



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

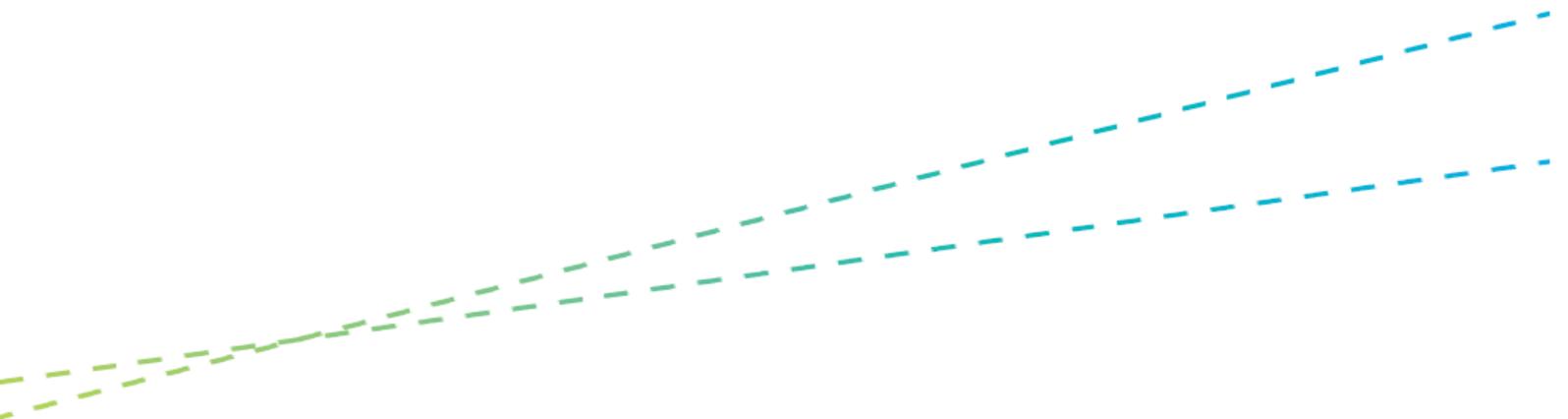
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 026

Year: 2017

Lead inspector: Eileen Woods

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Crosscare
Registered Capacity:	Six young people
Dates of Inspection:	14th & 15th March 2017
Registration Status:	Registered from to 30th June 2017 to 30th June 2020
Inspection Team:	Eileen Woods Michael McGuigan
Date Report Issued:	20/06/2017

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1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the

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

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

1.1 Methodology

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was an announced visit and took place over the following dates: 14th and 15th March 2017.

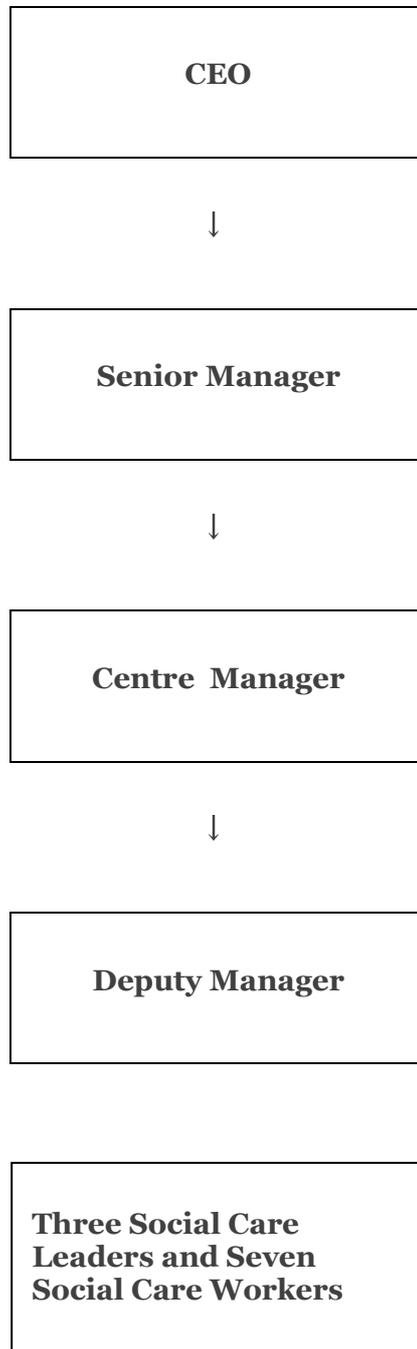
The report is based on a range of inspection techniques including:

