



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

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| Centre ID number: | 096 |
| Year: | 2016 |
| Lead inspector: | Gary O'Connell |

Registration and Inspection Services
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Registration and Inspection Report

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| Inspection Year: | 2016 |
| Name of Organisation: | Three Steps Services |
| Registered Capacity: | 4 young people |
| Dates of Inspection: | 8th, 9th & 10th of March 2016 |
| Registration Decision: | Registered with attached conditions until the 20th of March 2017 |
| Inspection Team: | Gary O'Connell Jackie Roche |
| Date Report Issued: | 28th of July 2016 |

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1. Foreword

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

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

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

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

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

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

1.2 Methodology

An application was duly made by the proprietors of this centre for continued registration on 27th of January 2016. This announced inspection took place on 08th, 09th, and 10th of March 2016 over a three day period and this report is based on a range of inspection techniques including:

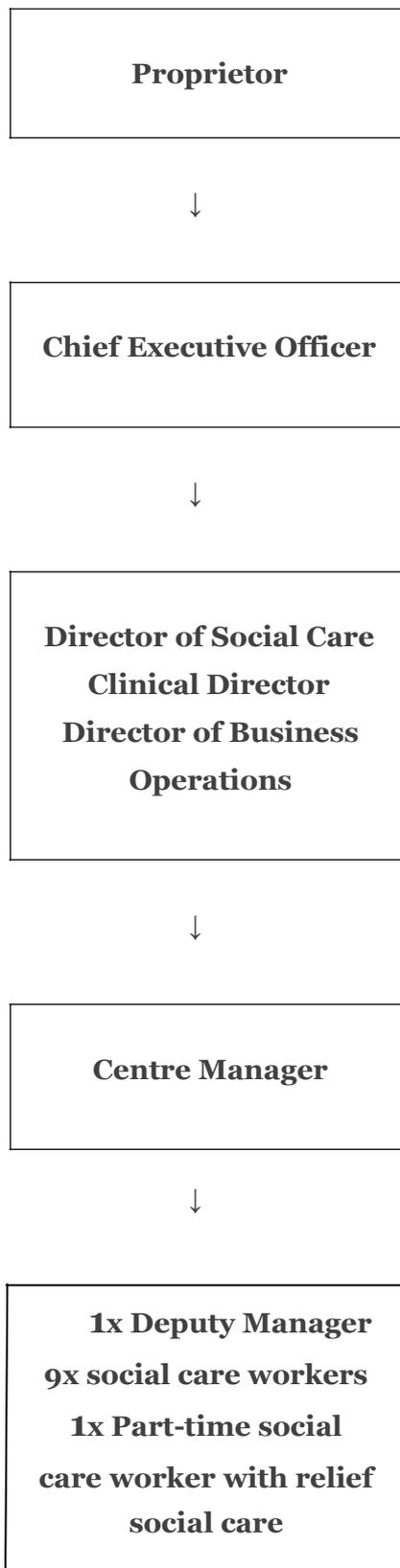
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
 - a) Eight of the care staff
 - b) One young person residing in the centre
 - c) Two social workers with responsibility for young people residing in the centre.
 - d) The chief executive officer
 - e) The director of business and operations
 - f) The director of social care
 - g) The clinical director
 - h) The centre manager
 - i) The deputy manager
 - j) Other professionals e.g., ex-care staff, occupational therapist, youth officer, guardian ad litem, ex resident, school principals.
- ◆ An examination of the most recent report from the Monitoring Officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of TUSLA on our behalf.
- ◆ 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 chief executive officer
 - b) The centre manager
 - c) Four care staff members

- d) One young person
 - e) The monitoring officer
 - f) Three allocated 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

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

The findings of this report and assessment of the submitted action plan on this date 28/07/16 if implemented will deem the centre to not be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres

Given the evidence stated in this report the centre had not 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

Given the evidence in this report the centre had not met the regulatory requirements of the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 6.

As such it is the decision of the Child and Family Agency to register this centre with attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 20th of March 2016 to the 20th of March 2017**

The conditions are as follows: That the centre enacts the action plan received by the inspectorate and that all appropriate and suitable care practices and operational policies are maintained in place on an ongoing basis. The centre capacity is to remain at three young people for the registration period.

