



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

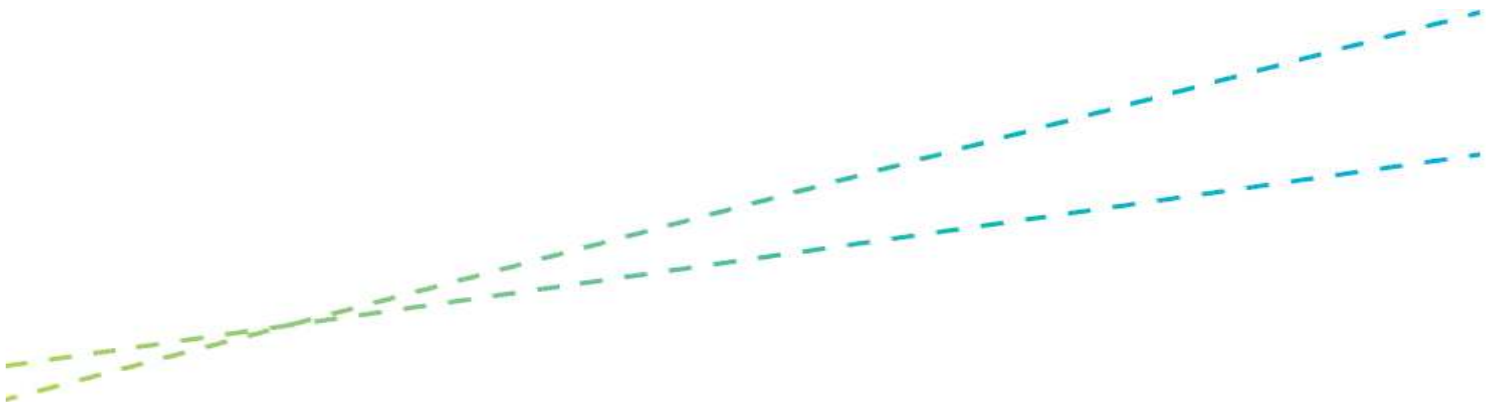
Registration and Inspection Service

Children's Residential Centre

Centre ID number: **083**

Year: **2017**

Lead inspector: **Michael McGuigan**

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Rainbows Community Services
Registered Capacity:	4 young people
Dates of Inspection:	04th and 05th July 2017
Registration Status:	19th February 2017 to the 19th February 2020 No conditions attached
Inspection Team:	Michael McGuigan Sharon McLoughlin
Date Report Issued:	31st August 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

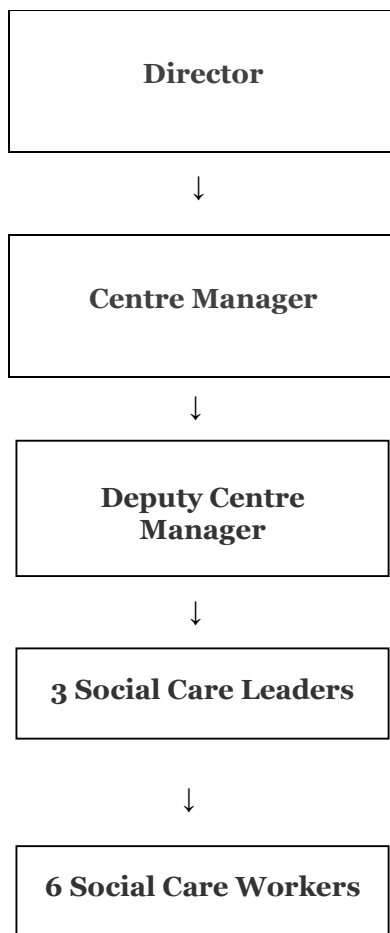
1.1 Methodology

This 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 thematic inspection that covered a sample of a number of standards and took place over on the 04th and 05th of July 2017. This report is based on a range of inspection techniques and data including:

- ◆ An examination of the questionnaires completed by 4 of the care staff
- ◆ An examination of the questionnaires completed by 3 social care leaders
- ◆ An examination of the questionnaire completed by the centre manager
- ◆ An examination of the questionnaires completed by one young person
- ◆ An examination of the most recent report from the Registration and Inspection Service
- ◆ An examination of the centre's policy and procedure document
- ◆ An examination of specific sections of the young people's files and recording processes in the centre
- ◆ An examination of a sample of staff personnel files and supervision records
- ◆ Attendance at a shift handover meeting
- ◆ Attendance at a staff team meeting
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The deputy centre manager
 - c) Three social care staff
 - d) The social workers for one young person residing in the centre at this time
 - e) The deputy operations manager for the organisation
 - f) The Guardian ad Litem for one young person
- ◆ Observations of care practice routines and the staff/young person's interactions

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

1.2 Organisational Structure



2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration.

