



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

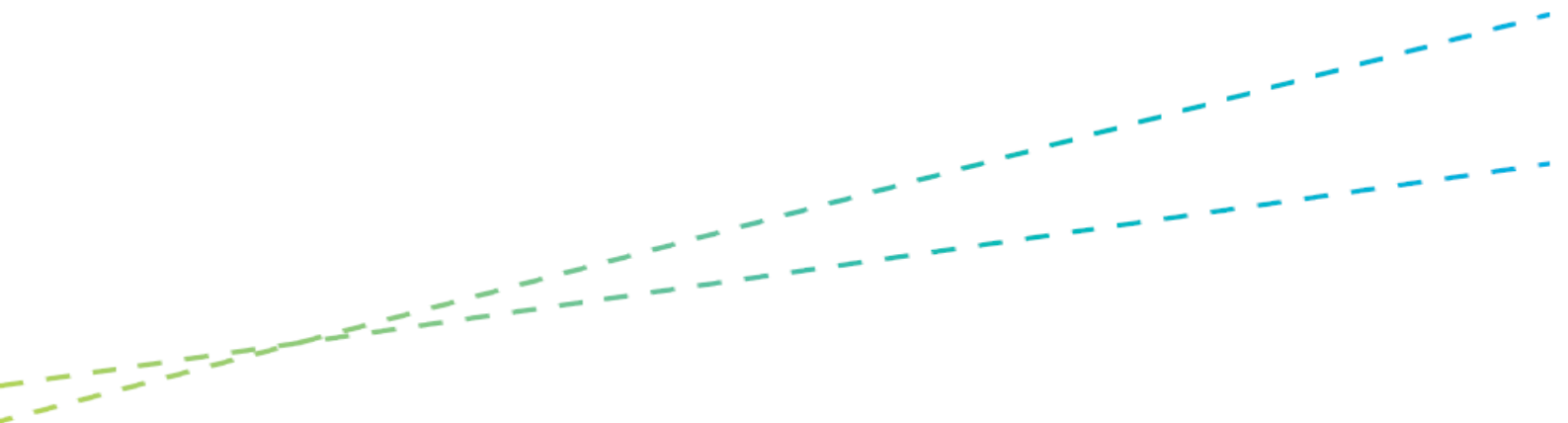
## **Registration and Inspection Service**

### **Children's Residential Centre**

**Centre ID number: 086**

**Year: 2017**

**Lead inspector: Orla Griffin**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Streetline Ltd</b>
<b>Registered Capacity:</b>	<b>Four young males</b>
<b>Dates of Inspection:</b>	<b>April 4<sup>th</sup> and 5<sup>th</sup></b>
<b>Registration Status:</b>	<b>31<sup>st</sup> of May 2017 to 31<sup>st</sup> of May 2020</b>
<b>Inspection Team:</b>	<b>Orla Griffin Sinead Diggin</b>
<b>Date Report Issued:</b>	<b>16<sup>th</sup> of June 2017</b>

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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

