



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 058

Year: 2017

Lead inspector: Noreen Bourke

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Positive Care
Registered Capacity:	Three young people
Dates of Inspection:	2nd of March 2017
Registration Status:	Registered from the 24th of May 2017 to the 24th of May 2020
Inspection Team:	Noreen Bourke
Date Report Issued:	June 2017

Contents

1. Foreword	4
1.1 Methodology	
1.2 Organisational Structure	
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.1 Purpose and Function	
3.2 Management and Staffing	
3.5 Planning for Children and Young People	
4. Action Plan	23

1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Methodology

The centre was granted their first registration in 2014 to accommodate three children of both genders from age thirteen to seventeen years on admission on a short to medium term basis. This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the on-going operation of the centre in line with its registration. This inspection was announced and took place on the 2nd of March 2017.

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.

- ◆ An examination of the questionnaires completed by:
 - a) Nine of the care staff

 - b) Two of the social workers with responsibility for young people residing in the centre.

- ◆ An examination of the centre's files and recording process.

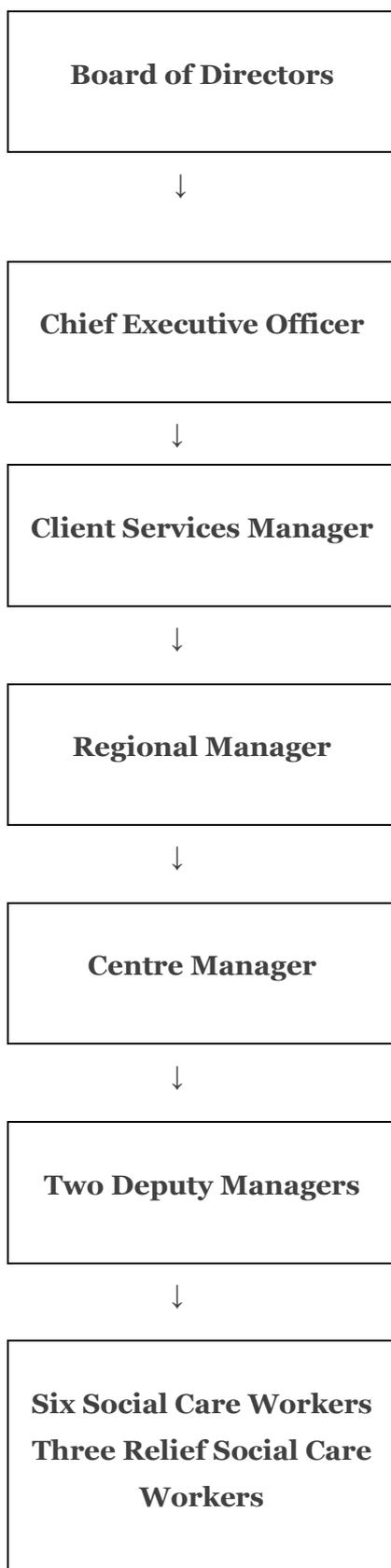
- ◆ Interviews with relevant persons that were deemed by the inspector as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) The regional manager
 - c) Two deputy managers
 - d) Three young people
 - e) The lead inspector for the organisation
 - f) Placing social workers for two young people
 - g) Two social workers for young people recently discharged from the centre.
 - h) Parents for two young people
 - i) Five staff who have left 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 inspector 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, all inspection findings over the past three years and assessment of the submitted action plan deem the centre to operate in adherence to regulatory frameworks, the National Standards for Children's Residential Centres (2001) and in line with its registration. As such the centre is registered without conditions from the 24th of May 2017 to the 24th of May 2020.

3. Analysis of Findings

3.1 Purpose and Function

Standard

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

3.1.1 Practices that met the required standard in full

A statement of purpose and function was evident in writing and appropriately described the centre as providing care to four children aged 13 – 17 years of age, on a short to medium term basis.

The aim of the centre was to provide high quality care that is responsive to the individual needs of the young people within a child centred, supportive and safe environment. A programme of care specific to each young person is devised by staff. These were influenced and based on individualised care plan and placement plans and were made accessible for review to the Inspector. They aimed to assist young people in developing physically, socially, morally, emotionally, cognitively and educationally. The needs of young people were met through the medium of therapeutic relationships developed between the care staff and young people. The purpose and function document was reviewed on an annual basis by the senior management team and was last reviewed in October 2016.