3. Analysis of Findings

3.1 Purpose and Function

Standard

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

3.1.1 Practices that met the required standard in full

None identified.

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

This centre had a written statement of purpose and function of the service it operates. The stated aim of the service was to provide a therapeutic residential service for four young people of either gender for medium to long term placements between the ages of 12 and 18 years. The written purpose and function document outlines a 'person centred approach' describing an individualised, needs led approach to working in collaboration with young people. The statement of purpose and function was not dated, did not state who had responsibility for review and this needs to be addressed by the centre management. Centre management must review the purpose and function for it to clearly state when it was reviewed.

There was derogation since November 15th 2015 to allow the placement of one young person who was under 12 years of age. There was evidence that young people had been admitted on an emergency basis. The centre accepts referrals from TUSLA, Child and Family Agency. At the time of inspection there were three young people residing at the centre.

This centre had a written policy and procedures document which states was reviewed by the organisational policy review committee. Inspector's noted that this document was not signed or dated by the organisational policy review committee and this needs to be amended.

There was evidence that care staff had received training in the neuro-behavioural model of care prior to commencing employment in the centre however this model

was being reviewed at the time of the inspection by the organisational management. Organisational management must inform the inspectorate when the neuro-behavioural model of care has been reviewed with timeframes for when care staff will complete training in this revised model of care.

Inspectors compiled evidence that the centre was not meeting the stated purpose and function due to inconsistent external and internal accountability and governance in respect of operational issues. The Inspectors found inconsistent evidence of centre management oversight across care files with limited evidence of organisational management oversight across care files. There were issues with recruitment of care staff and an inconsistent care staff team and this had led to the care team being unable to provide a stable care staff team. Inspectors found evidence of issues with the suitability of placement of young people and a cohesive approach to emotional supporting young people. Behaviour management and the impacted of young people behaviour on one another were not been given due consideration and there was not enough attention given to the individual needs of young people. These concerns had been outlined in previous inspection and monitoring officer's reports and will be highlighted throughout this report.

The centre had an up to date welcome pack for young people and families' booklet outlining the policies and procedures of the centre.

Required Action

- Centre management must review the purpose and function for it to clearly state when it was reviewed.
- Organisational management must inform the inspectorate when the model of care has been reviewed with timeframes for when care staff will complete training in this revised model of care.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Register

The centre maintains a register of all young people in the centre. There had been two admissions and two discharges over the previous year. The inspectors found that the register was in compliance with 1995; Placement of Children in Residential Care Regulations. A duplicate of the register was maintained centrally by TUSLA, Child and Family Agency.

3.2.2 Practices that met the required standard in some respect only

Notification of Significant Events

The centre had a policy on the notifications of significant events. The inspectors observed from the notification of significant events viewed they had not been consistently signed by the centre manager, a number misfiled and this needs to be amended. The inspectors observed the significant event register and found inconsistent evidence of organisational management comments and signing that they had reviewed same. The centre had a secure server from which to electronically transmit reports.

The monitoring officer stated in interview that significant events had not been reported consistently in a timely fashion and a number of significant events had not been reported to them previously. Social workers in interview also sighted issues with significant event notification. Inspectors noted time delay in reporting significant event to professionals. Centre management must ensure that they have a prompt notification procedure and that significant events are consistently reported to all professionals.

Supervision and support

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

The inspectors found that supervision is recorded and signed by both parties and it had a set format. Supervision record referenced engaging young people and relationship building. However, supervision was not consistently conducted within the policy timeframe, supervision contracts were not consistently on file and there was a lack of evidence that the implementation of young people's placement plans were effectively addressed. Supervision files noted the high turnover of care staff had affected the consistency of care offered to the young people resident. Centre management must ensure that supervision contracts are in place for all staff members, that supervision takes place within policy time frames and that they reflect the implementation of young people's individual placement plan.

Inspectors found from review of the personal files that a high number of care staff were inexperienced in residential care and there was no consistent evidence that they were offered consistent supervision. Centre management must ensure that supervision is offered to inexperienced care staff at four week intervals for a set period of time.