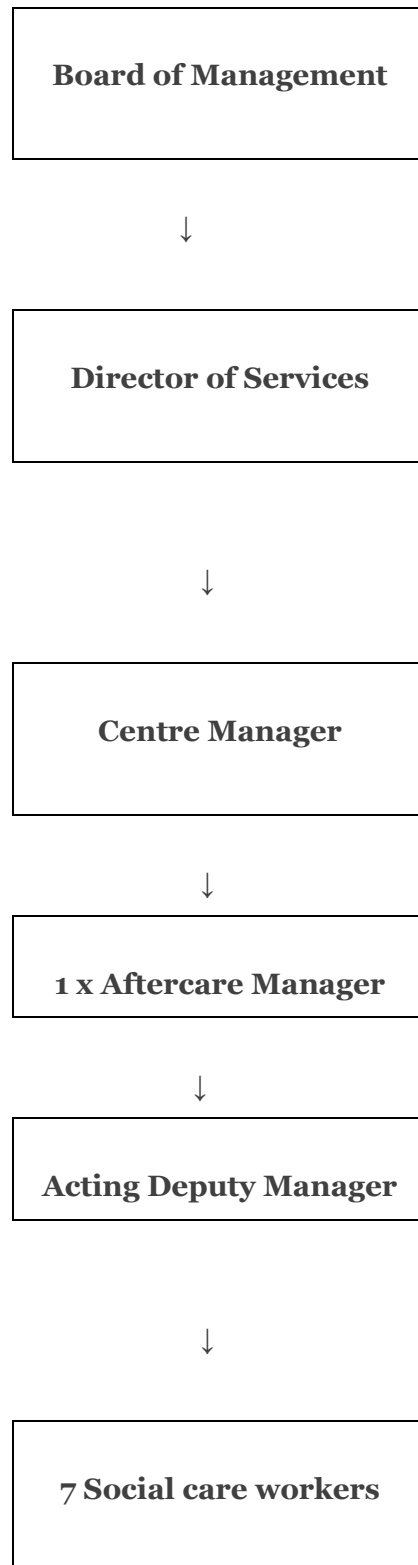
This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was announced and took place over the following dates April 4<sup>th</sup> and 5<sup>th</sup> 2017. 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 questionnaires completed by:
  - a) Seven of the care staff
  - b) Two young people residing in the centre
  - c) The social workers with responsibility for young people residing in the centre.
  - d) Two ex-staff member
  - e) Other professionals e.g. therapists
  - f) One parent/guardian
  
- ◆ 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 management
  - b) Two staff
  - c) One young person
  - d) Three social workers
  - e) Chairperson of the Board of Management
  
- ◆ 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 31<sup>st</sup> of May 2017 to 31<sup>st</sup> of May 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**

On examination of the register, inspectors were satisfied that the records contained the information required under with the Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21. A duplicate register of admissions and discharges for this centre is held by the Child and Family Agency.

##### **Notification of Significant Events**

The centre has a written policy in place regarding the notification of significant events. The review of significant event notification paperwork coupled with social work interviews provided confirmation that significant events had been notified to relevant professionals in a prompt manner and contained sufficient detail of the event that had taken place and reflected efforts made by the team to manage the behaviour in line with their chosen model of behaviour management. A register of significant events is maintained by the staff team and this record corresponded to the significant events on the care file. A register of significant events is maintained by the staff team and this record corresponded to the significant events on the care file.

The team meeting had been a forum for the management and social care workers to collectively discuss and internally review significant events for young people in the centre. The team meeting observed by an inspector while on site evidenced the capacity and effort of the team to consider influencers of behaviour including early life experiences and current circumstances. This forum had been used to discuss interventions and track their effectiveness.

An external mechanism for the oversight of significant events in the centre had not been in place. The manager had identified that opportunities to participate in a forum with other managers to review significant events and have a shared learning experience had not been available due to the stand alone nature of the service. The manager identified that efforts had been made and would continue to seek out forums of this nature.

## **Training and development**

A member of the staff team had responsibility in organising mandatory training for the staff team. The records reviewed indicated that staff had completed mandatory training in child protection, first aid and fire safety. The monitor completed an audit in July 2016 and identified that the timeframes for refresher training in therapeutic crisis intervention had not been adhered to for several staff. Inspectors found that at the time of inspection this training had been attended to with the team and there was a schedule in place for refreshers to take place. However, there was evidence of delay in the availability of therapeutic crisis intervention training for newly appointed staff members and inspectors recommend that this is addressed more promptly following staff commencement of duties at the centre.

There was evidence that the manager provides tailored readings relevant to the model of care for the staff team to review to develop their practice with young people. A principal clinical psychologist in the local area attends team meetings every four to six weeks providing guidance that develops staff practice in a manner individualised to young people in placement.

The manager identified that training in data protection and social media would be beneficial to the team. A formal training needs analysis of the team had not taken place and inspectors recommend that this is undertaken by management to further inform additional training needs.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Management**

The position of centre manager is filled on a permanent and full time basis by a suitably qualified person who has managed this centre for a significant period of time. The manager, who is on site during normal working hours from Monday to Friday, provides strong and supportive leadership for the staff team evidenced in a range of areas including feedback in staff questionnaires and interviews and the good standard and continuity of care delivered to resident young people.