As such the registration of this centre remains 19/02/17 to 19/02/2020.

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

During this inspection, the centre register was reviewed and found to be complete and in line with regulatory requirements and with the National Standards for Children's Residential Centres, 2001. The centre register is a hardback book and contains details of young people, their admission and discharge dates and information on their parents and social workers. A copy of the register for admissions and discharges for this centre is also held by the Child and Family Agency.

Notification of Significant Events

The centre has a policy on significant events that details what constitutes a significant event, who should be notified and the processes for this. Significant event notifications from this centre are sent to social workers and also to the registration and inspection service where a lead inspector for the organisation reviews them. During interview with the social worker for one young people, they stated that they were satisfied that significant event notifications were forwarded in a timely manner and contained appropriate information. Inspectors also reviewed evidence that social workers responded to significant event notifications where necessary. During this inspection a review of a sample of incident reports was completed along with a review of the centre significant event notification register and these were found to contain appropriate information.

Inspectors also reviewed a sample of minutes for the organisation's significant event review group and this meets on a monthly basis. The minutes for these meetings provided a synopsis of the incident, outburst behaviours and the strategies used to support the young person. From this meeting individual crisis management plans were reviewed if necessary and learning for the staff team was also incorporated.

Staffing

The centre currently has a whole time equivalent staff complement of six social care workers, three social care leaders, a deputy manager and a centre manager. There are three staff on shift each day with two sleeping overnight and a third staff working during the busy periods of the day. From a review of the information provided by the organisation, inspectors noted that each of the staff members held a recognised qualification in social care or equivalent and that most of staff had been employed in the centre for a number of years. Inspectors found that the staff team had a good balance of experience and that the centre manager aimed to have a social care leader on shift each day.

During this inspection a review of a sample of staff files was conducted and inspectors observed that each file contained the required information for vetting as set out in the Department of Health and Children Circular dated 08th September 1995. It was noted that Garda vetting was up-to-date for staff, CV's were in place, copies of qualifications were on file and had been verified with the relevant institutions and that references had also been verified by the organisation. Staff files also contained copies of contracts and training certificates.

Supervision and support

Supervisions in the centre are split between the centre manager who supervises the deputy manager and social care leaders and the deputy manager who then supervises the social care workers on the team. The centre has a policy on supervision that is appropriate and sets out the time frame for supervisions, describing the key elements as being accountability, support and learning. During this inspection a review of a sample of staff supervisions was conducted and inspectors found that supervision was occurring in line with centre policy and that this forum included discussions on placement planning, reviews of significant events and discussions on care practice. Staff members stated during interview that this was a supportive process.

A sample of supervisions conducted by the director with the centre manager was also reviewed and it was observed that these dealt mainly with the placements of young people and organisational and staffing issues. However, while there was evidence that the director reviewed and signed care files for young people when they visited the centre, they had not been reviewing supervisions as part of this periodic audit. Inspectors suggest that a review of supervisions is included in future audits.

Inspectors were informed that exit interviews are completed with staff when they leave the service and observed that there were support mechanisms in place if there were traumatic incidents including internal debriefing and the opportunity to visit an external counsellor.

During the course of this inspection a handover meeting was observed and it was noted that this forum was used for an exchange of information and planning for young people. This was chaired by the centre manager. Further, there was evidence that staff team meetings were occurring regularly and inspectors observed that these were chaired by the centre manager and were focused on the planning of care for each of the young people.

Training and development

During this inspection the centre manager provided information on training for staff members and inspectors observed that core training was up-to-date for therapeutic crisis intervention, first aid, Children First: National Guidance for the Protection and Welfare of Children, 2001 and fire safety. It was also observed that staff had received supplementary training in a number of areas including mental health and supporting young people. During interview staff members stated that the organisation was responsive to their training needs and that they were usually provided with extra training if they requested this.

Administrative Files

Inspectors reviewed a number of the administrative files in the centre and found these to be in order. It was observed that there was good oversight of centre records by the manager and that files were maintained and stored securely in line with the Freedom of Information Act, 1997. Inspectors noted that there were appropriate financial systems in place and that petty cash was sufficient to the needs of the centre.