- ◆ An examination of the pre-inspection questionnaire and related documentation completed by the centre manager.
- ◆ An examination of the questionnaires completed by ten members of the staff team.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to have a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management - the deputy/acting manager
 - b) The director of youth services
 - c) One young person
 - d) Three of the five social workers
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children’s Residential Centres and in line with its registration. As such the registration of this centre has been renewed and the centre is registered without conditions from the 30th June 2017 to the 30th June 2020.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Register

The centre maintains a register of young people which contained the relevant information. A record of the young people living at this centre is centrally maintained by the Child and Family Agency in compliance with the relevant regulation.

Notification of Significant Events

The inspector with oversight of this centres significant events reports gave written feedback to the lead inspector for this inspection and expressed that they were satisfied with the overall speed, content and actions contained within these, the social workers also expressed satisfaction with both the verbal and the written significant event reports. Significant events are monitored by a lead inspector from the registration and inspection service and reviewed as part of a group process by the inspectors on a fortnightly basis.

Senior staff including social care leaders sign off on significant event reports and reports were sent without delay. Social workers stated that they are also updated at the start of every week and if any further incidents took place. This is completed through phone calls followed by the written significant event form. It was clear to inspectors that the team values good communication and sees it as central to the purpose of the placement. This was evident in the communications surrounding significant event reports. A mechanism of weekly or bimonthly internal reviews is implemented if there are significant risks for the young person or the placement arising from information gathered through their significant event overview. There is significant review conducted at team level through the weekly team meetings where actions and interventions are agreed.

The centre has had access to two significant event review groups, one run by the wider Tusla Crisis Intervention Service but this was not available for an extended period of time – gap from September 2016 to February 2017. The minutes of these meetings reflected a valuable process where specific challenges are discussed and information shared to better support young people within this system. Outcomes from this meeting informed the work of the team about present and future placements and this was evident through the team meetings in particular. The internal significant event review meeting conducted in that interim period looked at the number and type of significant events. The minutes did not detail a review of aspects of practice, risk management plans or interventions. Much of this is looked at in the weekly team meeting and at handover so the management should consider what the specific function of the review group is and what the output should be from it.

Training and development

Inspectors were provided with a copy of the 2016 training completed and the 2017 intended schedule of training and found that there was good planning and investment in training.

Core training in the approved behaviour management approach, first aid, fire safety, manual handling and Children's First had been completed or updated for all staff available to do so in 2016. Examples of additional and relevant training and participation in 2016 included, restorative practice - advanced level, youth mental health, aftercare network and others. There was evidence of implementation of these across the five files sampled by inspectors in accordance with the individual and the group needs.

Staff noted to inspectors that training in social media would be a necessary addition to their ongoing work and some access to training in web safety has commenced in 2017.

3.2.2 Practices that met the required standard in some respect only

Management

At the time of this inspection the deputy manager was handing back management duties to the manager who was returning from a period of one year's leave. Both managers are qualified and experienced for the role and have worked with the organisation and this centre for a substantial period of time. Both have demonstrated delivery of and support of the ethos and the purpose of the centre. The

delivery of care and clarity of purpose in this centre was found by inspectors to be of a good standard as overseen by both managers internally. The inspectors found this evidenced strongly across team meetings, handovers and their commentary in meetings as well as in supervision. The team gave positive feedback on the leadership provided regarding the day to day purpose of the work at the centre. The nature of the service as a short to medium term centre dedicated to the crisis intervention service means that the maintenance of a clear adherence to purpose is necessary and this is evidenced as delivered at the centre. The provision of a stabilising environment was in place with a focus on relationship building and delivery of good quality rapid planning, risk management and care in partnership with social work departments and families. In particular the model implemented contains a high level of involvement of the young person themselves from the outset of the placement and throughout.