Information gathered during the onsite inspection demonstrated that the manager had mechanisms in place for the oversight of care practices including facilitation of team meetings, daily debrief and handover meetings, supervision of the staff team, attendance at planning meetings for young people and oversight of centre records and staff practices in line with the organisations policies and procedures. Inspectors found the manger had a concrete understanding of the needs of the young people in placement and had systems in place to support consistent and informed practice from the staff team in meeting these needs.

The last inspection and monitoring report identified deficits in the centres recording systems. Inspectors found that while progress had taken place in both recording and filing systems further developments needed to be implemented by the team and manager in administrative files and children's case and care records as detailed further in this report. Inspectors identified that supervision of the staff team had not been occurring in line with the centre's written policy and this is an issue for action to be addressed by the manager.

The manager, accompanied by a member of the staff team, had reported directly to the board of management on a six weekly basis to provide an update on operational matters in the centre. Minutes of board meetings demonstrated oversight of areas including finance, human resources and health and safety and demonstrated that a process was underway to strengthen the corporate governance function of the board. There was evidence that the board of management had participated in the response to the monitors report and discussed issues with the manager including improvement of staff files and updating policies and procedures.

The chair person of the board engaged in interview with inspectors and had a good understanding of the needs of the centre in terms of a deputy manager position for example.

While the inspectors recognised that the manager and staff team had achieved the delivery of a high standard of care, it is recommended that a mechanism for a suitably qualified person to come on site periodically to quality assure the operation of the centre would be beneficial to the effective running of the centre.

## **Staffing**

The centre operated with a staffing complement of seven full time and suitably qualified staff members; six of whom held full time contracts. A contract had been pending for a full time staff member who, when interviewed, had been satisfied that this had been in process. Resource issues had impacted on the services capacity to have designated social care leader positions and a contracted deputy manager position. The manager identified that efforts to secure additional funding to progress this further had been ongoing.

The rota operated in 24hr shifts and two staff had been scheduled for sleepover each day. Allocated social workers for the young people in placement were interviewed by inspectors and shared a collective view that the manager and staff team provided a high standard of care to the young people. There had been periods where additional staffing had been required at the centre to meet the needs of the young people in placement and the local area had been responsive in providing the additional resources requested. The manager periodically accepts social care students on placement and advised that this can be an opportunity to identify potential future staff for the centre.

A high number of the team had gained long term experience working with young people in residential care at this centre where staff turnover rates had been low. The staff rota and daily logs reflected a stable and consistent staff team had been in place at the centre. The manager reported low levels of sick leave and the availability of a regular relief panel when required. Inspectors interviewed a staff member who had joined the team in the year prior to inspection. The staff member described experiencing a robust induction to the centre that included review of centre policies and procedures, opportunities to observe staff on shift and assignment with an experienced social care worker who acted in a mentoring capacity.

The sample of personnel files reviewed demonstrated deficits in vetting procedures including meeting the requirement for three written and verified references for each staff members. For two staff members overseas vetting had not been secured prior to their commencement of duties at the centre and the manager advised that vetting had been received following the onsite inspection. Centre management must ensure that all staff members are appropriately vetted before taking up duties in the centre and deficits in vetting for the current staff team are to be addressed as a matter of priority.

### **Supervision and support**

Supervision records reviewed by inspectors had been relevant to the social care role and referenced the model of care, key working, the team, training and other items the team wished to bring to the agenda. There was evidence of staff appraisals taking place. The records demonstrated strong support from the manager and good guidance for the key working role. However, supervision had not taken place every six to eight weeks in accordance with the centres written policy although there had been some improvements latterly. The manager must ensure that supervision is provided to the staff team every six to eight weeks in accordance with the centres written policy. The manager had not yet decided on a recording template for supervision and inspectors recommend that this takes place to standardise the process.

