

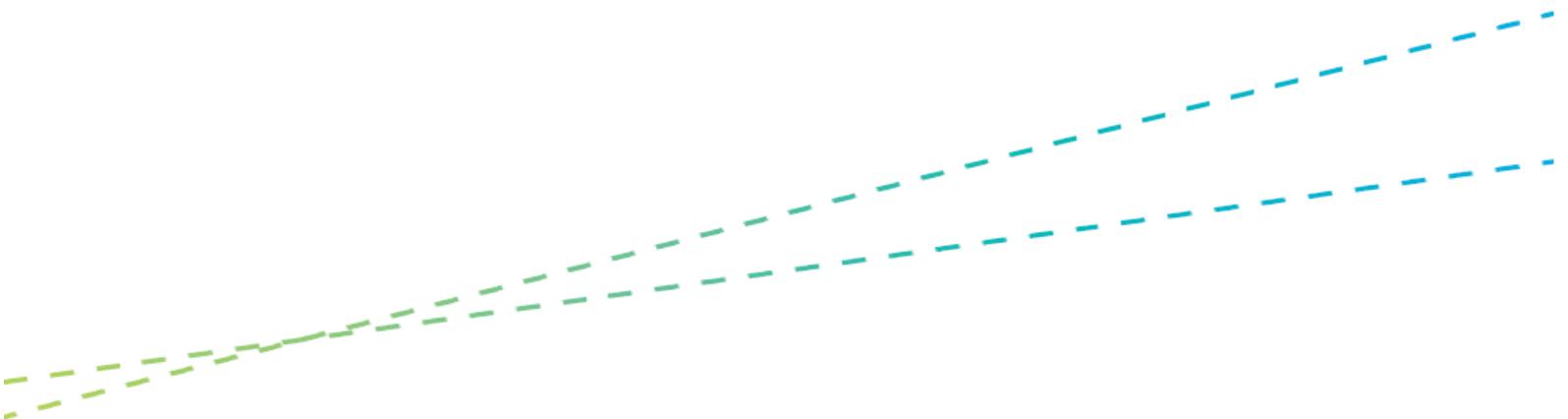


An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	060
Year:	2016
Lead inspector:	Gary O'Connell

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Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Terra Glen Respite Services Ltd.
Registered Capacity:	Two young people
Dates of Inspection:	13th & 14th of April 2016
Registration Decision:	Registered with a condition attached from 15th of April 2016 until 13th August 2017
Inspection Team:	Gary O'Connell Orla Griffin
Date Report Issued:	10/02/17

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1. Foreword

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

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

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

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

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

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

1.1 Methodology

An application was duly made by the proprietors of this centre for continued registration on 02nd of February 2016. This unannounced inspection took place on 13th, and 14th of April 2016 over a two day period and this 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 centre's files and recording process.

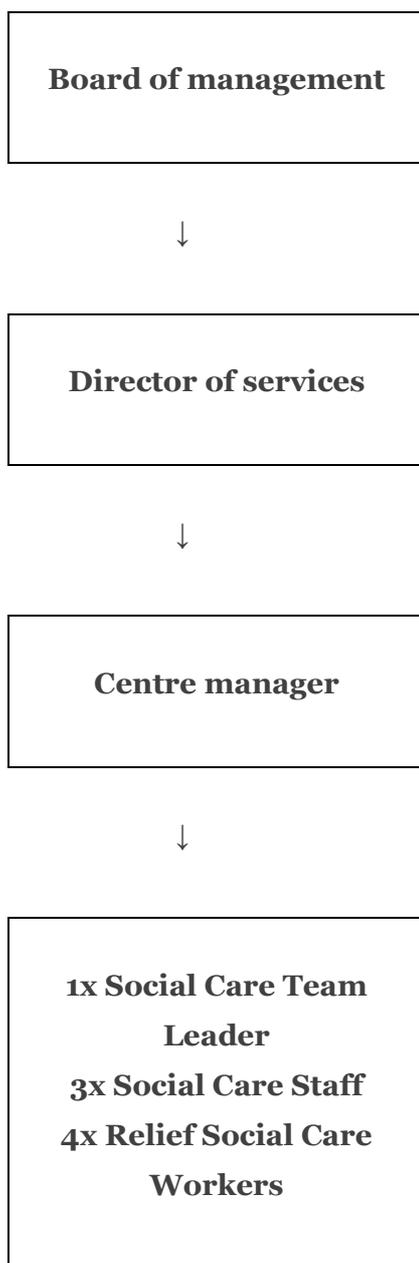
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) Two care staff members
 - c) One young person
 - d) The monitoring officer
 - e) Two allocated social worker
 - f) The director of services

- ◆ Observations of care practices routines and the staff/young person's interactions.

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on this date 09/12/16 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres. As such it is the decision of the Child and Family Agency to register this centre with an attached condition pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. The condition being that centre management must remain stabilised and that a consistent staff team must be maintained in order to provide care to young people that is in line with your state model of care and takes account of the number of young people residing in the centre and the nature of their needs.

The period of registration being from the 15th of April 2016 to 13th of August 2017.

3. Analysis of Findings

3.1 Purpose and Function

Standard

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

3.1.1 Practices that met the required standard in full

None identified.