The care framework used by the service does not endorse a particular model of care but outlines the principles of therapeutic care. It relies on a care framework that takes account of four stages of the life of a young person in their placement. The first is the entry and admission stage where the needs of the young person are assessed. The second stage, allows for the young person to settle into their new environment and for planning and development to take place based on the assessed needs of the young person. The third phase incorporates an expectation that the young person will have developed significant relationships with keyworkers and staff. The purpose of such relationships is to allow for the formation of what is called a ‘therapeutic alliance’ between the young person and staff in order for the young person to reach their placement goals. The fourth stage takes account of the young person’s transition from the centre and engagement with the leaving and after care service.

The work at the centre is supported by a comprehensive policy and procedures document in relation to planning for young people, care of young people, young people's rights, safeguarding and child protection, staffing and staff procedures. Staff were introduced and made familiar with the policies and procedures of the centre as part of their programme of induction.

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

None identified.

3.2 Management and Staffing

Standard

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

3.2.2 Practices that met the required standard in full

Management

While the practice of staff recruitment was good, the inspector found issue with the high level of staff turnover in the centre. The centre had three different managers and seven changes to the core team in the last two years. Of the core team five transferred to other houses within the service and two left the service to pursue further careers. The centre manager was in position for four months however had nine years residential experience with five years deputy manager experience. The first deputy manager was in the position for twelve months and had seven years residential experience with the company. The second deputy manager was in position for 12 months and had thirteen years residential experience.

Register

A register of all those who live in the centre was maintained by the centre manager. The admission and discharge details of residents were accurately recorded. The register was up to date on examination. There was a system in place where duplicated

records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The inspector found that significant events were notified to the relevant parties in a prompt manner. There were good systems in place for the monitoring and review of significant events. Social workers received a weekly report on all aspects of the child's life within the placement; these reports included issues of significance in the life of the young person. When it was deemed necessary meetings were held with professionals involved with the young person as part of the process of reviewing events that were concerning or that posed a risk to the safety of the young person. The inspector with lead responsibility for the centre received reports on all significant events. One parent stated to the inspector that they were not notified in a timely manner of significant events involving their child. Parents are linked in with on a weekly basis and notified of the progress of young people and of any issues arising. The centre manager confirmed that significant event reports are not sent to parents if the child is placed on a full care order. The placing social worker and the centre manager must agree on a process for the notification of significant events to parents.

The service had good systems in place to provide oversight of the risks posed to the young people. These included an audit of the young people's placements by the regional manager, review of significant events by the centre manager, weekly reports to the placing social workers and monthly reports to the inspection service on relevant aspects of the life of the centre. Pre-risk admission meeting took place prior to a young person being placed at the centre. All young people had up to date Individual Absent Management Plan, and Individual Crisis Management Plans, (ICMP) and these were reviewed and updated on a regular basis.

Supervision and support

The centre had a written supervision policy. Supervision files were examined and there was evidence that prior to the current manager taking up the position that supervision of staff had not been regular. Substantial improvements have been made and all staff received regular formal supervision with the centre manager every four to six weeks. The regional manager was supervised by the national service manager on a monthly basis and the regional manager provided formal supervision to the centre manager. The inspector reviewed the supervision of the trainee social care workers and there was evidence on file that they were provided with extra

supervision and support. The service had a specific supervision policy to support this. The regional manager through the monthly audit reviewed the provision of staff supervision and feedback was given to the centre manager on any deficiencies in the provision of supervision.

Staff team meetings were held on a regular basis and there was evidence of good attendance by staff at these meetings. All staff had the opportunity to attend. The inspector reviewed the recorded minutes of the most recent team meetings and there was clear evidence that the young people's placements formed the basis for team discussions. There was evidence that the team was able to raise issues of concern. The team in their discussions were alert to the impact of new members of the team on the life of young people in the centre. They were actively looking at ways of how best to address this particularly for the young person who was longest in the centre.

Administrative files

The young people had a secure individual care file which maintained appropriate levels of privacy and confidentiality about the young person's history and circumstances. Information such as a copy of a birth certificate, care order and statutory care plan were on file for two young people. The centre manager had requested statutory information regarding the recent admission of a young person. The recording systems were well maintained and structured and held a record of the daily life of the young person; individual work undertaken by staff along with key work sessions. There was good evidence on file of individual work done by care staff with the young people in supporting them in achieving the objectives of their care plan.