Staff questionnaires and interviews had a consistent theme that reflected a positive and supportive working environment in the centre. The manager engaged in a daily check in with staff coming off shift prior to the daily handover to reflect on events and debrief. Daily handover meetings and weekly team meetings had been in place and these forums were well attended had been used by the team to communicate openly about the young people in placement, their needs and care planning. Inspectors identified that the progression of the placement plan had been discussed at team meetings. The psychologist, present during the team meeting observed, attends team meetings every six weeks and provides clinical oversight and guidance to the care provision of the team. The observation of the team meetings had not connected well to the corresponding minutes and improvements are required in this regard. The care approach is theoretically based and the manager had recommended specific readings for the team to inform their practice. Inspector observed the team meeting and found that it was a forum where staff could voice their opinions and challenge each other in an open and supportive environment.

The manager reported monthly supervision with an external supervisor who had completed a questionnaire as part of the inspection process. The questionnaire reflected that the external supervisor had been satisfied that the service offered the young people a high level of support and care and that no concerns of note had arisen through this role. However, written records of this supervision had not been available to inspectors while onsite and thus it is not possible to provide an evaluative commentary of the work carried out. The board of management must ensure that the manager is supervised on a regular and formal basis and records of this supervision is securely maintained.

### **Administrative files**

Inspectors reviewed a range of administrative files in the centre including daily logs, personnel records, staff supervision, staff rotas and petty cash, centre registers, handover book and team meetings. Inspectors identified that the standard of recording by the staff team had varied in quality and attention to detail and the manager had not addressed these issues on review of centre records. The completion of standardised templates in the handover book and daily logs had not been routine practice by all members of the team. Records of team meetings had not been congruent with the level of discussion and decision making noted by inspectors during on site observation. Inspectors identified that staff had not consistently signed and co-signed records and the manager had not signed off on centre registers.

On the basis of the inspection findings, the manager must evidence oversight of administrative files and ensure a consistent standard of recording in administrative records is achieved by the staff team. The standard of administrative files and recording at the centre has been a recurrent issue noted in inspection findings and this lends to the recommendation that the appointment of a deputy manager should consider the skill set required to both improve and sustain improvements in this area.

The manager was satisfied that funding had been sufficient for the day to day operation of the centre. The board of management had oversight of the centres financial systems and a financial audit had taken place to ensure that the service operated effectively. Petty cash records and maintained and signed off by the staff team and demonstrates generally day to day expenditure at the centre. Records had also been maintained of monies provided to young people for pocket money and other expenditure.

### **3.2.3 Practices that did not meet the required standard**

None identified.

### **3.2.4 Regulation Based Requirements**

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

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

### **Required Action**

- Centre management must ensure that all staff members are appropriately vetted before taking up duties in the centre and deficits in vetting for the current staff team are to be addressed without delay.
- The manager must ensure that supervision is provided to the staff team every six to eight weeks in accordance with the centres written policy.
- The manager must ensure that team meeting records are detailed in the discussion and decision making that takes place.
- The board of management must ensure that the manager is supervised on a regular and formal basis and records of this supervision is securely maintained.
- The manager must evidence oversight of administrative files and ensure a consistent standard of recording in administrative records is achieved by the staff team



### 3.5 Planning for Children and Young People

#### **Standard**

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

#### **3.5.1 Practices that met the required standard in full**

##### **Suitable placements and admissions**

The centre is operated by a voluntary body and provides medium to long term placements to young males aged between fourteen to seventeen years who cannot live at home and require support into early adulthood. The centre had a written policy on referrals and admissions to the centre. Referrals are received from the Child and Family Agency and the manager reviews the young person's profile and completes a pre-admission risk assessment for referred and resident young people to assess the suitability of the placement. Young people can remain in placement until eighteen years of age. There is an aftercare residential project on the premises and young people who are eligible to transition to this facility can remain in placement up to twenty three years of age while in full time education. The register of young people living in the centre indicated that admissions to the centre and duration of placements had been in line with the centres purpose and function

There was evidence of good communication with social workers at the referral stage including receipt of pre-admission information, completion of the pre-admission risk assessment and individualised transition planning. The manager had been responsible for pre-admission risk assessments and these set out the centres response to manage risk as reflected in the subsequent individual crisis management plan. In the course of interview, the allocated social worker for each young person had been satisfied that the placement had been suitable to and continued to meet the needs of the young person.