3.2.2 Practices that met the required standard in some respect only

Management

This centre has a management structure that comprises a full time centre manager, a deputy centre manager and three social care leaders. The centre manager has been in post for a number of years and has a recognised qualification in social care.

Inspectors noted that there was a defined organisational structure and the centre manager reported to the director of services who also provided their supervision.

Following recommendations from previous monitoring audits and inspections, a new governance structure had been implemented and the centre manager now meets fortnightly with the director and also attends a monthly organisational managers meeting. A review of the minutes for the fortnightly meeting between the centre manager and director evidenced that the placements of young people were discussed along with staffing and organisational issues. Further, a sample of minutes for the monthly managers meetings were also reviewed and inspectors noted discussions on referrals and discharges from services, maintenance, health and safety and contracts and staffing issues. Inspectors found that overall the service was being well managed.

During interview with the manager, inspectors found that they had an understanding of the needs of young people and the operation of the centre. Inspectors observed from a review of the young people's care files that the manager regularly reviewed and signed these to evidence her governance in the centre. It was also noted by inspectors that the director periodically visited the centre as part of their governance and line management function and that they also signed care records while on site.

A review of staff team meeting minutes evidenced that these were held regularly and that placement planning and the care of young people was discussed along with behaviour management and organisational issues. Inspectors observed that decisions stemming from these discussions were listed separately and recorded clearly. Inspectors found that there was continuity of the management function and structure and that there had been improvements in the governance provided since the last inspection and monitoring audits.

However, as is noted in subsequent sections of this report, there were issues in relation to the oversight of admissions, pre-admission risk planning and the approach taken to gate-keeping by the managers of the service. Further, staff were unfamiliar with safeguarding procedures and as such a stronger approach to overseeing and ensuring operational practices and policies is required.

3.2.3 Practices that did not meet the required standard

None identified.

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 16, Notification of Significant Events. -Part III, Article 7, Staffing (Experience, Qualifications and numbers)***

3.4 Children's Rights

Standard

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

3.4.1 Practices that met the required standard in full

None identified.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre has an appropriate policy on complaints that provides examples of what may constitute a complaint and the procedures for receiving and dealing with complaints. There have been six complaints made in the twelve months prior to this inspection with one complaint made by a young person relating to the actions of staff in the centre. Inspectors reviewed evidence of efforts by the centre manager to resolve this complaint to the young person's satisfaction and this is now deemed to be concluded. Other ongoing complaints made by young people relate to issues external to the centre.

The centre has a complaints log that provides details of formal complaints made by young people. This book contains appropriate information and has been signed by line managers to evidence their review and oversight. However, during interview with staff members they were unfamiliar with procedures for recording and addressing informal complaints on behalf of the young people. The centre manager

must ensure that staff are aware of where complaints of this nature are to be recorded and the steps that can be taken to resolve these.

3.4.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre manager must ensure that staff are aware of the procedures for recording and addressing informal complaints made by young people.

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

Inspectors met with two young people to discuss the frequency and nature of family contact and were informed by young people that they were happy with this and no issues existed. From a review of the care files for young people, inspectors found that they had frequent contact with family members and the centre records reflected that contact was facilitated and promoted by centre staff. The social worker for one young person also stated during interview that they were happy with how the centre supported young people with family contact.

Supervision and visiting of young people

From a review of the care files held for young people and questionnaires that were returned as part of the inspection process and also from interview with one allocated social worker, inspectors found that social workers visited young people in line with regulatory requirements. Inspectors also noted that the centre held records for all communication and contact with social workers. As well as being visited in the centre young people met with social workers in the community and at family access.

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.

Social Work Role

From a review of the young people's care files and interview with one social worker, inspectors noted that young people met with their social workers in private when necessary and received copies of significant event notifications, including incidents of restraint. The centre also held adequate referral information on file one social worker confirmed that they had read the care files held on site. It should be noted here that inspectors requested information on the placement of one young person, however, their social worker failed to respond.

Emotional and specialist support

From a review of the young people's care files and interviews with the centre manager, staff team and social workers, inspectors found that there was adequate emotional and specialist support in place for the young people. Young people have a choice of key workers and inspectors found during interview with staff that they had an awareness of the needs of young people and of their behaviours.

