members had a strong focus on developing relationships through activities that the young person enjoys and allowing this time to emotionally connect with the young person. The centre manager is integral to implementing this

approach. The staff team have trained in the RAP model of care and are incorporating this model in all their interactions with young people. There was a lot of positivity among the team regarding this model, how it is putting a framework on practice and how it is benefiting the young people.

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 were three young people in placement all aged under 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, budgeting and developing their interests and talents. 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.

Discharges

The centre has a written policy on discharges; the aim is to have all discharges in line with the agreed care plan however in circumstances where this does not occur the final decision on a unplanned discharge is made by the director of care. A review of the centre register found that all discharges from the centre have been in line with the policy and in a planned manner. There have been three planned discharges from this centre in the previous year. An end of placement report is completed for all young people when they move on, to provide an analytical overview of the factors impacting on the placement. The inspectors reviewed three end of placement reports and found they 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. The inspectors found that young people regularly visit the centre and remain in contact with the care team, post discharge.

Aftercare

The Child and Family Agency has a written policy on aftercare provision. The young people in the centre are under sixteen years at the time of this inspection.

Children's case and care records

The centre maintains a care file on each individual young person and the social workers maintain a case file, both these files are kept in perpetuity. The care records in the centre are standardised and kept in line with local Child and Family Agency Policy. The inspectors found that case files were organised well and records were well written.

The daily log records show how staff members consult with young people as part of the everyday practice. Placement plans and key-working records also demonstrated how the voice of the young person was being taken into account when decisions are being made regarding them.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The centre has an admission policy which details the referral and admissions criteria and the admission process. The centre is registered to provide care for five young people, 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

All admissions to the centre are processed through the local Child and Family Agency led Central Referral Committee. The centre manager does have input into the final decision as to whether the admission of a young person is suitable given the nature of needs of the young people in the centre. The centre do not complete comprehensive collective risk assessments to determine the suitability of placement and the impact that certain behaviours may have on the current young people resident in the centre. They do complete a centre milieu form which is signed by the referring social worker and submitted to referral panel however it would be more useful to have a risk assessment that identifies all the potential areas of risk and also how this could be managed individually and collectively. The centre manager and one allocated social worker advised the inspectors in interviews that whilst discussion take place on these matters, this is not recorded on the young person's case file. All decisions regarding admissions to the centre should be informed by a comprehensive impact risk assessment process that is completed in collaboration with the allocated social workers who have children placed in the centre.

Currently there are three young people placed in the centre who have presented with complex needs and at times challenging behaviour but the care team have developed strong relationships with the young people to support them in their lives. Presently, there are concerns for the suitability of placement of one young person admitted to the centre since January 2017, who is generally not engaging in their placement. This young person is frequently reported as missing child from care and there are concerns for the risks they are placing themselves at whilst outside the centre. The centre manager and placing social work team have coordinated strategy meetings in response to the increasing risks for this young person and to assess the viability of this placement going forward. At the time of this inspection process, a decision had been made to complete a referral to special care for this young person, due to the ongoing and emerging risks.

The social workers for the three young people living in the centre were interviewed as part of this inspection process. Two social workers stated they were satisfied that the placement was meeting the needs of their young people and that the young person was progressing in their placement.

3.5.3 Practices that did not meet the required standard

None identified

3.5.4 Regulation Based Requirements

The Child and Family Agency have 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 have 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

- Centre management must ensure that pre-admission risk assessments and the impact assessments are completed at the outset of an admission. These should inform safety plans which adequately address how the staff will manage the impact of a young person's risk taking and outburst behaviours on other residents.

4. Action Plan

Standard	Required action	Response with time frames	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The governance of the service must be made more robust and accountable. There must be clear systems in place to track how management oversee the operational practices and procedures and track how they are implemented.	From 11-Sep-2017: The Director has put a regime in place where he has dedicated a significant block of time on a daily basis to track operational practices and procedures from Policy to implementation. This will cover all areas of Policy, including Supervision, Training, Recruitment and Vetting, Child Protection and Significant Events.	In order to achieve this, the Director has gotten agreement from the Board of Management to alter relevant parts of his job description. Any shortcomings found in this process will be notified to the centre manager promptly in writing to ensure effective outcomes.
	The centre manager and director of care must undertake more robust oversight of centre administrative files to include daily logs, ensuring adherence to centre policies and procedures.	From 06-Oct-2017: The centre manager will ensure the Daily Logs are monitored and any lack of adherence to centre Policies will be immediately highlighted to the relevant staff and the Director.	Where there are any patterns of issues arising in this oversight, these will be addressed formally in Supervision.
	Centre management must ensure that all personnel files are up to date and comply with requirements.	From 14-Sep-2017: The Director's assistant will forward all verifications on qualifications to the centre manager for placing in personnel files. From 13-Sep-2017: Staff have been told to bring in their qualification certificate for a copy to be placed in their personnel file.	The Director's assistant has been informed that all verifications must be emailed to the centre manager to be placed in personnel files. Staff unable to give a copy of their qualification must supply a letter for their personnel files explaining why the certificate is not available. The Director's assistant to try to verify the staff's qualification.