The manager requested and had been granted derogation for the placement of a young person aged below the stated age range of the centres written statement of purpose and function. The manager identified that while the young person had been

suitably placed with a clear placement objective of reunification, it had not been considered suitable for the young person to continue living in the centre until 18 years should this objective change. The young person had questioned the suitability of the placement and this had been communicated to the allocated social worker. On this basis, it is recommended that a review of the suitability of the placement takes place more frequently than statutory care planning reviews and in consultation with the young person and involved professionals.

Young people had been assisted to understand the reasons for and the purpose of their placement by their social workers and the social care team. Young people in placement receive a written information booklet that provides information about the centre, their rights, the staffing, rules and responsibilities.

### **Contact with families**

The importance of the family in terms of identity, contact, re-establishing relationships and exploring reunification, where beneficial to the young person, had been evident in centre practice. The manager and staff team made clear efforts in supporting family relationships and plans had been made collaboratively between the social work department and the centre to support family relationships. Feedback from a young person's parent reflected that they had been kept fully informed of every aspect of the young person's care. Families had been consulted and invited to participate in the statutory care planning process.

Social workers noted that the location of the centre had been ideal given the close proximity to their families as there were significant pieces of work being undertaken with each young person in placement around supporting family relationships. Young people, through interview and questionnaires, had been happy with the level of family contact. Two young people had been at different stages of a reunification plan. For one young person supporting relationships with siblings and re-establishing contact with a parent had been a key focus. For each young person, specialist clinical support had been in place to provide guidance to the staff team in supporting contact with families towards the goals outlined. Social workers had been cognisant of the additional family supports to be put in place to increase the likelihood of a successful long term reunification being realised.

There was evidence gathered in the course of the care file review and interviews of professionals that young people's voices are heard and due consideration is given to meeting their requests around family contact.

Young people are allowed to have friends to visit the centre at times agreed with the staff team on condition that the rules of the centre are respected.

### **Supervision and visiting of young people**

There was evidence of regular social work visits to the centre to meet with the young person and in private outside of the care planning process. Young people in placement had contact information for their social worker and had access to their own private telephone and the centre telephone to make calls in private.

Allocated social worker's had signed off on key documentation included the pre-admission risk assessment, placement plans and individual crisis management plans. Social workers had been notified of significant events and received bi-monthly reports and regular telephone contact from the centre regarding the young person's progress. There was evidence that two of the three allocated social workers had signed off on the daily logs.

The centre maintained a record of social work visits to the centre. Inspectors recommend that the records are entered into the care file in a manner that facilitates tracking of visits and details of action taken as a result of the visit.

### **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.

Each young person had an allocated Child and Family Agency social worker who had engaged in interview with inspectors. The social workers had a good knowledge of the young people and their progress in placement, visited the centre regularly and reported a positive and collaborative working relationship in responding to the needs

of the young people. Some social workers had taken the opportunity to engage in team meetings when attended by the clinical psychologist.

Inspectors identified issues for action to be addressed by particular social workers in respect of statutory care planning and this is discussed in the relevant section of the report.

Where statutory care plans had taken place social workers had been supportive of young people and their families participating in decision making. Social workers had been satisfied that the young person had been safe and well cared for at the centre.

### **Emotional and specialist support**

The centre manager and staff team operated from a psychodynamic and humanistic approach and worked closely with young people who presented with complex emotional and behavioural needs. The team were cognisant of the impact trauma had on young people's coping mechanisms, interactions and their view of the world. The review of the care files, daily logs and interviews with the staff team reflected that the team took opportunities in everyday moments to work with young people in a developmentally supportive way that was informed by their training and specialist support.