3.2.1 Practices that met the required standard in some respect only

Staffing

Two of the core staff had between them 24.5 months experience in total. Four of the core staff had between them 26 months experience. It was evident that the centre was heavily reliant on new staff that had minimum experience of residential child care. A specific challenge facing the team relates to team formation and the consistency regarding the delivery of care to young people. In conversation with the inspector one of the young people found the change of staff difficult and unsettling.

The inspector reviewed the recent discharges of young people from the centre. There was evidence from a number of sources which indicated that the lack of experience within the core team was one of the factors highlighted as having had an impact on the capacity of the service to fully sustain these placements. Further evidence from team and management meetings indicates that the team was striving to enhance their team cohesion and skill base and to build meaningful relationships with the young people. The inspector requires that the service continues to review its ability to maintain a consistent staff team as the philosophy of care provided by the service is based on the formation of relationships between the care staff and young people in the realisation of the therapeutic relationship.

The inspector found that despite the limited residential care work experience within the team, they were committed to ensuring that the placement plans for the young people were realised. This view was confirmed to the inspector by the placing social workers who were confident of the current team's ability to achieve the objective as set out in the care plans for the young people.

Information provided to the inspector regarding staff currently employed at the centre include the following grades, one social care manager, two deputy managers, six social care workers and three relief social care workers supported the team. One member of the core staff was unqualified and a second did not have the relevant qualification in social care. The regional manager confirmed that the non-qualified staff member was always on duty with a qualified member of staff, and that they were provided with extra supervision and support. One staff member was pursuing a course in social care with the view to obtaining the relevant qualification and the service was supportive of this. The plan going forward was to support the second member of the team in the pursuit of a relevant social care qualification. The centre manager confirmed to the inspector that the current core level of staff was sufficient to meet the needs of the three residents and there are adequate numbers of staff on duty at all times.

The inspector examined the personnel files and was satisfied that the required references and Garda vetting was on file for all staff members. There was evidence that verbal checks had been undertaken and references across all the personnel files inspected.

The inspector found that there was a clear management structure in place within the organisation which facilitated accountability. The regional manager had responsibility to provide external management supervision and support to the centre.

The centre manager had additional support through participation in a national manager's forum once every two months. The regional manager also had a forum to meet with managers within the local geographical area.

The inspector was provided with written evidence of regional and national team management meetings. There was evidence to suggest that the service was in the process of looking at sustaining difficult placements and how best to utilise resources from the wider service. This included calling on the resources of the psychologist attached to the service and sourcing alternative suitable placements within their service. The inspector is of the view that young people and staff will benefit by having such strategies in place.

An out of hours on call support system was in place for staff. This was provided on a rotational basis by centre and regional managers.

Training and development

The service provided a training programme for the on-going development of staff. The team's training needs are monitored by the centre and deputy managers and regular training is scheduled for all staff. The staff team had been provided with training in the following areas; behaviour management, first aid, fire safety, manual handling and Children First 2014. The inspector examined the training attendance records and found evidence that for the most part the team have attended the requisite training. One member of the core team required training in first aid and a second required training in fire safety. Two of the relief staff required training in both first aid and fire safety. A training schedule was in place to address the deficits in training. Staff had the opportunity to participate in further training in areas of understanding self-harm, manual handling, care framework, self-talk, and report writing.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 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 21, Register.*

The centre have 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 service directors must review its ability to maintain a consistent staff team within the centre.
- The centre manager must ensure that training is provided to staff in the area of fire safety and first aid.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

The centre had a clear policy of admission to the centre. Referrals are accepted from the National Placement Team. A pre-admission risk assessment is undertaken by the management of the service in consultation with the placing social worker. This is followed by a pre-admission meeting to determine the ability of the service to meet the needs of the young person and manage risks. The young people were suitable placed.

Consultation with Young People

The inspector met with two of the young people individually and met with the third young person briefly and informally. Young people were provided with age appropriate written information describing all aspects of the centre. The young people stated that they understood the reason for their being in residential care.

They spoke positively about life in the centre. Issues raised by one young person with the inspector included having friends visit them at the centre, access to internet, and recreational games for use in the centre. The regional manager stated that young people were encouraged to have friends visit at the house; however, this had recently come under review due to the inability of the young person to manage this in the environment of the home. These issues were relayed to the regional manager who agreed to address them.