There are internal governance structures consisting of weekly team meetings and internal management meetings involving the manager, deputy and the three social care leaders, an on call rota is also provided for the centre. The internal management meetings were recorded but inspectors found that the meetings lacked a structure and agenda and would benefit from the inclusion of a review of previous decisions and actions. This point was raised as a matter requiring action by the monitors in August 2016, the action plan in response to which had not been completed by this March 2017 inspection.

Management reports are prepared for senior management, the schedule for these varied some were two months combined, others were monthly with a gap of two months early in 2016. This was also a matter raised for attention in the monitoring report in August 2016. The nature of the management reports focuses well on outcomes for young people, issues in line with the organisation ethos for example risk of homelessness and social exclusion. Matters relating to staffing, health and safety, training and the high levels of occupancy at the house were all covered to a good standard. The external governance is provided by the director of youth services and they meet with the managers regularly, the director also attends some team meetings at the centre and delivers supervision to the manager at the centre. The director reports on behalf of the centre to the board of management and CEO, the acting manager confirmed that feedback is received from the board meetings where relevant.

The inspectors found that good governance were not fully complied with due to an ongoing issue with the personnel files for this team. Despite previous clear guidance

being provided, twice in this three year cycle 2014 and 2016, the personnel files were found to not comply with the full requirements of the *Department of Health Circular 1995*. The details of which are noted under 'Staffing' below. There were adverse findings also in the completion of and oversight of the placement plans. Both of these matters must be addressed, and in the case of vetting this must be overcome with regard to the organisational issues that have repeatedly resulted in the files not being maintained and audited to a high standard.

Supervision and support

The manager and the deputy manager divide the supervision between them, with the general approach being that the manager supervises the majority of the senior staff. This was somewhat different at the time of the inspection due to the handover of work to the returning manager. Social care leaders conduct supervision of relief staff. Inspectors were informed that the appropriate staff are trained in the provision of supervision.

The staff in their questionnaires were positive about the level of supervision and support they received, they highlighted that it supported the model of care and their responsibilities to a good standard. Inspectors found that the supervision contracts outlined a frequency of four to six week when in fact this varied significantly to being on average every eight weeks in some instances and in others there were regular gaps usually triggered by holidays but extending beyond that time. There needs to be consistency in timeframes for the delivery of supervision and regular internal auditing will help the management in the oversight of this. Inspectors found in our review of all staff supervisions from the previous six months that the content of the supervisions was suitable to the role, supporting the interventions and model as well as team development and accountability. Planning for young people was discussed, in particular with key workers, but discussion of the specific placement plans was absent largely in the recordings. A system of case management was also in place but at the time of the inspection this had not had an impact on the completion of the written placement plans. Inspectors found that placement plans were incomplete documents that were not congruent with the actual extent of the work being completed with the young people.

Team meetings are weekly, the records display a process of review and discussion of interventions that are then evidenced as implemented in practice as found by inspectors. Attendance is good and the minutes are typed. Staff, in their written questionnaires, noted the team meeting as one of their most valuable assets as a

team. Handovers are daily, are well operated and recorded, managers attend these also. An observation of the handover highlighted that staff engage in a good exchange of information and that work was planned in accordance with the placement plans. Risk assessments were updated at the forum as needed and staff displayed good skills in this.

Some staff were awaiting contracts from the HR department and their managers were assisting them with this, issues with contracts were noted to be resolving by the first quarter of 2017. A support service is available to and actively promoted with staff, there is also team facilitation conducted at intervals within the centre. Post crisis debriefing can be facilitated and reflective practice is encouraged.

Administrative files

The daily logs demonstrated the level of support, in a variety of ways, provided to the young people. An area requiring focus is the young people's voice section which inspectors found staff often did not complete in a confident manner and inspectors have asked that this be reflected upon as part of a group process. The recording systems over all were of a good standard but they did not display a standard of consistent senior oversight and auditing, this was exemplified by the lack of fully completed placement plans on the files. A reliable system of internal monitoring supported by external auditing provided by line management needs to be implemented at the centre. The complaints log was found to require more oversight also. Key work reports are completed weekly and the standard of completion and signing in these also required attention.