It was evident that the manager and team were proactive in helping young people to access support services including drug treatment, mental health and psychology and there was good interdisciplinary communication with services involved. Every four to six weeks a principal clinical psychologist attended the team meeting to provide guidance to the staff team in working with the young people in placement. In the meeting observed by an inspector the team demonstrated considered and sensitive observations of the young people's emotional well being. The emotional support and interaction from staff with young people had been individualised to their needs. Inspectors found a good example of clear and focused daily practice guidelines on the care file for a young person. However, this had not been represented clearly on all files and as referenced earlier in this report, the recording of clinical guidance recommendations requires further development. Social workers had advised inspectors of their view that the emotional needs of the young people in placement were being effectively responded to.

Young people had been allocated key workers on admission who played a particular role in building a supportive relationship with the young person and this had been reflected in young people's questionnaires and interviews.

## **Preparation for leaving care**

The manager and staff team have a focused approach to working with young people in line with the individual placement objectives and goals and in consultation with the young person, their family and involved professionals. Where reunification had been a possibility, inspectors found that the staff team actively worked to consistently challenge behaviours of the young person that had contributed to an admission to the centre, in an age and developmentally appropriate manner, to support the viability and success of a return to their family. Alongside this work, and for the young people transitioning to aftercare services, the team worked in liaison with relevant professionals to actively prepare the young people and equip them with the necessary skills to navigate the day to day demands when leaving care in line with the young person's capacity. The service use their own 'after care plans' that recognises young person's skills and areas for development to be supported so that they are better able to manage the demands of day to day living after leaving care.

## **Discharges**

Over the last three years, all five discharges from the service had been planned and young people had transitioned to a residential aftercare programme.

Ex residents of the centre and the aftercare service had returned to visit the centre from time to time and the manager advised that feedback is sought informally from young people to inform service provision. The manager informed inspectors that some of the young people had achieved positive outcomes in education and this was considered in terms of the effectiveness of the service. The manager had reasonable concerns that the young people were vulnerable to the impact of the housing crisis and had made efforts to strengthen relationships with housing associations.

For young people discharged from the service, who had not transitioned to the onsite aftercare programme, an end of placement report is completed in consultation with the young person.

### **3.5.2 Practices that met the required standard in some respect only**

#### **Statutory care planning and review**

For two young people statutory care plan and review meetings had taken place in line with regulations. However, for one young people the post admission care plan had not been observed on the care file and for another the most recent statutory care plan review record had been considerably delayed this must be addressed by the respective Child and Family Agency social work team leaders.

When statutory care plan and care plan review meetings were convened by the allocated social worker there was evidence that family members and the young person had been invited to participate in the decision making process. Young people had been consulted as part of care planning in a variety of ways including meeting with their key worker and/ or social worker, completing review forms and attendance at these meetings. The care plans on the centre files were found to be of a good standard and recognised the challenges faced by the young people and set out the support required.

One young person's social worker informed inspectors that, following attendance at related training, a friendly version of the next care plan would be developed for the young person whose learning needs made reviewing the document and decisions made challenging. Given that the current statutory care plan remains in place for several months, inspectors recommend that this approach is considered for the current care plan.

The young person's key worker developed the placement plan following admission and this document was reviewed quarterly. Placement plans reviewed by inspectors showed cohesion to the goals of the care plan. Social workers had been informed of placement plans and had routinely signed off in agreement. Key professionals and family members had also signed off on the placements plans as appropriate.

Inspectors identified that more attention to the detail of the placement plan was required with respect to assigning goals to particular staff members, setting out and tracking timeframes for completion and evaluating the implementation of the placement plan with cross referencing to the key work being carried out. A placement plan working document was completed monthly. Inspectors found that the staff had entered some commentary around the progression of goals however it was not always clear by whom and whether the goal had been met. Inspectors

identified that this had been an issue around records that needed to be addressed as there was evidence of regular work taking place with young people in line with their placement plan.

Bi monthly reports had been completed for the social work department and provided an overview of the young person's progress in placement including family contact, education, and individual work. Inspectors found that the individual work had been regarded in general and that further detail should be provided with regard to the frequency and nature of key working taking place with the young person to demonstrate the work of both the young person and team and to facilitate social work oversight of the placement.