Contact with families

The inspector found that the level of family contact is regularly reviewed by the centre manager and the supervising social worker. Supporting and facilitating contact with family members of the young people is an integral part of the work undertaken by staff at the centre. Family access is supported where possible and when it is in the best interest of the young person. The placing social workers confirmed that access arrangements for the young people were progressed as outlined in the care plans for the young people. The centre staff were pro-active and supportive in engaging with families to encourage and facilitate access.

Where a young person did not have contact with their family, there was evidence that individual work was done with the young people in explaining the reasons for this and supporting the young person in their understanding of family and in their own identity.

Supervision and visiting of young people

The inspector found good evidence that the social workers currently assigned to young people resident at the centre were carrying out their roles and responsibilities in line with the regulations and standards. Records of visits by social workers to the young people were recorded on the file of the young person. Social workers read and signed the records of the young people.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know

that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

The young people in placement had an allocated social worker. The centre manager confirmed that there was good communication between the placing social workers and the centre manager, and that they received relevant background information on young people prior to the placement of the young person. The social workers received written notification of significant events and all incidents of physical restraint. The placing social workers confirmed that they received weekly written reports from the centre manager on all relevant aspects of the young people's placement. Meetings were held with management of the service and the placing social workers. The focus of these meetings was on the review of significant incidents particularly when they involving the use of physical restraint, a review of absent management and of the resulting risks posed to the young people. Safety plans and intervention strategies were put in place to further support the young people in placement. The social workers interviewed were satisfied that the placements were meeting the needs of the young people.

Preparation for leaving care

One young person in placement was eligible for referral to the statutory leaving and aftercare service. The placing social worker for the young person confirmed that an aftercare assessment was completed as part of the referral process to the statutory aftercare service. A referral had been made to the relevant aftercare services and was awaiting the allocation of a leaving and aftercare worker. The placing social worker also confirmed that the centre had begun a programme of support in preparing the young person for the move to aftercare through the development of independent living skills.

Discharges

Three young people were discharged from the centre over the last two years. One was a planned discharge in accordance with their care plan. The second resulted in the young person transferring to another centre within the service which facilitated semi-independent structure based on the needs of the young person. The placing social worker acknowledged that the young person did not co-operate with either of these placements and that efforts were made by the centre to support the placement. The

third young person returned home at the requests of their parents. This placement ended in agreement and in conjunction with the placing social work departments.

Children's case and care records.

A secure individual care file was maintained for the young people at the centre. The file contained all of the statutory information. The recording systems were well maintained and structured to ensure effective organisation, placement planning and decision-making. Individual key-work was recorded on the file. There was evidence that the centre manager reviewed and provided oversight of care records. The regional manager provided quality assurance of all recording systems with the centre in their monthly audit of the centre.

3.5.2 Practices that met the required standard in some respect only

Statutory Care Plans

Placements were supported by statutory written care plans, developed by the placing social workers in consultation with residential care staff, and significant others. One young person was in placement four weeks without a relevant care plan; their care plan on file was specific to a previous placement

Two young people had statutory care plans. The inspector reviewed the care plans and found that they identified the aims and objective of the placements, and the support to be provided to the young people. The plans outlined the arrangements for access to the young people by parents, relatives and other named significant people in their life. Dates were set for the review of the plans.

The care plans included an assessment of the needs of each young person's educational, social, emotional, and behavioural and health requirements. The plans identified what actions were required within the placement to support the welfare of the young people. The care plan was supported by the centres placement plan. The placement plan set out the objectives of the placement, and how the assessed needs of the young person are to be met by care staff within the centre. The inspector's findings in relation to the placement plans were that they were consistent with the overall plan of care for the young person. They were comprehensive and detailed; they outlined the purpose of the placement and the aim of staff and the actions

required by staff in supporting the young person in achieving their goals and objectives.

The views of the parents were not recorded in the care plans. However, one of the parents confirmed to the inspector that they were involved in the process of consultation through meetings and in telephone contact with the placing social worker. While they felt that their views were sought they had some issues with the delivery of the care plan. This was in relation to whether or not the appropriate specialised assessment of the child had been undertaken. The child was on a waiting list for an investigative medical procedure and awaiting appointment. These two issues impacted on their confidence in seeing the placement as being of benefit to the child.