3.1.2 Practices that met the required standard in some respect only

The centre had a written statement of purpose and function; this was reviewed in February 2016. This describes the centre as a medium to long term residential placement setting for two young people both male and female between 12-18 years of age. The centre states that they endeavour to provide our young people with a warm, safe, comfortable and non-judgemental environment, in order for them, to grow and reach their maximum individual potential. This centre accepts referrals from TUSLA, Child and Family Agency nationally.

The centre had a clear and comprehensive written policy and procedures document that outlined a number of policies that support staff in carrying out their duties. In interview the centre manager stated the policy and procedures were reviewed in April 2016 by organisational management. The care staff, through interview, did present as having a consistent familiarity with the policy and procedures of the centre.

The centre's model of care informs care staff by the use of a pro social model and attachment theory. The centre manager in conjunction with the director of services had designed the model of care. The inspectors noted that not all of the care staff had been trained in the model of care and this will be discussed in more detail further in the report. In interview care staff did not state that this model of care is a guide and how the model of care informs practice. Centre management must ensure that all care staff are trained in and understand the model of care.

At the time of inspection there were two young people residing at the centre, one 17 years of age and another 16 years of age. The inspectors note that one young person was to be discharged to a follow on placement post the inspection. Inspectors found that the placement of these young people resident at the time of this inspection was

in accordance with the statement of purpose and function. However, the review of admissions and discharges reflected that placements at the centre had not consistently been in line with the medium to long term aspect of the purpose and function with several young people being discharged after a short period.

While the day to day operation of the centre, in general, reflected the stated purpose and function, inspectors identified deficiencies in management, staffing, training, aftercare planning and suitability of admissions will be discussed further in the report.

There was a written information booklet available to young people and families on admission to the centre. The centre did not have a booklet for social workers and professional and the inspectors recommend that they are completed by the centre management.

3.1.3 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must ensure that all care staff are trained in and understand the model of care.

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 register includes information such as the name of the young people, the allocated social worker and the follow on placement. The inspectors found that all of the details of the young people discharged were recorded such as their date of admission. The inspectors noted from the register there had been four admissions since the previous inspection in 2015 and this is a high number given the purpose and function of the centre. There was a system in place where duplicated records are kept centrally by TUSLA, the Child and Family Agency.

3.2.2 Practices that met the required standard in some respect only

Management

The organisational structure of the centre comprises of a board of management, a director of services, centre manager, social care leader with responsibility for three social care workers and four relief staff. The inspectors noted a change in social care leader since the last inspection and the role is currently an acting role. The current centre manager had a recognised social care qualification and had been in their current post for over a year. The centre manager is on site from 9 to 5 Monday to Friday. The inspectors note that the centre had a policy on the on-call service and this was provided by organisational management. In interview the centre manager stated that the on-call system was being reviewed by organisational management for it to be more affective and inspectors recommend that they are informed of the outcome to this review.

The centre manager was responsible for overseeing daily practice within the centre. The inspectors evidenced improvements since the last inspection of the centre manager satisfying themselves that appropriate and suitable care practices are in place by using a range of methods to oversee the work of the centre including

observation of staff practice, regular contact with the care staff and young people, facilitation of the daily handover and team meetings.

The previous inspection report 2015 stated more emphasis is required in establishing the centre manager role in terms of effective leadership, and in ensuring that the suitable and appropriate governance and operational practices in place are adequately robust. In interview the centre manager stated they had not attended any external training to support them in their current post since the previous inspection. The centre manager stated they received peer support from other centre managers within the organisation but it is not recorded. Inspectors note that this peer support was not sufficient as it does not promote accountability. Inspectors recommend organisational management review with the centre manager suitable support and training that can be provided to the centre manager to support them in their role.

The centre manager is supported in their management function by an acting social care leader with responsibility. The inspectors noted a change in social care leader since the last inspection. The social care leader had a recognised social care qualification and had been employed within the organisation for a number of years and in their current post for a number of months. In interview the social care leader stated they did not interview for this post and they had a one day induction to the role of acting social care leader. The inspectors did not evidence this one day induction on the care files and the lack of induction of centre management had been highlighted in the previous inspection report. The acting social care leader stated they had not received any internal or external management training to support them in their current post. Inspectors did not evidence from review of the files consistent support to the acting social care leader. Centre management must ensure suitable support; training and supervision will be provided consistently to the acting social care leader.

The centre manager stated they are to go on extended leave and a new centre manager was to be appointed for this period. In interview the director of services stated that a suitably qualified person had been identified to perform the centre manager role and they will receive a comprehensive induction prior to the centre manager going on leave. Inspectors recommend that the new centre manager evidence that they are suitably qualified for the role of centre manager and the comprehensive induction they did receive.

Given that there will be an acting centre manager, the inspectors recommend that the organisational management review the acting social care leader role and decisions are made so to have a consistent centre management structure.

The inspectors observed from the files that the centre manager attended monthly director meetings within the organisation. These meetings are to support the board of management to satisfy themselves that suitable and appropriate practices are in place. The inspectors reviewed a cross section of the centre manager reports to the director meeting and found they were happening within the timeframe stated, are structured and of a good standard. These reports cover areas such as young people, staffing and maintenance. The inspectors reviewed the minutes of these directors meeting and found they were predominately hand written and hard to read, lacked detail on issues discussed pertaining to the centre and did not have an issues requiring action section with timeframe for completion of tasks. Inspectors recommend that organisational management must review the recording of the directors meeting minutes to provide detail on areas discussed and to have an issues requiring action section with timeframe for completion of tasks. In interview the centre manager stated the organisation had begun managers meeting fortnightly between the director of services and the centre managers in the organisation. Minutes of these meetings had not been available to inspectors. Inspectors require that the fortnightly management meeting have begun and are being maintained within the stated timeframe.