### **Aftercare**

Two young people in the centre had been eligible for aftercare services in line with the national aftercare policy, *HSE National Policy and Procedure Document on Leaving and Aftercare Services (2011)*. One young person had recently turned sixteen and had been referred to aftercare services. For this young person a reunification plan had been progressing and the allocated social worker informed inspectors that assurances had been sought and received from higher management that the young person would remain eligible for aftercare service provision should the return to the family be realised. The young person had been referred and was on the waiting list for an aftercare worker. The Child and Family Agency principal social worker with responsibility for this young person must provide an update to the inspectorate regarding the provision or planned provision of aftercare services for this young person.

For a second young person, the allocation of an aftercare worker had taken place subsequent to their seventeenth birthday. The allocation took place following the onsite inspection and an aftercare plan had not been in place. However, the social worker had explored the possibility of the young person transitioning to the purpose built aftercare house attached to the main house overseen by the aftercare project manager. Eligibility for this unit includes attendance at education, training or employment programme and this young person also required the local area to resource additional staffing. The social worker informed inspectors that this matter was being actively attended to and that an alternative aftercare placement had been secured as a contingency measure.



## **Children's case and care records**

The manager had introduced a new system for filing children's care records. Sections had been clearly indexed and it was straightforward to navigate through the paperwork that was typed and stored chronologically. Some documents, that contained sensitive information, had been stored separately by the manager to facilitate young people's access to their files and inspectors recommend that this is clearly referenced in the relevant sections. Inspectors noted that a specific section to social work visits would also be beneficial to tracking the frequency and outcomes of visits. Inspectors recommend that the manager considers developing an active file that contains all current information including the current care plan and placement plan and documentation that currently informs day to day practice at the centre.

The requirement for an improved standard of recording has been stated in previous inspection and monitoring reports. While progress had been evidenced in this respect further action is to be taken to bring the records to a consistent and good standard. Inspectors identified issues for action, for example, in respect of the completion of standardised recording templates, clear tracking of the implementation of the placement plan and the requirement for staff to sign off on their work. The voice of the young person had been reflected in the prescribed section of the daily log and in files although done so with varying levels of skill. In terms of required documentation, for two young people immunisation records had not been observed on file. The manager and staff team must evidence efforts to secure required information from the social work department on the care file. The service has a system in place for all young people's case and care records to be kept in perpetuity.

### **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 23, paragraphs 3and4, Consultation Re: Care Plan***

***-Part IV, Article 24, Visitation by Authorised Persons***

***-Part IV, Article 22, Case Files.***



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**

- The Child and Family Agency social work team leader must ensure that records of statutory care plan meetings are provided to the centre manager for the care file.
- The Child and Family Agency social work team leader must ensure that the centre manager and young person receive a copy of the most recent child in care review as a matter of priority.
- The Child and Family Agency principal social worker with responsibility for this young person must provide an update to the inspectorate regarding the provision or planned provision of aftercare services for this young person.
- The manager must undertake a review of placement plan records in the centre with regards to attention to detail and how the implementation of the placement plan is evaluated and represented on the care file.
- The manager must oversee that a consistent standard of recording in children's care records is achieved across the staff team.
- The manager and staff team must evidence efforts to secure required information from the social work department on the care file.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>Centre management must ensure that all staff members are appropriately vetted before taking up duties in the centre and deficits in vetting for the current staff team are to be addressed without delay.</p> <p>The manager must ensure that supervision is provided to the staff team every six to eight weeks in accordance with the centres written policy.</p> <p>The manager must ensure that team meeting records are detailed in the discussion and decision making that takes place.</p>	<p>All staff will be routinely get checked every three years beginning June 2017, June 2020, June 2023.</p> <p>It is hoped that when a deputy’s post is allocated to the centre that supervision at 6-8 week intervals will be realised. If not allocated the policy will need to be amended to 8-10 weeks.</p> <p>The manager has ensured that team meeting records are detailed in the discussion and decision making that takes place as of June 2017.</p>	<p>The two outstanding foreign police clearances are now in place. Both returning staff were re-vetted through the national garda vetting bureau prior to being re-employed.</p> <p>Where a deputy manager post is not allocated the current supervision policy for the centre will be revised and adhered to.</p> <p>Three team member who are better skilled in this role will take minutes in the future instead of the rotating system which impacts on the quality of recording Before the</p>