The parent of the second child stated that they were not involved in the process of care planning. They acknowledged receiving phone calls from the placing social worker, they also stated that they were told that meetings were due to take place but were never invited to attend child in care review meetings. They could not recall having received the minutes of the decisions of statutory child in care review meetings or of having received a care plan. There were four changes to the placing social worker in the previous six months. These issues were addressed by the inspector with the placing social worker directly.

Care planning reviews

For the young people with care plans their placements had been the subject of statutory care plan reviews. The update care plan and the key-worker reports to the review meeting were on file at the centre.

The parent for one young person confirmed to the inspector that they were invited to participate in the review process; however they did not always attend the review meetings. They confirmed that they were provided with a written copy of the care plan and the decisions of the statutory reviews. The parent for the second young person stated to the inspector that while they were informed that statutory meetings were to take place that they were never invited to attend. They have not received the minutes of the decisions of the review meetings. A new social worker had recently been assigned to the young person and the parent confirmed that the social worker have been in contact with them. They have agreed to meet to discuss the care plan and plan for their attendance at the next child in care review meetings.

For the most part two of the young people attended their review meetings. They both stated that they were included in the decision making process regarding their care. However, one young person stated that while they were included in the decision

making process they felt somewhat disengaged from the meetings. This was in part due to having had four different social workers in the last six months and they found it difficult to get to know new people. This combined with the changes to the staff team left the young person feeling vulnerable. The young person was due to leave the care system in the next two years and was particularly anxious about this. Previous information provided to the young person regarding the leaving and after care system was not in keeping with the policy on after care. He was of the view that because he was not in education that he was not entitled to an after care service. The young person stated that their new social worker had been in contact with them and felt confident in being able to have a relationship with them.

The young people confirmed they received a copy of the minutes of the decisions of the review meetings. When they did not attend their review meetings they were helped to prepare for the meetings by their key workers and were confident that the manager represented their view to the meetings. A third young person did not attend their child in care review meetings due to their age and the impact on their emotional well-being. They were met by their social worker before and after the meeting and explained the reason for the meeting and decisions made.

For this young person a number of professional meetings took place outside of the statutory child in care review meetings. The purpose of these meetings was to review the placement and in particular behaviours that challenged. The meeting took account of the need to develop a therapeutic programme of care within the placement and of how this was to be delivered using the resources of the service. Outside of these meetings the young person had access to a range of specialist services including assessment. However there appeared to be some ambiguity regarding who had access to the findings of the assessments and of the recommendations contained within the reports. It is important that there is clear oversight of the recommendations of such reports in respect of the work to be undertaken with the child and if it is deemed necessary that these recommendations are incorporated into the therapeutic programme of care within the placement.

There was evidence that the overall planning in respect to this young person was detailed; it outlined supports to the young person in the areas of education, how best to support the young person and their family within the milieu of the therapeutic programme devised by the centre. The plan also contained a review and analysis of the risks posed to the young person with a view to keeping the young person safe.

The young people had key workers assigned to them from the care staff team. Their role was to provide individual guidance and support to the young people. Their work

was informed by the therapeutic programme which was overseen by the clinical psychologist attached to the service. They were assigned to undertake specific pieces of work with the young people as outlined in their placement plans. The inspector reviewed this assigned work and there was evidence that the work was in line with the overall objectives of the placement plan. The regional manager for the service undertook a monthly audit of the care and placement plan for each of the young people. The inspector reviewed a sample of audits over a period of months. The audits took account of the health, educational, access arrangements, any risk posed to the young people, key working and individual work completed in respect of the young people's placements.

Emotional and Specialist Supports

The individual therapeutic needs of the young people were assessed by the clinical psychologist within the service. Specific programmes of work were assigned to key workers and care staff to undertake with the young people. One young person in particular had responded well to the therapeutic programme of care and there was evidence of a positive outcome in the overall wellbeing of the young person.

The centre manager in conjunction with the placing social workers ensured that the young people had access to appropriate therapies when it was deemed to be in the interest of the child. These included Equine Therapy, engagement with the Child Adolescent and Mental Health Services, (CAMHS), and Pieta House. However, as stated above there was a need to ensure that all parties involved in the life of the child including the child's family had an understanding of the recommendation of any assessments reports. There must be clear oversight of the recommendations of these reports in respect of the work to be undertaken with the child, and of how this work is to be done.