The organisation maintains an archive and the petty cash and finance available at the centre was noted to be adequate to the needs of the house and the group. A young person told inspectors that their money was fine and that items for schools and extras for exams are covered by the centre without issue.

3.2.3 Practices that did not meet the required standard

Staffing

There is a staff complement of ten and includes three social care leaders as well as a deputy manager. All staff are qualified and the majority had significant levels of experience. The team's work displayed a strong connection to individual work and a high value placed on being clear, consistent and supportive with the young people.

The social care leaders take a leadership role on duty and all had over three years post qualifying experience. There was evidence that inductions are completed and recorded with new staff.

Inspectors reviewed a sample of six personnel files, the deficits found were lack of three good quality verified references for all files, lack of good quality system of verification and copy of qualifications, no set schedule evident for renewal of Garda vetting, historical international police checks still outstanding, start dates were not clearly recorded and it did not present that CV's were cross referenced consistently with references. As stated this has been raised formally twice in this period of registration for definitive action. There was evidence that some efforts were ongoing but these were slow and had not completed by the time of this inspection.

3.2.4 Regulation Based Requirements

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

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 7, Staffing (Numbers, Experience and Qualifications) -Part III, Article 16, Notification of Significant Events.***

Required Action

- Internal and external auditing systems must be implemented and adhered to with regard, in particular, to the governance of vetting and oversight of records inclusive of all registers.
- The centre management must adhere to their defined schedule of monthly management reports.
- The centre management must adhere to their policy on the timeframes for the provision of supervision.
- The organisation must implement vetting practices that are in full compliance with the Department of Health circular 1995. A full review of personnel files must be completed and submitted to the inspectorate as part of this work.

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

This centre has a total of six placements and all are dedicated on a short to medium term basis to the Tusla, Child and Family Agency crisis intervention service. Referrals are routed through the crisis intervention service manager to the centre manager with the intended process from there being team review and discussion. Inspectors found that all bar one referral was completed fully in accordance with this process. Young people can also be placed at the centre under Section 5 of the 1991 Child Care Act as well as the other normal entry routes to care.

All of the five young people resident at the time of the inspection were placed in accordance with the criteria of the service as a short to medium term centre. There is provision for an emergency bed in the statement of purpose and function based on a suitable referral and suitability to the resident group. The detail of how this provision for an emergency bed is used had been the subject of some discussion due to the conditions under which a recent placement commenced. This matter is being reviewed between the director and the Child and Family Agency crisis intervention service. The director explained that the inclusion of the provision of the emergency bed is as a response to an emergency need and that in general this functions well. The definition of what this represents for both parties needs to be reviewed and agreed to avoid any future confusion.

The suitability of the centre for a young person and the group dynamic within the centre is addressed through the referrals process and an exploratory meeting pre admission along with the completion of a collective preadmission risk assessment. Inspectors found that the collective pre admission risk assessments did not account well, on all files, for the level of actual risk in the known behaviours and their potential impact on other young people. In general the collective preadmission risk

assessments rated some behaviours low risk compared to the known information. Group impact is a presenting issue at the centre given the crisis nature of the work and the very different histories and reasons for the placement for all of the young people. The centre has a high tolerance ethos regarding types of presenting behaviours and suitable systems are in place dedicated to addressing same once resident.

Placements at the centre are typically for six months with the potential to extend following agreement with the relevant regional Child and Family Agency referrals panel and crisis intervention service management. The longest placement has been one year but inspectors found that typically placements averaged around four to five months.

Young people are inducted into the centre through a recorded process that aims to ensure that young people are well informed about what to expect. There were good written records of admissions meetings and subsequent internal reviews that all of the young people attended with their social workers and their families. There was evidence on file and from the social workers that there was a clear discussion of the nature of the placement and the expectations the young person should have from the placement and vice versa. There was evidence that the admissions process made a significant contribution to the potential for a successful placement. This is why the process for referral should be safeguarded by all parties and emergency admissions avoided. Written information was also provided to young people. Core documents such as the placement agreements and absence management plans are signed by the centre, the social worker and parents at times and there was good evidence of parental involvement from the outset of the placements.