Care files evidenced that one young person was linked in with a psychologist and the second young person had been offered clinical services in the community but was refusing to attend these at present. From a review of the referral information inspectors found that clinical and specialist assessments were held on file and that these had been reviewed by the staff team and actions stemming from the reports were being implemented.

Preparation for leaving care

Two of the young people living in the centre at the time of the inspection were not yet aged 16. The centre manager stated during interview that there was a focus on building life skills through daily interactions and that the young people could also be engaged in these tasks through placement planning. A third young person who was listed on the centre registered had been moved to an alternate placement due to their risk taking behaviours and the centre manager stated that work would be undertaken with them should they return to live in the centre.

Aftercare

At the time of the inspection neither of the young people living in the centre were aged over 16.

3.5.2 Practices that met the required standard in some respect only Suitable placements and admissions

This centre has a policy on suitable placements and admissions that contains appropriate detail and provides information on the admission process to the centre. Referrals are made through the Child and Family Agency National Placement Team and are considered by the centre manager and deputy manager in consultation with the director.

Centre policy states that pre-placement risk assessment and consultation with social workers are key elements of the referral process to safeguard young people. Inspectors reviewed the most recent risk and impact assessments held on file for young people and also reviewed referral information and social history reports provided by their social workers. It was observed that referral documents were detailed and provided information on the behaviours and vulnerabilities of the referred young person and also provided comprehensive social histories.

However, inspectors found that pre-admission risk assessments did not accurately reflect the impact of the existing residents' behaviours on the referred young person and at times the behaviours and diagnoses for young people were not given sufficient consideration. Further, these documents did not contain adequate evidence that placements were suitable. Pre-admission risk assessments also contained limited information on how risk taking behaviours would be managed and often did not make reference to how the behaviour management strategies in place in the centre would be used and whether these would be effective.

Inspectors reviewed the pre-admission risk assessments for one young person who had recently been admitted to the centre and observed that the document did not sufficiently address whether the recorded behaviours could be successfully managed given the presentation of another resident young person. Significant event notifications for the centre evidence that subsequent to the admission there were a number of incidents involving both young people and as a result the second young person was subject to an emergency discharge. Inspectors are not satisfied that due consideration was given to the mix of behaviours and the impact of young people on each other during this referrals and admissions process.

Statutory care planning and review

During this inspection a review of the care plans for the resident young people was completed. Inspectors observed that each of the care plans were in date, contained appropriate information and had been regularly reviewed. These plans included information on the progress for young people, their emotional needs and therapeutic requirements, details for family contact and general plans for their care. Further there was evidence that young people had been asked for their input into their care plans and had been helped to prepare for review meetings. Previous care plans and minutes for care plan meetings were held on file in the centre to evidence regular review.

Placement planning in the centre was overseen by the centre manager and plans are reviewed on a weekly basis for each of the young people. Placement plans are created under the headings of external contact; health; key working and therapeutic interventions; education; significant events and other issues. As part of this inspection, a review of the placement plans was carried out and inspectors noted that these were regularly reviewed at staff team meetings and considered live documents in the centre. Further, during interview with staff members inspectors noted that they were aware of the goals of placement plans for young people and how these were being delivered. A corresponding report is also written each month providing updates on progress for young people.

However, a review of the key working sessions on file for young people evidenced that at times the focus on key working was on addressing behaviours and reviewing incidents with young people rather than the delivery of set key work sessions. In one instance inspectors observed that there were four pieces of individual work for one young person on one day and it is recommend that there is consistency in the delivery of this work. It was also noted that while one young person had increased drug use during a period living in the centre, there was no correlating response through key working to provide support on this issues. A substantial number of the key work sessions and individual work records were also noted as being opportunity led and further planning was required to ensure that placement plan goals were met.

Discharges

From a review of the policy document provided it was observed that the centre does not have a policy on discharges and one should be created. Inspectors observed that there had been two discharges in the period since the previous inspection. Records in the centre evidenced that both discharges were unplanned in nature, not in keeping

with the young people's care plans and were as a result on their violent and risk taking behaviours. Further, as noted above, one young person who was resident at the time of inspection was subsequently discharged due to a violent incident.

Inspectors reviewed end of placement reports for young people and found these to contain sufficient detail and to be written to an appropriate standard. These reports spoke positively about the young person and were used to discuss the outcomes and also for learning for centre staff.