The inspectors evidenced that the director of services had a recognised social care qualification and had been within the organisation for over a year. Inspectors evidenced to a good standard from interview with management and review of the centre files the director of services maintained regular contact with the centre manager and visited the centre on a regular basis. Inspectors were unable to review the records of the centre manager's supervision.

The director of services carries out internal audits on the work of the centre. At the time of the inspection the director of services was on annual leave and inspectors could not review these audits and requested same post inspection. The inspectors were provided with two audits that took place in early 2015. Organisational management must ensure internal audit are completed consistently to satisfy themselves that appropriate care practices are in place.

The director of services stated they report to the board of management and support the centre through the provision of necessary resources, and approve the statement of purpose and function and the relevant policies.

Notification of Significant Events

The centre had a policy on significant events. The centre had a notification system in place which informs relevant parties of all significant event notifications concerning young people in the centre. The inspectors evidenced from the files that the significant event notifications are completed and have detail in relation to the incidents with good use of life space interviews. The centre maintains a significant event notifications register and this was of a good standard with signing by centre management. However the inspectors noted that a significant event notification had not been recorded on the register and recording needs to be consistently reviewed by centre management.

The monitoring officer stated in interview that significant events had been reported consistently in a timely fashion. Social workers in interview stated significant events had been reported consistently to them. However, inspectors found that significant event notifications were not consistently responded to by social workers and recommend that the centre request and evidence same on file.

The service had an internal significant event review group as a safeguarding measure to ensure safe and suitable practices had been employed. The policy on this review group stated this process is designed to *“engage in positive reflective practice, to outline changing or continuing needs of young people and staff team, address any reoccurring significant events, address very serious incidents and to ensure positive development in behavioural management, through management review of significant event notifications.”* Inspectors reviewed a cross section of significant event review group minutes and noted that they had elements of what was required from the policy. However, the minutes were hand written and hard to read, did not have a clear outline of decisions made, did not evidence what worked and what did not work in relation to care staff practice and provide an effective assessment of the conflict cycle to support best practice. Organisational management must review the significant event review group process for them to clearly outline decisions made, evidence what worked and what did not work in relation to care staff practice and provide an effective assessment of the conflict cycle to support best practice.

The inspectors noted that the director of service conducted an analysis of all significant event notification with regard to an ex resident. This analysis was to support care staff with their future practice and development. Inspectors found that the document was of a good standard with analysis of the different types of behaviour displayed by the young person and feedback back from care staff.

Supervision and support

The centre had a written policy for the supervision of care staff which stated the centre will provide supervision to care staff at four to six weekly intervals. The centre manager had responsibility for the supervision of the care staff. They had received training in a recognised model for the delivery of supervision.

The inspectors found that supervision is recorded and signed by both parties and it had a set format. Inspectors noted an improvement in supervision since the previous inspection. Supervision record referenced consistent care staff practice, model of care, goals of placement plan and relationship building. However, inspectors noted that two relief care staff were completing full-time shifts in the centre and therefore supervision needed to be completed within the policy timeframe for these care staff. Centre management must ensure that relief care staff that complete shifts on a regular basis that supervision takes place within policy time frames. Supervision files noted the high turnover of care staff and agency care staff doing shifts had affected the consistency of care offered to the young people resident at times.

From review of the personal files and in care staff interviews the inspectors found that care staff members were aware of the support mechanisms provided with regard to stress or injury if required.

The centre manager stated they receive supervision from the director of services every four to six weeks. At the time of inspection the centre manager personal file was not on site and the director of services was on leave. The inspectors requested several time post inspection the supervision files of the centre manager and at the time of the draft report had not received same. Inspectors did not evidence review of supervision of the care staff by the director of services. Organisational management must provide the inspectorate with a cross section of supervision files to evidence the centre manager received supervision within the policy timeframe.

The inspectors ascertained from the files that shift hand-over occur daily and they were structured and focused on young people daily tasks and plans including focus on professional and family contact, education and health. The inspectors examined the daily logs and they were completed regularly signed by care staff, evidenced the voice of the young people and responded to the young people needs.

Inspectors were informed that team meetings take place fortnightly. The inspectors reviewed the team meeting minutes and noted they were generally happening within the stated timeframe. The inspectors reviewed a cross section of minutes and found

that they were consistently signed by the care staff. There is an agenda and discussion with regard to young people and an effective link to young person's meeting. However, the recording of team meetings did not consistently state decisions, timeframes and those responsible for their completion. Inspectors recommend that team meeting minutes consistently state decisions, who is to complete and timeframes for completion.

Training and development

The centre had a policy and procedure in relation to training and development. The inspectors reviewed a cross section of personal files, an audit document provided by the monitoring officer and a training sheet provided by the centre manager. From review of these documents the inspectors were unable to verify that all care staff had attended up to date training in core areas such as training in therapeutic crisis intervention, children's first, first aid and fire safety. In interview the centre manager stated they are reviewing the core training schedule. Centre management must provide a schedule of when care staff will attend core training.