Records indicated that the admissions policy and procedures are a significant factor in establishing and maintaining placements along with the inclusion of young people in the admissions process.

Contact with families

The records at the centre indicated a high level of involvement with family. Parents in particular were often present at the centre for meetings and through invitation to visit. The social workers that inspectors spoke with stated that parents were positive about the team and the welcome they got at the centre as well as the support being provided there to their young person. Inspectors found that there was good

recording of parent's comments and that staff had listened to their views in order to realistically aim for family reunification.

There was evidence of parents being kept informed, in accordance with their preferences, about events in their young person's life.

Supervision and visiting of young people

The placements are structured from the outset to be short term and to include regular internal review meetings which the social workers attend. Therefore the young person's social workers were at the centre on a regular basis and those that the inspectors spoke with stated that they used this time to try to meet the young person on their own. Some took the young people out on occasion also and the records evidence contact with social workers in excess of the recommended timeframes but also at a frequency suited to the rapid planning required regarding the next stage after this centre. This did not apply as reliably when it came to preparation for aftercare.

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.

There was evidence on file of the provision of information on the family history and updates from any recent placements a young person may have had. A number of the young people did not have their full history available and the full extent of their issues was only being established due to a variety of unavoidable factors. The social workers were providing new information as it was confirmed for example, legal status and family details.

Inspectors found evidence that the social workers visited the young people regularly and two of the social workers confirmed that they had read the young person's log. The social workers were evidenced as attending the two weekly internal reviews and discussion of significant events, risk assessment and planning took place at these meetings. One young person did not have a care plan completed and the plan had changed several times throughout the placement, ultimately this was to reflect the

young person's wish which was to not leave the centre but to enter aftercare from there.

Emotional and specialist support

The key working role is well established at the centre and key working reports are completed weekly. Inspectors found that these are of good quality presenting an overview of regular sessions that were mostly planned and relevant to the care plans provided. The work done was also in accordance with the admissions agreements with the young person, their social worker and family. One young person told inspectors that they felt listened to and received good advice from the team. Inspectors found that the team were therapeutic and caring within a clear structure. There was evidence in the written records of the team using multiple tools and approaches to reach out and establish good communication with the young people. Young people's mood and changing presentation as well as their direct comments were well recorded and shared by the team, the young people were offered rapid access to counselling through the organisation.

Preparation for leaving care

The record of admissions and discharges at the centre indicate regular planned transitions to other placements, home or to aftercare for the young people at the centre. There was evidence of good interim outcomes with regards to numbers transitioned to other placements in under six months with evidence of preparation specific to this for example reducing risk and assisting young people with group and community living life skills.

The centre has introduced a measuring outcomes framework which uses a scale across a number of key life skills areas. This is completed by the key worker and the young person and is repeated during the placement. It is also used as an opportunity for immediate discussion and work to be focused on specific to the young person. Education, training, work experience and interests are promoted and engagement in community is encouraged as core life skills areas.

With those young people over 17 their wishes were taken into account, particularly if they have had multiple moves in their life, about whether another move would be too difficult. In these instances a young person can stay at the centre and their preparation for aftercare then takes place from the centre. Recording of this level of work requires improvement according to inspectors findings on this occasion as work

done was found to be recorded in individual work reports and not well co-ordinated necessarily into a cohesive whole.

The team were well informed about legal issues arising for young people and sought advice for them relevant to this.

Discharges

Since the last inspection visit in summer of 2014 a total of thirty six young people have lived in and subsequently moved from the centre. An additional five young people were resident at the time of the inspection. Of the thirty six young people thirty had a planned ending to their placement with twenty seven going home or to a long term residential centre but the management drew inspector's attention to three young people who did not have an aftercare package in place. There were six emergency placement breakdowns the last of which occurred in 2015.

The organisation have been developing systems for tracking interim and longer term outcomes to better support the their work, particularly in the area of young people leaving care.