Children's case and care records

Inspectors found that each young person had a care file that contained the required information such as birth certificates, care orders, care plans, pre-admission risk assessments and records of social work contact. Inspectors reviewed the care files for the young people resident in the centre and found that these were organised to facilitate ease of access and that tracking of the care interventions and key working being provided by the staff team was clear. Daily logs were also written to the required standard and young people were offered the opportunity to add entries to these if they wished.

However, it was observed that the case files for one previous resident and substantial referral information for another young person were left out in the centre manager's office. Further, during the course of the inspection it was noted that both the centre manager's computer and staff office computer were not locked or password protected. The centre manager must ensure that all information pertaining to young people is stored securely and archived appropriately when young people move on from the centre.

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 met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 22, Case Files.

-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan

-Part IV, Article 23, Paragraphs 1 and 2, Care Plans

-Part IV, Article 24, Visitation by Authorised Persons

-Part V, Article 25 and 26, 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 9, Access Arrangements

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

-Part III, Article 17, Records

Required Action

- The centre manager must ensure that key working is delivered consistently and in line with the goals of the young person’s placement plan.
- The centre manager must ensure that the pre-admission risk assessment process is used effectively to protect young people from the behaviours of their peers.
- The centre manager must ensure that a policy on discharges is created.
- The centre manager must ensure, insofar as is possible, that discharges from the centre are in line with the goals of the young person’s care plan.
- The centre manager must take steps to ensure that all information (including electronic information) is stored securely to protect the privacy and confidentiality of young people.

3.7 Safeguarding and Child Protection

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.

3.7.1 Practices that met the required standard in full

None identified.

3.7.2 Practices that met the required standard in some respect only

The centre has a policy on safeguarding and child protection which details the safeguarding procedures in place in the centre. Inspectors found evidence of ongoing training, supervision and appraisal of staff and also that there was an appropriate complaints policy. Young people had access to their social workers and EPIC had visited one young person who had recently been admitted to the centre.

However, during interview inspectors noted that staff members were not familiar with aspects of safeguarding in the centre and were not able to adequately describe good safeguarding measures taken in the centre. As such it is recommended that safeguarding is discussed at team meetings and supervisions periodically.

3.7.3 Practices that did not meet the required standard

None identified.

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.

3.7.4 Practices that met the required standard in full

The centre has an appropriate policy on child protection that is in keeping with Children's First: National Guidance for the Protection and Welfare of Children, 2011. During interview staff were familiar with steps to be taken in the event of a disclosure and were confident that they knew how to appropriately record and report this and could support the young person. The manager is the designated person for reporting child protection concerns in the centre. A review of the care files in the centre evidenced that there were no outstanding child protection concerns and inspectors observed from the training certificates for staff that they had been provided with training in Children First, 2011.

3.7.5 Practices that met the required standard in some respect only

None identified.

3.7.6 Practices that did not meet the required standard

None identified.

Required Action

- The centre manager must ensure that staff are familiar with aspects of safeguarding in the centre.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Maintenance and repairs

Inspectors reviewed the maintenance log for the premises and found that there was a clear system for the notification of issues and that maintenance was occurring in a timely manner. There was a record of the work that had been completed and there was evidence of an external line manager routinely visiting the building.

Safety

During this inspection a review was conducted of the centre health and safety statement. This document was in date and contained appropriate information. The centre has a policy on safety that requires those employed in the centre to be aware of their obligation to health and safety in the work place and to be familiar with the centre's health and safety statement. The centre has a designated health and safety officer and there are effective means of reporting hazards. The training certificates held on file evidenced that members of the staff team had up-to-date training in first aid and copies of driving licenses were also present.

3.10.2 Practices that met the required standard in some respect only

Accommodation

This premises is a single story building in a rural area of county Meath. The property is in close proximity to a large town allowing access to public transport, schools and amenities. Each of the young people have a room to themselves and there are a number of communal areas in the building to spend time with friends and family in private if required. There is garden space to the rear of the building and appliances are domestic in nature. There is also adequate light, heating, ventilation and suitable cooking facilities. During the inspection a walk through of the premises was completed by inspectors with the centre manager. It was observed that the communal areas required more soft furnishings to create a homely environment. Further, a broken window to the front of the house needed to be repaired and a sofa in one sitting room had a large rip in it. Inspectors also noted there was paint

splatter on the floor in a number of areas and a broken plug socket in the hall. Some areas throughout the building had been re-plastered following damage and these walls required paint and some rooms of the building need to be cleaned.