As stated previously in this report not all care staff had completed training in the model of care and inspectors require that this is completed as soon as possible. Inspectors evidenced care staff had attended training outside the core training requirements to support young people. From review of the training records the inspectors recommend that the centre management review the recording of training for it to be easy to track and for a training needs analysis be completed by the care staff.

Administrative file

Recording in the centre is regularly overseen by the centre management. The care files were organized well. As stated further in this report there were issues with the care staff personnel files, the placement plan document and these need to be amended. All records relating to young people who leave the centre are kept in perpetuity in a storage facility maintained by the organisation.

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

3.2.3 Practices that did not meet the required standard

Staffing

The care staff complement in the centre consists of a centre manager, an acting social care leader with responsibility, three social care workers which are supplemented as required by four relief care staff. Inspectors note that two relief care staff are currently sharing a full time shift.

The centre manager and director of services stated the current full time care staff quota is not adequate to accommodate the stated purpose and function and are currently interviewing for full-time social care positions in the centre. Inspectors note that the previous inspection report stated that additional care staff were to be employed in the centre but the number of full time care staff remains unchanged since the previous inspection. Inspectors observed from care files that for a period of time the centre had to employ agency care staff and from review of the care files members of the staff team cited issues with maintaining consistency of care without a stable care staff team in times of crisis. Centre management must provide the new complement of care staff with evidence that a care staff member who are qualified to child care leader level is consistently on each shift.

From interview with the centre manager and director of services they stated there had been several human resource issues that have arisen within the care staff team. The inspectors reviewed the personnel files of these care staff and noted some evidence of the management of these disciplinary procedures. However, the personnel files did not consistently evidenced the process or the outcome to disciplinary procedures. Organisational management must evidence on the care staff personnel file the process and the outcome to disciplinary procedures.

The inspectors noted since the previous inspection in 2015 five social care staff had ceased employment in the centre. In interview the centre manager stated exit interviews are conducted with care staff that have left the organisation. The inspectors evidenced two exit interview had being completed. The inspections note this was a high turn-over of care staff and in interview the director of client services stated that the organisation are to review care staff retention within the organisation. Given this is a key area of development by the organisation the inspectors require that organisational management must review with centre management reasons for the previous high turn-over of care staff and strategies they are to employ with regard to care staff retention.

The inspectors found from review of a cross section of personnel files that the current care staff all had relevant qualifications. Inspectors noted that the organisation's template for references needs to be consistently used. The document used to record verbal confirmation of written references needs to be reviewed to be more detailed. Inspectors found from review of a document from the monitoring officer that the Garda vetting for one care staff member was from 2012 and this needs to be updated. Another care staff out of state vetting needs to be reviewed. The examination of a cross section of personnel files also found that they did not have consistent evidence of start date, contracts, appropriate references, incomplete curriculum vitae's, employment and training certificates on file. Issues with completion of personnel files were highlighted in the previous inspection report 2015.

There was a policy in relation to induction of care staff to the centre. As stated in this report the acting social care leader did not receive induction in line with the policy. Inspector's evidence from review of a cross section of personal files and in interview with care staff that staff induction had being completed with new care staff.

3.2.4 Regulation Based Requirements

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

The centre 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 16, Notification of Significant Events.***

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

Required Action

- Organisational management must review the significant event review group process for them to clearly outline decisions made, evidence what worked and what did not work in relation to care staff practice and provide an effective assessment of the conflict cycle to support best practice.
- Centre management must ensure suitable support, training and supervision will be provided consistently to the acting social care leader.
- Centre manager must evidence that fortnightly management meeting have begun and are being maintained within the stated timeframe.
- Organisational management must ensure internal audit are completed consistently to satisfy themselves that appropriate care practices are in place.
- Centre management must ensure that relief care staff that complete shifts on a regular basis receive supervision within policy time frames.
- Organisational management must provide a cross section of supervision files to evidence the centre manager received supervision within the policy timeframe.
- Centre management must provide a schedule of training with timeframe for when care staff will attend core training.
- Centre management must provide the new complement of care staff with evidence that a care staff member who is qualified to child care leader level are consistently on each shift.
- Organisational management must evidence on care staff personnel files the process and outcome to disciplinary procedures.
- Organisational management must review with centre management reasons for the previous high turn-over of care staff and strategies they are to employ with regard to care staff retention.
- Centre management must review the personal files to consistently evidence start date, contracts, appropriate references, referencing process, incomplete curriculum vitae's, vetting and employment and training certificates to be consistently on file to be compliant with the 'Department of Health Recruitment and Selection Circular, 1994'.

3.4 Children's Rights

Standard

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

3.4.1 Practices that met the required standard in full

None identified.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre had a written policy detailing the complaints process for young people and information on this policy is also detailed in a user-friendly format in the young person's information booklet. The inspectors through interview with the care staff found they had knowledge of the complaints procedure. In interview the centre manager stated informal complaints are recorded as complaint.

A complaints register is maintained by the care team. There were six complaints on the register since the last inspection. Inspectors did evidence consistent oversight of the complaints register by external and centre management to support quality assurance. In interview the monitoring officer stated they had reviewed the complaints register and that it was in compliance.