3.5.4 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 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

- The social worker should provide a copy of the care plan and minutes of the decisions of the statutory child in care review meeting to the young person recently admitted to the center, unless this is putting the welfare of the child at risk.
- Social work management must take steps to ensure that the views of parents are reflected in the care plans. The parents receive a written copy of the care plan and where appropriate parents are included in the reviewed of such care plans.
- The social worker must review the recommendation of the specialist reports and have a clear oversight as to how the recommendations are to be carried out and how the outcomes for the child are evaluated.
- Social work management must take steps to ensure that the child has access to specialist services in respect of the investigative medical procedure.
- The social worker for the young person due to leave care is given every opportunity to engage with the aftercare service and are provided with appropriate information based on the leaving and aftercare policy.

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.1	The service directors must review its ability to maintain a consistent staff team within the centre.	<p>This remains on-going and is something the service is conscious of. Whilst there has been staff turnover in the past, we are striving to maintain a consistent team in and there is a low level of staff turnover within the current team.</p> <p>Supervision will continue to be regular for all staff members as the importance of it is hugely recognised within the centre.</p>	<p>The organisation will continue to provide external supports in terms of Psychologist input, team training and debrief days and Employee Assistance Programmes and Education Assistance Programmes. As part of planning for staff retention Positive Care have rolled out a new bonus scheme which is aimed at promoting staff retention.</p> <p>The organisation continues to ensure exit interviews are done with all staff upon leaving or transferring to other units and apply learning from this.</p> <p>Unit Manager and Regional Manager to continue to monitor training (compulsory & optional), and provide feedback to staff team.</p> <p>Supervision will continue to ensure staff in the centre are afforded the time to be guided and supported in their work practice.</p>
	The centre manager must ensure that	All staff have been trained in fire safety	Fire Safety and First Aid are mandatory

3.2	training is provided to staff in the area of fire safety and first aid.	training. All staff's certs have been sent on as evidence of same. These may have been missed at time of inspection.	training within the organisation and we will continue to monitor statistics and ensure all staff are fully trained.
3.3	The social worker forward a copy of the care plan and minutes of the decisions of the statutory child in care review meeting to the young person recently admitted to the center.	A request for same has been made by Unit Manager.	Unit Manager will continue to type their own minutes of meetings and send to Social Worker for approval and place on file. These will be replaced with the official minutes once received.
3.4	Social work management must take steps to ensure that the views of parents are reflected in care plans. The parents receive a written copy of the care plan and where appropriate parents are included in the reviewed of such care plans.	As discussed at time of inspection this is in relation to a young person under Full Care Order who is at significant risk by being in communication with family members. As recommended in verbal feedback this was revisited at Care Plan review on the 9 th March and the same agreement remains in place. We will continue to be guided by the Social Work Department in relation to this.	We will continue to work with parents in line with the recommendations from Social Work Departments.
3.5	The social worker must review the recommendation of the specialist reports and have a clear oversight as to how the recommendations are to be carried out and how the outcomes for the child are evaluated.	This was discussed in a recent care plan review on the 9 th March and Inspectors concerns raised. We continue to await response.	

<p>3.6</p>	<p>Social work management must take steps to ensure that the child has access to specialist services in respect of the investigative medical procedure.</p>	<p>As discussed at time of Inspection the young person is currently on a waiting list for this medical procedure. We requested at a recent care review on the 9th March for Social Worker support, if possible, to escalate the young person up the waiting list. We still await response.</p>	
<p>3.8</p>	<p>The social worker for the young person due to leave care is given every opportunity to engage with the aftercare service and are provided with appropriate information based on the leaving and aftercare policy.</p>	<p>(social worker) have met with the young person since receiving the draft inspection report and the aftercare service was explained. It was also made clear to the young person that the aftercare service is available to every young person that has been in the statutory care of the Child and Family Agency for a minimum period of 12 consecutive months on their 16th birthday regardless of whether they are enrolled in education/training/</p>	<p>(Social Worker) will ensure the appointment of an aftercare worker for the young person. This will create the space for the young person to work in partnership with the aftercare worker in order for a preparation for leaving care plan to be devised.</p> <p>On following meeting with the young person, space will be created for us to discuss the aftercare service.</p> <p>(Centre response) We continue to use the Pathways programme with the young person and have developed our own independent living programme for him to follow in a bid to support him in independent living. We will also support him in securing accommodation</p>

			within the area he wishes to live however it is imperative he is assigned an aftercare worker regardless of his educational status.
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