Fire Safety

During this inspection of the centre a review of the fire logs was completed and this evidenced that fire safety training was completed by twelve staff on 05/10/16 and that there is an appropriate fire safety routine in place in the centre. Routine checks were being completed on the means of escape, fire doors and fire fighting equipment. Records reflected that fire drills had been carried out on 13/06/17; 16/05/17; 18/04/17 and 28/03/17. The centre has a contract with an external company for the provision and servicing of fire detection and fire fighting apparatus and certificates for testing were held on file. However, during an inspection of the fire extinguishers in the centre it was observed that one extinguisher needed to be replaced.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 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 8, Accommodation

Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions -Part III, Article 15, Insurance

Required Action

- The centre manager must ensure that issues raised above in relation to accommodation are addressed.
- The centre manager must ensure that the issue relating to one fire extinguisher is rectified.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3.4	<ul style="list-style-type: none"> The centre manager must ensure that staff are aware of the procedures for recording and addressing informal complaints made by young people. 	<ul style="list-style-type: none"> The staff team have been made aware at a staff meeting on the 23/08/17 of the difference between informal and formal complaints. They have also been informed of the procedure for recording and addressing same. 	<ul style="list-style-type: none"> The procedure for addressing and recording complaints and the difference between informal / formal complaints has been highlighted to new staff as part of the induction process.
3.5	<ul style="list-style-type: none"> The centre manager must ensure that key working is delivered consistently and in line with the goals of the young person's placement plan. The centre manager must ensure that the pre-admission risk assessment process is used effectively to protect young people from the behaviours of their peers. 	<ul style="list-style-type: none"> Planned key working sessions are discussed at weekly team meetings; goals are identified and are now incorporated into the active placement plans. Completed - 23/08/17. The pre admission risk assessments are being reviewed to ensure that they are more robust. An additional column has been added to include strategies on how to manage behaviours; this is evidenced through IAMP, ICMP, BMP'S and strategy meetings. 	<ul style="list-style-type: none"> A specific date and time is set aside by the key worker weekly for planned key working sessions to take place A new template is currently being devised with the addition of a new resident.

	<ul style="list-style-type: none"> • The centre manager must ensure that a policy on discharges is created. • The centre manager must ensure, insofar as is possible, that discharges from the centre are in line with the goals of the young person's care plan. • The centre manager must take steps to ensure that all information (including electronic information) is stored securely to protect the privacy and confidentiality of young people. 	<ul style="list-style-type: none"> • While last reviewing our policy and procedures, the policy on discharges may have been deleted by accident. The policy on discharges both planned and unplanned is now in the policy and procedure document. Completed 23/08/17. • The revised pre-admission risk assessment process will reflect the impact of the existing resident's behaviours on the referred young people. More emphasis will be given to behaviour and diagnosis for young people. • The centre has a policy that when a young person moves on their files are brought back to the social worker dept, they are not kept in on site. There were files in the centre that pre date this policy as the young person's social worker had moved on / the young person had left care. These files have been brought to our secure storage facility that has been in use prior to the policy being brought into place. The desk tops now have an automated time out screen lock. Passwords are now changed monthly. 	<ul style="list-style-type: none"> • The discharge policy can be found within the policies and procedures for the centre. • Revised pre-admission to be adhered to on all referrals moving forward • Computer maintenance to be carried out monthly.
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		Completed 30/08/17	
3.7	<ul style="list-style-type: none"> The centre manager must ensure that staff are familiar with aspects of safeguarding in the centre. 	<ul style="list-style-type: none"> Safeguarding measures for staff and young people were discussed at the team meeting on the 16/08/17. Supervisors have also been informed to recap this with their supervisees during monthly supervision. SEN template and placement plans have been revised to incorporate safeguarding measures undertaken during events. 	<ul style="list-style-type: none"> Supervisors have also been informed to recap this with their supervisees during monthly supervision
3.10	<ul style="list-style-type: none"> The centre manager must ensure that issues raised above in relation to accommodation are addressed. The centre manager must ensure that the issue relating to one fire extinguisher is rectified. 	<ul style="list-style-type: none"> The house has been given a deep clean, painting and redecorating has begun. The fire extinguisher in question has been replaced 06/07/17 	<ul style="list-style-type: none"> A cleaning rota has been devised for staff as is now in use daily. A deep clean will take place bi monthly. New furniture has been purchased. The centre has a contract with an external company for the provision and servicing of fire detection and fire fighting apparatus. More regular routine checks to be completed by staff.