The inspectors reviewed a cross section of complaint and found that the voice of the young person was not consistently recorded with regard to the outcome and this needs to be amended. Centre management must consistently record young people views to the outcome of complaints on the complaint form/register. In interview a young person stated to the inspectors that they were aware of the complaints process and had made a complaint in the past and were not satisfied with the outcome to same. Inspectors reviewed this complaint and from interview with the centre manager and social worker it was stated that the social worker interviewed the young person, centre manager interviewed the care staff and the young person retracted the complaint. This was not reflected on the complaint register/ complaint form and inspectors recommend that the entire process of each formal complaint is clearly recorded and stored in one location in the relevant young person's file.

The inspectors noted from the care files that a young person did not have an aftercare worker assigned or an aftercare plan designed within the policy timeframe. In interview centre management stated they had discussed this with the social work department and requested same. The inspectors observed from the files that this young person had voiced concerns with regards to the appointment of an aftercare worker and an aftercare plan. From review of the needs of this young person inspectors noted that a formal complaint needed to be made by centre management to advocate for the young person. Inspectors recommend that the care team review the complaint process with the view of using the complaint process as a method to advocate for young people.

3.4.3 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must consistently record young people views to the outcome of complaints on the complaint form/register.

3.5 Planning for Children and Young People

Standard

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

3.5.1 Practices that met the required standard in full

Contact with families

The centre had a policy in relation to young people's contact with family. The centre recognises the value of family contact and do try to work as closely with families as possible. There was evidence of regular contact with families. The inspectors found evidence of planning and co-operation with families, friends and professionals in the young people's lives to facilitate contact and maintain relationships. The inspectors found that the centre had limited space for young people to meet their family and social worker in private but could do so.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The centre accommodates two young people both males and females aged 12 to 18 years on a medium to long term basis. Referrals for the centre are accepted nationally from all TUSLA, Child and Family Agency areas.

There were two young people residing in the centre at the time of the inspection. As stated in this report one young person was to be transition to a follow on placement shortly after the inspection. At the time of referral both the centre and the social workers for the young people resident were satisfied that the centre was a suitable placement for the young people. A young person who met with the inspectors demonstrated a clear understanding of the reasons for their placement. The inspectors observed from the files that young people are provided with an information booklet on relevant aspects of living in the centre.

Inspectors reviewed the impact risk assessment documents for the young people resident and found they were a guideline for working with the young person and how to manage their behaviour. In interview a social worker stated that all relevant information in relation to a young person had been supplied to the centre prior to admission. These risk assessments are conducted to assess the known information of the young person being admitted to the centre and how they will interact with the needs of the other young people resident. The inspectors observed the impact risk assessment did not assess how a young person risk taking behaviour will impact on current residents. Centre manager must ensure that impact risk assessment evaluates how a young person risk taking behaviour will impact on current residents and outline how care staff will manage these behaviours. The inspectors also note that these documents were not consistently signed or dated and this needs to be amended.

Seven young people had been placed in the centre since it came into operation in 2014 and this is a high number given the stated purpose and function. These discharges were due to at risk behaviour by young people and discharge to other agencies. From review of the centre register over the past year two young people had unplanned discharges due to at risk behaviour. Given the use of external and relief care staff in times of crisis, the high turn-over of care staff and the organisation, developing the care staffs ability to manage young people behaviours the inspectors require that organisational management review the admission process to inform future admissions to the centre. Organisational management must review the unplanned discharges of young people to inform future admission to the centre.

Statutory care planning and review

One young person resident did not have a statutory care plan on file and this was not in compliance with the statutory requirements to be completed as soon as is practicable after a young person came to live in the centre. Further to this, the young person did not have a care plan review on file. Inspectors evidenced requests from the centre to the Child and Family Agency social work department for these documents. In interview the social worker stated a care plan review had been completed. Given this young person's age profile at the time of inspection statutory care plan and review meetings were no longer the care planning process for them; aftercare planning was the process to be employed and this will be discussed further in the report. The requirement of care planning meetings and for the documents to be placed on the young people care files must be addressed in future practice by the Child and Family Agency social work department.

The other young person resident did have a care plan on file but it was not in compliance with the statutory requirements to be completed as soon as is practicable after a young person came to live in the centre. This care plan was completed one month after the young person had been placed in the centre. Inspectors evidenced the young person, family members and professionals were involved in the development of their statutory care plans. The quality of the detail of the young person's care plan was appropriate to meet the needs of the young person. The care plan did have elements of how the placement will support and promote the welfare of the young person. However, the action section had all issues as ongoing and timeframe are required. This young person did not have any statutory care plan reviews on file. It was noted in the care files that a care plan review was conducted in January 2016 but the minutes of this review was not on file. Social work department must ensure that care plan reviews are completed and that they are placed on the care file.

The inspectors note the centre has a number of systems in place to document the care of young people and reflect progress within the centre. These include placement plans, key working and discussion of placements at team meetings in addition to formal reviews. The centre prepares placement plans for the young people and the inspectors observed a link between the care plan and the placement plan. In interview social worker for young people stated they had received and reviewed the placement plan and were satisfied with the document. However, the placement plans were not user friendly in terms of young people's engagement with the plan, did not consistently cross reference to other centre documentation and consistently evidence the voice of the young people. Inspectors recommend that the care staff design a young person friendly format of the placement plan so young people resident can engage with their placement plan. Centre management must review the placement plans to consistently cross reference to other centre documentation and consistently evidenced the voice of the young people.