From review of the personal files the inspectors noted that performance reviews are conducted with the care staff. The inspectors found that these were not consistently conducted yearly and recommend that this is amended by centre management for care staff professional development.

It was noted in the care staff personal files that staff members had been on leave due to challenges they experienced in the centre such as assault and allegations made against care staff. From review of the personal files and in care staff interviews the inspectors found that care staff members were aware of the support mechanisms provided with regard to stress or injury if required.

There was evidence that the centre management did not receive effective supervision or support from external management over the twelve months prior to the inspection. Organisational management must ensure that centre management receives consistent and effective supervision in line with the policy. The inspectors noted post

the inspection that a new deputy manager had been assigned to the centre. Centre management must confirm that the new deputy manager had been trained in a recognised model for the delivery of supervision.

The inspectors ascertained from the files that shift hand-over occur daily. The inspectors found from the files and attending a hand-over meeting that they were structured and focused on young people daily tasks and plans including focus on professional and family contact, education and health . The inspectors examined the daily logs and they were completed regularly and evidenced the voice of the young people.

Centre team meetings take place fortnightly. The inspectors reviewed a cross section of minutes and found that they were inconsistently recorded and this made it difficult to evidence a link between planning and the young people's individualised plans. Inspectors recommend that the team meeting recording be consistent to better reflect the link between planning and the young people's individualised plans.

Multi-disciplinary meetings take place fortnightly and these are attended by care staff and the multi-disciplinary clinical team consisting of professionals from psychiatry and psychology. Inspectors observed part of a clinical review meeting and reviewed a cross section of minutes. There was no consistent record of who attended these meetings and inspectors observed a low attendance of care staff at the meeting attended. From review of the multi-disciplinary meeting minutes they did not consistently state who were to perform agreed goals and timeframes for completion. The multi-disciplinary meeting minutes did not consistently evidence the clinical team support to the care staff with known young people diagnosis and how to manage young people behaviours. Centre management must review the multi-disciplinary meetings to include who attended the meetings, evidence who are to perform agreed goals, timeframes for completion and evidence the clinical team support to the care staff with known young people diagnosis and how to manage young people behaviours.

In interview social workers stated that they were unaware that they can attend multi-disciplinary meetings and had requested minutes of these meeting but they were not consistently receiving same. Centre management must ensure that minutes of multi-disciplinary meetings are sent to social workers and request that social workers attend these meeting from time to time.

Training and development

The centre had a policy and procedure in relation to training and development. The centre had a training officer assigned in the centre. The inspectors reviewed the pre-inspection pack, a cross section of personal files and a training folder provided by the centre manager. From review of these documents the inspectors were able to verify that care staff had attended up to date training in core areas. In order to meet the care needs of the young people residing at the time of the inspection there was evidence that care staff required training in areas such as bullying and preparation for leaving care. Management must provide a schedule with timeframes for when care staff will attend training in order to meet the care needs of the young people resident and any other training that the care staff require.

There was evidence that TUSLA, the Child and Family Agency placed young people in the centre due to their known diagnosis with the requirement that care staff had specialist skills supported by a multi-disciplinary clinical team. There was no evidence that care staff received specialised training in regards to young people known diagnosis to support young people. This was confirmed during interview with social workers and review of young people's records. Management must ensure that care staff are trained to meet the needs of young people referred with specialised training in regards to young people known diagnosis to support young people placed in the centre.

In interview centre management stated the organisation had conducted a management training needs analysis and the inspectors were provided with a copy of same. Organisational management must provide the inspectorate with an outcome to the management training needs analysis and how this will support management development.

3.2.3 Practices that did not meet the required standard

Management

The organisational structure of the centre comprises an interim chief executive officer, a director of services, a director of social care, clinical director, centre manager, deputy manager, nine social care workers, one part-time social care worker and relief staff. During the inspection process this organisational structure were being reviewed by the newly appointed chief executive officer and this will be discussed further in the report.