Inspectors reviewed a sample end of placement report and found that this was a comprehensive overview of the young person's experience and needs. It provided helpful guidelines for the young person, the onward placement and for their social worker. Learning from outcomes takes place at team meeting level and with regard to wider issues the director of youth services takes cognisance of these for organisational development.

Children's case and care records

The files were well organised overall with evidence of oversight stronger in some areas. The direct work was well and respectfully recorded in the main and any questions inspectors had about specific records was raised at the feedback meeting at the centre. The young people's comments and views were clearly stated in individual works but not as clearly in the daily log as referenced under standard two of this report. The files had some copies of birth certificates and care orders where these were available and/or possible to reliably source. The social workers were aware of the need to provide or update these for the files.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Of the five young people resident one was placed under Section 5 of the Child Care Act 1991 and no care plan process could be initiated. Efforts were underway to source a voluntary care agreement and the social worker informed the inspectors that this was ultimately achieved and a care plan meeting called without delay. A second young person had been admitted also under a Section 5 provision, in this instance the voluntary care agreement was completed within weeks of admission. The care plan meeting took place within one month in accordance with the regulatory guidelines. Two other young people had a care plan meeting within one month of their admission. A young person aged 17 and nine months had a child in care review and aftercare plan meeting although the creation of the aftercare plan was delayed due to waiting lists in the young person's placing area. One of the five young people did not have a care plan on file for this placement. A copy of their most recent care plan was on file, it had been completed shortly before the admission to this centre. The copies of care plans that were on file were clear and suitable and in some instances signed by the young person. There was evidence of the team following up on copies of care plans and care plan reviews for the files. Therefore of the five young people as explained above only two had a copy of a care plan dedicated to this placement on file at the centre, one was pending, one was awaiting a voluntary care agreement.

The management informed inspectors that the placement plans are reviewed at the internal case management meetings and at the team meetings. The records show that at both these forums there is good quality discussion of placement plan goals and sessions planned and completed to address these. The actual written placement plans were not completed or updated to reflect the work taking place. No placement plan was found on one young person's file, this young person did not have a care plan on file either. It was clearly evidenced in the individual work records that the young people were consulted about their plans but this was not well represented on the placement plans.

In the written plans inspectors found that goals were briefly written, not expanded upon and few were entered typically. The review sections were not utilised properly, and persons with responsibility were not named. The plans overall were sparse and did not correlate to the expansive individual work records. In this centre the work was taking place, in accordance with the model, the care plans, the young people and

their families' wishes and with the social work department's expectations but the single location of the placement plan did not represent this.

Aftercare

There was no aftercare plan on file for the young person aged over seventeen and a half. An aftercare worker was assigned after an initial delay due to lack of resources for aftercare in this young person's social work area. The social worker had sourced an aftercare placement with the centre's advice and an application for supported aftercare had been completed.

It was notable that a meeting with a young person had recorded comments from the social work department that named adult homeless services as a leaving care outcome. Late allocation of aftercare workers and lack of suitable aftercare options for vulnerable young people leaving care is an ongoing issue that is the subject of focus by the Child and Family Agency. It is not sufficient to accept that adult homelessness is an option for young people.

The director of youth services named this as a key area of concern and action for the wider organisation and the team at the centre kept a strong focus through information and links sharing as well as regular internal review meetings to focus the planning for suitable and safe aftercare options.

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 1 and 2, Care Plans***

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 3 and 4, Consultation Re: Care Plan

-Part V, Article 25 and 26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- The centre management must ensure that the placement plans are completed in full and available on each young person's file.
- The Child and Family Agency must ensure that a young person must, within one month of moving to a new placement, have a care plan meeting for that placement.
- The Child and Family Agency must ensure that aftercare workers and resources are available in sufficient numbers taking account of the numbers of young people leaving care and the nature of their needs.

3.7 Safeguarding and Child Protection

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

3.7.1 Practices that met the required standard in full

Inspectors reviewed the team training records for 2016 and found that the staff team have completed refresher training in Children's First. The team in their questionnaires responded with good level of knowledge with regard to child protection and to safeguarding of young people. There were serious child welfare and child protection concerns at the time of the inspection and suitable action had been taken by the centre in co-operation with the social work department. The concerns been risk escalated through the Child and Family Agency regional risk committee by the relevant social worker and their principal social worker and action initiated to secure a young person's safety.