Emotional and specialist support

Care staff did not present as having a consistent familiarity with the stated model of care and not all care staff had been trained in the model of care and this need to be addressed. Inspectors found in interview care staff were aware of the emotional and specialist needs of young people and endeavour through their relationships to address these needs where possible. There was a strong culture of respect and support in working with young people that acknowledges individuals as young adults. The centre had a key worker system in place and each young person had a dedicated key worker allocated on admission. Inspector noted that one young person did not

have consistent key working at the beginning of their placement and this needs to be reviewed by the care team.

Weekly key working reports are completed by the care staff. Inspectors evidenced the key working reports did not have a consistent link with the goals from the placement plan and care plan and inspectors recommend that this is reviewed by the care staff. Inspectors reviewed a cross section of key working and evidenced care staff supporting young people with behaviour management, sanctions, substance misuse, budgeting and missing in care. The key working document also evidenced recording of the young person voice to a good standard. As stated in this report there had been a high turn-over of care staff within the centre and inspectors recommend that monthly key working supervision is conducted to quality assure care staff and support young people.

Social workers of the young people resident stated the service had a clear understanding of the emotional and psychological needs of the young people. Individual young people had links with specialist services outside of the centre and inspectors evidenced care staff supporting and encouraging young people to attend specialist services.

Preparation for leaving care

Both of the young people residents were over 16 years and therefore needed to be engaging in preparation for leaving care. The inspectors found care staff had made efforts to support young people with independent living skills such as budgeting, hygiene and cooking. Independent living skills were being completed both formally and on an informal basis with the young people. In interview care staff stated they do not use a need assessment or independent living measurement tool document.

The inspectors observed that one young person resident did have an aftercare worker assigned to them and an aftercare plan. Inspectors did not evidence that this young person had a life skills needs assessment completed. Inspectors note given the lack of a care plan, confirmation of a follow on placement and aftercare plan within the policy timeframe hampered the care staff ability to support the young person with preparation for leaving care.

The other young person did not have a life skills needs assessment completed and in interview the social worker stated that this will be completed into the future. The social work department must ensure that a life skills needs assessment is completed for a young person as soon as possible.

Aftercare

The Child and Family Agency had a national aftercare document '*National Policy and Procedure Document on Leaving and Aftercare Services*' (2011) that informs aftercare provision for young people in care. The inspectors observed that one young person resident did have an aftercare worker assigned to them and an aftercare plan. However, there were issues with a consistent aftercare worker assigned to the young person and the aftercare plan was not designed within the policy timeframe. The aftercare plan was not of an appropriate standard with no consistent clear outline of transition plan, young person voice or date of review. The aftercare plan noted all decision was to be completed by an external agency and there was no evidence that they had attended any aftercare meetings. Inspectors note that the young person had completed an external assessment for their follow on placement. In interview the social worker stated this young person had moved onto a follow on placement with an adult agency. Social work department must confirm that a young person has a comprehensive aftercare plan designed and continues to have support from an aftercare worker.

The other young person resident given their age profile aftercare planning was soon to be the care planning approach employed with them. In interview the social worker for this young person stated an aftercare worker had been requested but had not been assigned at the time of inspection. The social worker stated that a follow on placement had not yet being agreed and they will be discussing this with the young person, family and professionals into the future. The social work department must ensure that an aftercare worker is assigned to a young person, a follow on placement agreed and an aftercare plan is designed as soon as possible.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

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

-Part V, Article 25and26, Care Plan Reviews

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- Centre manager must ensure that impact risk assessment evaluates how a young person risk taking behaviour will impact on current residents and outline how care staff will manage these behaviours.
- Organisational management must review the unplanned discharges of two young people to inform future admission to the centre.
- Child and Family Agency social work department must ensure that care plan and reviews are completed in line with statutory requirements and that they are placed on the care file.
- Centre management must review the placement plans to consistently cross reference to other centre documentation and consistently evidenced the voice of the young people.
- Child and Family Agency social work department must ensure that a life skills needs assessment is completed for a young person as soon as possible.
- Social work department must confirm that a young person has a comprehensive aftercare plan designed and continues to have support from an aftercare worker.
- Child and Family Agency social work department must ensure that an aftercare worker is assigned to a young person, a follow on placement agreed and an aftercare plan is designed as soon as possible.

3.6 Care of Young People

Standard

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

3.6.1 Practices that met the required standard in full

Managing behaviour

The centre had a written policy that informed the approach of the care staff to managing behaviour. There was evidence of good communication with external professionals working with young people to develop strategies of managing behaviour effectively. As stated not all care staff had received training in a reputable model of behaviour management and this need to be addressed.

The review of the care files demonstrated that the care staff had been tasked with managing a range of challenging behaviours from young people placed at the centre. The care staff interviewed had mixed perceptions of the services capacity to manage challenging behaviours and the suitability of placements for two ex-residents with regard to the placements having occurred within the centre's purpose and function. The care files noted a high level of at risk behaviour by two ex-resident with property damage, assault and criminal activity. Both young people were placed in other agencies due to the care staff inability to manage their behaviour and keep them safe. As stated in this report the inspectors recommend that the organisational management review these placements to assess the care team capacity to manage young people's behaviours and therefore inform the admissions process.

The approach of the care staff to managing behaviour was structured by behaviour management support plans that were developed by the staff team following admission and were reviewed monthly to provide a current framework to respond to the behaviours of the young person. The review of the care files demonstrated that care staff consistently made efforts to engage with young people following significant events through individual and key work to promote positive coping strategies.