	<p>The board of management must ensure that the manager is supervised on a regular and formal basis and records of this supervision is maintained securely.</p> <p>The manager must evidence oversight of administrative files and ensure a consistent standard of recording in administrative records is achieved by the staff team</p>	<p>Records of the managers supervised will be maintained on site from July 2017.</p> <p>The centre manager will meet with other residential units to view their recording systems in particular and find a permanent method August 2017.</p>	<p>meeting ends minutes will be read back for accuracy.</p> <p>Records of the managers supervised will be maintained on site from July 2017.</p> <p>The manager will finalise the recording system by August 2017 to ensure consistency of practice</p>
<b>3.5</b>	<p>The Child and Family Agency social work team leaders must ensure that records of statutory care plan meetings are provided to the centre manager for the care file.</p>	<p>The Child and Family Agency social work team leader identified that all outstanding care plan meeting records have been forwarded as confirmed by the centre manager.</p>	<p>The Child and Family Agency social work team leader will forward a digital copy of the record of decisions taken at the statutory care planning meeting on the day of the review or the following day for all future reviews and will forward care plans when approval signature is put on care plan.</p> <p>Corrective or preventative strategies were not</p>

	<p>The Child and Family Agency social work team leader must ensure that the centre manager and young person receive a copy of the most recent child in care review as a matter of priority.</p> <p>The Child and Family Agency principal social worker with responsibility for this young person must provide an update to the inspectorate regarding the provision or planned provision of aftercare services for this young person.</p>	<p>For another young person, the Child and Family Agency did not submit a response to this issue requiring action.</p> <p>The Child and Family Agency social worker confirmed that the statutory care plan has been provided to the young person, their family and their family.</p> <p>The Child and Family Agency principal social worker confirmed that the young person had been allocated an aftercare worker.</p> <p>For another young person, the Child and Family Agency social work team leader confirmed that the young person had been allocated an aftercare worker and an aftercare needs assessment had been completed. The allocated social worker was actively pursuing an aftercare placement.</p>	<p>identified by the social work department.</p> <p>Corrective or preventative strategies were not identified by the social work department.</p> <p>Corrective or preventative strategies were not identified by the social work department.</p>
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	<p>The manager must undertake a review of placement plan records in the centre with regards to attention to detail and how the implementation of the placement plan is evaluated and represented on the care file.</p> <p>The manager must oversee that a consistent standard of recording in children's care records is achieved across the staff team.</p>	<p>From July 2017 all supervision will include overview of placement plans. Placement plans will be signed off by key workers.</p> <p>Manager will review log books Monday-Friday and encourage staff to fully utilise the recording template. The manager will allocated a full team meeting to work together with the team to agree on a consistent recording system on 21<sup>st</sup> of June 2017. From July 1<sup>st</sup> 2017 a nominated staff member will be appointed to review all files and assist in overseeing consistency in recording.</p>	<p>Staff will now bring a copy of the placement plan to supervision for review. Half an hour before each team meeting key workers will meet together to review the placement plan. Manager will request placement plan templates used by statutory centres to inform their current template.</p> <p>The manager and team will develop the current recording system to support more structured and consistent recording across the staff team. Recording in the centre will be reviewed on a six monthly basis and an external consultant will be engaged with to assist in this review.</p>
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	<p>The manager and staff team must evidence efforts to secure required information from the social work department on the care file.</p>	<p>Pre-admission documentation will require social workers to provide: Social Report, last Care Plan, birth cert, immunisation records, PPS number, in-date medical card, collective risk assessment, passport, received into care form, care status, approved contacts, last school report. The centre will request details of early life experiences to determine levels of early trauma.</p>	<p>All required information will be requested and records of all emails will be kept on file. If the required information is not provided within a two month period, the centre will notify social work team leader seeking a date for the information to be provided.</p>
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