Safeguarding

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.2 Practices that met the required standard in some respect only

The deficits in personnel files, lack of a robust internal monitoring system and in the lack of full adherence to the existing supervision policy has impacted on the safeguarding criteria not being fully met at this inspection. Inspectors also found that the team must ensure that there is a more robust response to how informal complaints by young people about their experiences of discrimination are recorded. Inspectors found that it is important for the staff to revise the anti discriminatory policy at team level to ensure that these practices are regularly refreshed.

Systems with regard to prioritising young people's safety in the house and the community were evident in the culture of the team and the ethos of the organisation. The inspectors found that a mechanism by which the emerging risks posed by young people to each other during a placement is addressed should be added to the existing behaviour management documents. There was evidence that the participation of the young people in their care and in the decision making that impact on them is promoted. Family are seen as integral to good outcomes for the young people, EPIC and other advocacy groups such as the Irish Refugee Council have been linked to young people.

There was evidence in handovers and in team meetings in particular that the staff are vigilant about the group mix and the possible impact on each other and the community. There are young people's meetings held about practical matters related to living there. Restorative justice meetings are held between young people where conflict arises, if the young people are agreeable. There is internet access at the house and there were safety measures and rules in place around its use.

3.7.3 Practices that did not meet the required standard

None identified

Required Action

- The centre management must ensure that the policies that support good safeguarding, informal complaints and anti discriminatory practices are reviewed as a team.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>Internal and external auditing systems must be implemented and adhered to with regard in particular to the governance of vetting and oversight of records inclusive of all registers.</p> <p>The centre management must adhere to their defined schedule of monthly management reports.</p> <p>The centre management must adhere to their policy on the timeframes for the provision of supervision.</p>	<p>The senior manager will review registers at least on a quarterly basis.</p> <p>Our policy having reviewed our use of the standardised recording system is to keep the young people’s voice section just for young people who wish to use it or to record clear quotes. We also use positive books for the young people to read and keep, were staff write about positive experiences with the young people.</p> <p>Monthly reports are now sent at the appropriate time</p> <p>We have a strong commitment to the supervision process and see it as integral to our work. Working 24/7 rotas and use of leave can mean there are occasional small</p>	<p>The centre manager will review placement plans on a quarterly basis for quality and continuity assurance purposes. The feedback from this will help the Social Care Leader who manage the cases develop skills in this area.</p> <p>Senior manager will seek reports if they do not arrive by the appropriate time</p> <p>As part of monthly report a list of who received supervision that month will be attached.</p>

	<p>The organisation must implement vetting practices that are in full compliance with the Department of Health circular 1995. A full review of personnel files must be completed as part of this work.</p>	<p>gaps, manager will watch the time on this.</p> <p>We have established a new system of HR file audit for the project. Once a year the HR team will audit the files based on 1995 circular. The management will separately audit the files in a year using the same criteria. A full review of the files was completed on the 31st of May. With all outstanding actions to be completed by the 30th of June in line with specifications.</p>	<p>The director of HR will instigate the review from their team annually.</p>
<p>3.5</p>	<p>The centre management must ensure that the placement plans are completed in full and available on each young person's file.</p> <p>The Child and Family Agency must ensure that a young person must, within one month of moving to a new placement, have a care plan meeting for that placement.</p> <p>The Child and Family Agency must ensure that aftercare workers and resources are available in sufficient numbers taking account of the numbers of young people leaving care and the nature of their needs.</p>	<p>All young people in the project have placement plans. The centre will review how we structure and use our placement plans by the end of July.</p>	<p>Review to be completed by the end of July 2017.</p>

<p>3.7</p>	<p>The manager must ensure that the policies that support good safeguarding, informal complaints and anti discriminatory practices are reviewed as a team.</p>	<p>The policy on complaints and anti discriminatory practices will be reviewed by the team by the 30th of June.</p>	<p>All policies are in a cycle of annual review.</p>
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