The centre manager was suitably qualified and had many years experience working in residential care. They were in post for a period of one month at the time of this onsite inspection and shortly after the inspection they relocated to another centre operated by the organisation. The centre manager was supported by a deputy manager who had designated responsibilities. The deputy manager had acted as manager in the centre for two months prior to the appointment of the manager. Following on from the inspection the deputy manager was appointed as centre manager. The inspectorate was formally notified of these appointments. Organisational management must ensure suitable support, training and supervision will be provided consistently to the new centre management and this is forwarded to the inspectorate.

The centre manager was based in the centre from 9am to 5pm on a Monday to Friday basis. They stated they had systems in place to oversee the work of the centre and to ensure the effective operation of policy and care practices. These included staff supervision, team meetings, multi-disciplinary meeting, external meetings, and placement planning. The inspectors gathered evidence that oversight systems had not been consistently implemented by centre management. There were deficiencies within practices including consistent supervision of the care staff, consistent management team, consistent care staff team, consistent review-of centre documentation, analysis of significant events and effective evaluation of young people resident progress. Inspectors did not consistently evidence external management support of the previous centre management. The inspectors acknowledge a lack of consistent external leadership and management in the centre and as a result care practices were adversely affected.

There was evidence of many changes within the external management of the organisation and at the time of the inspection the structure was not fully developed in order to offer effective robust governance to care staff and management. One inspector met with the chief executive officer of the organisation. They acknowledged deficits in the external management, governance and leadership of care and operational matters in the centre. They reported an organisational commitment to restructuring the management system. This revised external structure was not implemented at the time of the inspection. The inspectors noted that the issue of external management oversight had been outlined in previous monitoring officer's and inspection reports to this organisation. The chief executive officer of the organisation must provide the inspectorate with a copy of the new managerial structure to include job specifications, evidence of qualifications of those allocated to key roles and a clear plan for the future operation of external management and governance in the organisation.

Inspectors evidenced that management meetings were not taking place consistently. There were only three records in 2015 and three in 2014. Organisational management must ensure that management meetings are consistent and robust to support centre management.

Internal audits were not taking place in line with the six monthly time frames and review of audits did not evidence allocation of tasks to designated personnel. Organisational management must ensure that there is a system in place to audit care and operational practices in the centre and that these clearly reflect actions to be taken and time frames for completion.

The inspectors note management are to complete significant event notification, restrictive practice and rights reviews monthly and a significant event notification, restrictive practice and rights review are conducted with professionals outside the organisation every six months. This forum is designed to review significant events, what appeared to work, what did not work, complaints, child protection, restrictive practices and consequences. The inspectors found that documents viewed did not clearly record those in attendance, none were signed, inconsistent reviewing of antecedents of incidents or analysis to inform future practices. From the documents viewed they had cut and paste with another young person's incidents who was discharged from the centre. A document stated with regards to young people resident that a consistent approach works best with all young people. The inspectors question the care staff ability to be consistent as it will be outlined in this report that care staff consistency was an issue for the centre. Management must ensure that significant events notification, restrictive practice and rights restrictive reviews are reviewed in accordance with the stated timeframes and that records of these meetings reflect those in attendance, analysis of incidents and guidance for practice in the centre.

Given the evidence stated above the centre had not 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

Staffing

The care staff complement in the centre consists of a centre manager, a deputy manager with responsibility, nine social care workers and one part-time social care worker which are supplemented as required by additional relief care staff. The inspectors found from the personal files that the current social care team all having relevant qualifications.

Over the two years prior to the inspection 20 care staff members had ceased employment in the centre. The inspectors found that three care staff had more than two years experience of working in the centre. Two care staff were on extended leave and six of the care staff had less than one years experience of working in residential care. The inspectors found that there was a lack of balance of experienced to inexperienced staff employed to meet the stated purpose and function and therefore could not meet the aim to have at least staff member qualified to child care leader level on each shift.

The inspectors reviewed the rosters from September 2015 to February 2016 and found an unacceptably high level of different care staff members covering shifts in the centre. The centre staff rota evidenced that young people were cared for by an inconsistent care staff team. In September 2015, 15 staff members covered the rota, November 2015, following the admission of a new young person 28 different staff members covered shifts, December 2015, 18 different care staff covered shifts and 20 different care staff filled the rota in January 2016. Inspectors note that for a care team to be able to implement the stated model of care there need to be a cohesive and consistent care team. Social workers in interview expressed concern in relation to the impact of this inconsistent care team on the quality of care offered to the young people. In interview the monitoring officer stated that a new admission took place without pre-existing adequate staffing which should have formed part of the pre admissions risk assessment process. Inspectors noted that the issues regarding consistent staff team had been stated in previous inspection and monitoring officer reports. Management must ensure that a consistent staff team is maintained in the centre.