Site specific risk assessments had also been used to outline known or potential risk within the centre and these were of a good standard. Social workers for a young people resident stated they received behaviour support plans and had been satisfied that good behaviour management structures were in place. In interview a young person stated they have discussed their behaviour management support plan with care staff.

In relation to sanctions the centre adopts a practice where the young people had consequences for their behaviour and view this as a learning experience for young people. Through review of files the inspectors viewed the consequences applied had not been working and the documents were not consistently signed by the young person. In interview a young person stated they were aware of the sanction process and believed the sanction were fair. Inspectors recommend that the centre management and care staff review the use of sanctions and that young people consistently sign the document.

The centre had a written policy on bullying and harassment. The inspectors found from review of the care files that bullying was not currently an issue with young people resident.

Restraint

The centre had a detailed written policy on the use of physical intervention that states physical intervention can only take place as a last resort in managing a crisis situation by suitably trained staff using recognised methods of restraint. The use of restraint is structured by individual crisis management plans that are developed for each young person and contain clear contra-indicators to restraint. As stated in this report not all the care staff had up to date training in a recognised and reputable model of crisis prevention, management and physical restraint and this need to be amended.

At the time of inspection one physical intervention had taken place with a young people resident. In interview the social worker for this young person stated they had reviewed the care files with regard to this incident and was satisfied that the action was proportionate to the circumstance that led to the young person needing to be restrained. As stated in this report the service had an internal significant event review group and this forum needs to be reviewed.

Absence without authority

The centre had a written policy on absence without authority informed by the TUSLA Child and Family Agency and Garda joint protocol on reporting young people missing from care. There had been a large number of absences of young people from this centre over the last year.

There were individual absence management plans on file for both young people which were reviewed monthly and social workers stated they had reviewed the individual absence management plans and were satisfied that the care staff were following the procedure. The inspectors found in general agreements on file with regard to absence management plans and they took account of the age and personal circumstances of each young person. However, inspectors noted high risk behaviour by young people while missing from care and recommend that care staff review the behaviour management support plans with planning to be more robust around risk when young people are missing from care. Inspectors observed from the care files that social workers convened management prevention strategy meeting, in line with the national policy, to develop suitable safety planning to manage this risk for young people and these was of a good standard. In interview a young person stated they were clear with regard to their individual absence management plans. Given the known needs of a young person and the high at risk behaviour, inspectors recommend that care staff and social work department must consistently review strategies employed to assess if they are working and reducing risk with regard to absconding for the young person resident.

3.6.2 Practices that met the required standard in some respect only

None identified.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

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

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.1	Centre management must ensure that all care staff are trained in and understand the model of care.	The organisation has provided training to all staff in the centre's model of care. For those that were not in attendance refresher training took place on the 1 st December 2016. Refresher training will remain ongoing to ensure staff confidence in our model of care and how it is implemented and evidenced into staff's everyday practice.	Inspectors are satisfied that the implementation of this response by the operations manager will address this issue.
3.2	Organisational management must review the significant event review group process for them to clearly outline decisions made, evidence what worked and what did not work in relation to care staff practice and provide an effective assessment of the conflict cycle to	The organisation recruited a full-time operations manager with effect from the 1 st November 2016. Moving forward they will chair the significant event review group to ensure best practice is identified and implemented. The SERG meeting will take place fortnightly. The first meeting took	Inspectors are satisfied that the implementation of this response by the operations manager will address this issue. Inspectors recommend that this forum is reviewed consistently to assess the effectiveness of the process.