	Centre management must ensure the significant event register is completed and up to date.	From 18-Oct-2017: The SEN register will be altered to ensure more efficiency of reporting. All staff will be informed at the Staff Meeting of the importance of completing the form clearly and succinctly. Template attached.	From 06-Oct-2017: The centre manager will monitor and review the SEN register weekly and highlight any errors or deficits to the specific staff and discuss at the next Staff Meeting. All SEN Total forms will be kept together to ensure ease of cross referencing and that the forms are completed correctly and in full.
	Centre management must ensure that staff supervision is completed in the appropriate timeframes, as outlined in service's own policy.	From 06-Oct-2017: Supervision will be completed within the timeframes stated in the Policy & Procedure document. At the current time, the centre manager will continue to supervise all of the care team. There may be an opportunity to attend Relational Approach Supervision Training before the end of the year and the Supervision structure may be reviewed at that stage	From 06-Oct-2017: Individual staff will write their own Supervision Record after Supervision and give it to the centre manager for review. This will free up the centre manager to supervise all staff regularly. The Director will oversee Supervision records on a quarterly basis.
	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 staff teams were asked to suggest training they felt would be beneficial. Drug awareness and family work were suggested by two staff members. Proposed Training Schedule attached.	From 18-Oct-2017: The staff team will again be asked to supply details of training they believe will be beneficial to them. A record will be maintained detailing the date, the staff member and their suggestion. This will be discussed at the Staff Meeting and will be focusing on training for 2018.
3.4	Centre management must provide training to the staff team on complaints processes to ensure the care team understand the difference	From 18-Oct-2017: A more comprehensive set of guidelines explaining formal complaints, informal complaints and allegations has been compiled. The guidelines explain the procedure	From 18-Oct-2017: These guidelines will be discussed at the Staff Meeting and will be in use immediately.

	between complaints, informal complaints and allegations and the separate procedures to manage and process same.	that needs to be followed for each, including how they are recorded and notified. Guidelines attached.	
	Centre management must ensure that all complaints are processed in line with the service's own policy on the management of complaints.	From 06-Oct-2017: The Complaints register will be altered to include the date the Social Worker was verbally informed of the Formal Complaint, the date the Social Worker received the completed SEN Complaint, the Social Workers response to the Complaint, the young person's response and if an appeal was requested. The completed Complaint will be forwarded to the designated people for significant events and the Director will receive a copy of the completed Complaint. The centre manager, who is also the Complaints Officer and completes the register, will also sign off on each Complaint in the register.	The Director will monitor and review the Complaints register.
	Centre management and senior management must strengthen their own governance and oversight across complaints and allegations to ensure that all matters are responded to appropriately.	From 18-Oct-2017: The staff team will have the guidelines to refer to when it comes to Formal and Informal Complaints and Allegations, after it is discussed at the Staff Meeting. The centre manager will improve oversight over the Daily Logs. A new system of written communication between the centre manager and staff team has been initiated. The centre manager records the Changeover from staff daily and will record significant communications with staff during each shift.	With more robust oversight from the centre manager and the regular monitoring by the Director, complaints and allegations should be responded to appropriately.

3.5	<p>Centre management must ensure that pre-admission risk assessments and the impact assessments are completed at the outset of an admission. These should inform safety plans which adequately address how the staff will manage the impact of a young person's risk taking and outburst behaviours on the other residents.</p>	<p>From 06-Oct-2017: Pre-admission Risk Assessments and Impact Assessments are completed as part of the Local Process Form at the referral stage. The information will be taken from the form and recorded separately, and will inform Safety Plans. These plans will be reviewed and updated as we meet and get to know the young person during Pre-admission Visits.</p>	<p>From 18-Oct-2017: These Assessments and Safety Plans will be closely monitored, as they will be devised based on written reports and not on knowing the young person personally. The centre manager will discuss these assessments at the Staff Meeting, reminding staff that often difficult behaviour is often the result of the chaos and uncertainty a young person is feeling at a given time and may not materialize during the Pre-admission visits. The staff team will be made aware that the Assessments and Safety Plans need to be viewed as guidelines, rather than as a directive from the centre manager, and all concerning behaviours need to be risk-assessed at the time.</p>
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