	<p>support best practice.</p> <p>Centre management must ensure suitable support, training and supervision will be provided consistently to the acting social care leader.</p>	<p>place on the 23rd November 2016. Please find attached the template used to capture this information.</p> <p>The acting social care leader was interviewed for and accepted the position of social care leader. The organisation will ensure that the centre manager is providing consistent supervision to the child care leader within policy guidelines. The centre manager is on site five days per week to offer advice and support should the need arise. Refresher training in our behaviour management model and our model of care is now being prioritized within the service. Any further training required will be brought to the attention of the operations manager by the centre manager as recognised in supervision.</p> <p>Training across the service will be discussed by the board of management on the 4th January 2017.</p>	<p>Inspectors are satisfied that the manager will support the social care leader. The manager must ensure that there are continued structured support for the social care leader.</p>
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	<p>Centre manager must evidence that fortnightly management meeting have begun and are being maintained within the stated timeframe.</p> <p>Organisational management must ensure internal audit are completed consistently to satisfy themselves that appropriate care practices are in place.</p> <p>Centre management must ensure that relief care staff that complete shifts on a regular basis receive supervision within policy time frames.</p>	<p>Operations manager has agreed dates for the manager’s meetings and the centre manager is aware of these dates. These meetings are due to take place every two weeks with the first meeting having taken place on the 9th November (minutes attached).</p> <p>Operations manager will be carrying out 2 internal audits in all the centre’s within the service every year. One of these audits will be announced whilst the other one will be unannounced. (audit format attached). Laurel Lodge will be audited in January 2017. The operations manager will be visiting the centre regularly and consistently to satisfy themselves that appropriate care practices are in place.</p> <p>The centre manager will ensure that relief staff that complete shifts on a regular basis will receive supervision within policy time frames.</p>	<p>Inspectors are satisfied that this action will address the issue.</p> <p>Inspectors are satisfied that the action taken by the operations manager will address this issue. Inspectors recommend that this forum is reviewed consistently to assess the effectiveness of the process.</p> <p>Inspectors are satisfied that the action taken by the manger will address this issue.</p>
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	<p>Organisational management must provide a cross section of supervision files to evidence the centre manager received supervision within the policy timeframe.</p> <p>Centre management must provide a schedule of training with timeframe for when care staff will attend core training.</p> <p>Centre management must provide the new complement of care staff with evidence that a care staff member who is qualified to child care leader level are consistently on each shift.</p> <p>Organisational management must evidence on care staff personnel files the process and outcome to disciplinary procedures.</p>	<p>These will be forwarded separately.</p> <p>See attached schedule.</p> <p>Within the centre there is currently a core staff team of six SCWs. These are an experienced staff team and are supported by the social care leader and centre manager. There is a relief panel in place should the needs of the centre change.</p> <p>The organisation has ensured that there is now evidence on staff's personnel files showing the process and outcome of disciplinary procedures.</p>	<p>At the time of the issuing of the final report these had not been received by the inspectorate and requests had been made.</p> <p>Inspectors are satisfied that a training plan will be implemented to address outstanding training needs and this will be overseen by the manager. In the interim the manager must ensure that there are safeguards in place regarding training deficits on the staff team.</p> <p>Inspectors have not received a satisfactory response to the action after requesting same.</p> <p>Inspectors are satisfied that the actions taken by the operations manager will address this issue.</p>
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	<p>Organisational management must review with centre management reasons for the previous high turn-over of care staff and strategies they are to employ with regard to care staff retention.</p> <p>Centre management must review the personal files to consistently evidence start date, contracts, appropriate references, referencing process, incomplete curriculum vitae's, vetting and employment and training certificates to be consistently on file to be compliant with the 'Department of Health Recruitment and Selection Circular, 1994'.</p>	<p>The organisation has reviewed with the centre manager the reasons for some staff having left the service and have satisfied themselves that the reasons were genuine and warranted.</p> <p>All staff receives an exit interview and these are being reviewed by the operations manager.</p> <p>Staff retention will be discussed by the operations manager with the board of management on the 4th January 2017</p> <p>The centre manager has ensured that all personnel files contain evidence of vetting, validated references, curriculum vitae's, dates of commencement of employment, contracts and training certificates.</p>	<p>Inspectors are satisfied that this issue will be discussed by the operations manager and board of management Given that consistent staff team has been problematic, inspectors recommend that the effectiveness of the strategies employed are closely overseen by the operations manager.</p> <p>Inspectors are satisfied that this action will address the issue with respect that governance of the personnel files had been complete.</p>
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<p>3.4</p>	<p>Centre management must consistently record young people views to the outcome of complaints on the complaint form/register.</p>	<p>The centre manager will ensure that the young person’s views in relation to the outcomes of complaints are consistently recorded. This direction has been given and is recorded in team meeting minutes.</p>	<p>Inspectors are satisfied that this action will address the issue.</p>
<p>3.5</p>	<p>Centre manager must ensure that impact risk assessment evaluates how a young person risk taking behaviour will impact on current residents and outline how care staff will manage these behaviours.</p> <p>Organisational management must review the unplanned discharges of two young people to inform future admission to the centre.</p>	<p>The centre manager will review past records of young people and use these to inform robust risk assessment prior to a young person’s admission to the centre. This will be completed at the point of a new admission. The operations manager will oversee future impact risk assessments.</p> <p>The organisation will review the unplanned discharges of two young people from the centre to inform future admissions to the centre when future admissions are being looked at for the centre.</p>	<p>Inspectors are satisfied that this action will address the issue.</p> <p>Inspectors are satisfied that the stated action will address the issue.</p>

	<p>Child and Family Agency social work department must ensure that care plan and reviews are completed in line with statutory requirements and that they are placed on the care file.</p> <p>Centre management must review the placement plans to consistently cross reference to other centre documentation and consistently evidenced the voice of the young people.</p> <p>Child and Family Agency social work department must ensure that a life skills needs assessment is completed for a young person as soon as possible.</p>	<p>No response from the social work department.</p> <p>It is an expectation of a young person's placement that they assist in the completion of the placement plan thus ensuring their voice is heard. Furthermore, there are weekly resident's meetings and issues raised here are then brought to the staff meetings. Feedback is provided to the young person following this. All residents of the centre are engaged in key work to ensure they know of their right to complain.</p> <p>No response from the social work department.</p>	<p>Inspectors requested a response and had not received same at the time of issuing the report.</p> <p>Inspectors are satisfied that this action will address the issue.</p> <p>Inspectors requested a response and had not received same at the time of issuing the report.</p>
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	<p>Social work department must confirm that a young person has a comprehensive aftercare plan designed and continues to have support from an aftercare worker.</p> <p>Child and Family Agency social work department must ensure that an aftercare worker is assigned to a young person, a follow on placement agreed and an aftercare plan is designed as soon as possible.</p>	<p>No response from the social work department.</p> <p>No response from the social work department.</p>	<p>Inspectors requested a response and had not received same at the time of issuing the report.</p> <p>Inspectors requested a response and had not received same at the time of issuing the report.</p>
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