Given the evidence stated above the centre had not met the regulatory requirements of the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 6.

In interview the centre manager stated exit interview are conducted with care staff that had left the organisation. The inspectors reviewed a cross section of exit interviews and they were of a good standard. The centre manager stated an employee engagement survey was conducted in 2015 and a work force engagement committee had been established within the organisation in December 2015 to support the retention of care staff. Management must provide the inspectorate with the finding and strategies agreed by the work force engagement committee with regard to the retention of care staff.

The examination of a cross section of personnel files for the core staff team confirmed that the vetting procedures had been compliant with the 'Department of Health Recruitment and Selection Circular, 1994'. The organisation employs a human resource department and matters pertaining to employment law are addressed by this department following consultation with the management.

There is a policy in relation to induction of care staff to the centre. Staff induction was being completed in relation to new care staff and this was reflected from review of a cross section of personal files and in interview by care staff member.

Administrative file

The inspectors found that the recording systems had not been consistently organised to facilitate management and accountability, having regard to the requirements of the Freedom of Information Act, 1997. This included limited oversight by centre management across care files, centre registers, lack of consistent signing, dating of documents, documents not on file and misfiling of documents. Centre management must ensure that oversights of records are evidenced more effectively in the centre with consistent signing, dating and filling of documents.

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

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 not 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 7, Staffing (Numbers, Experience and Qualifications)***

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

Required Action

- Centre management must ensure that they have a prompt notification procedure and that significant events are consistently reported to all professionals.
- Centre management must ensure that supervision contracts are in place for all staff members, that supervision takes place within policy time frames and they reflect the implementation of young people's individual placement plan. Inexperienced care staff must be offered supervision at four week intervals for a set period of time. Centre management must confirm that the new deputy manager has been trained in a recognised model for the delivery of supervision.
- Centre management must review the multi-disciplinary meetings to include who attended the meetings, evidence who are to perform agreed goals, timeframes for completion and evidence the clinical team support to the care staff with known young people diagnosis and how to manage young people behaviours. Minutes of multi-disciplinary meetings must be sent to social workers and request that social workers attend these meeting from time to time.
- Centre management must ensure that oversights of records are evidenced more effectively in the centre with consistent signing, dating and filling of documents.
- Organisational management must ensure that centre management receives consistent and effective supervision in line with the policy.
- Management must provide a schedule with timeframes for when care staff will attend training in order to meet the care needs of the young people resident and any other training that the care staff require. Care staff must be trained to meet the needs of young people referred with specialised training in regards to young people known diagnosis to support young people placed in the centre.
- Organisational management must ensure suitable support, training and supervision will be provided consistently to the new centre management and this is forwarded to the inspectorate. Management must provide the inspectorate with an outcome to the management training needs analysis and how this will support management development.
- Chief executive officer must provide the inspectorate with a copy of the new managerial structure to include job specifications, evidence of qualifications of those allocated to key roles and a clear plan for the future operation of external management and governance in the organisation.

- Management must ensure that management meeting are consistent and robust to support centre management.
- Organisational management must ensure that there is a system in place to audit care and operational practices in the centre and that these clearly reflect actions to be taken and time frames for completion. Management must also ensure that significant events notification, restrictive practices and rights reviews are reviewed in accordance with the stated timeframes and that records of these meetings reflect those in attendance, analysis of incidents and guidance for practice in the centre.
- Organisational management must ensure that a consistent staff team is employed in the centre. Management must provide the inspectorate with the finding and strategies agreed by the work force engagement committee with regard to the retention of care staff.

3.3 Monitoring

Standard

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

3.3.1 Practices that met the required standard in full

This standard was met during the last inspection. The inspectors found the Child and Family Agency monitoring service had made an monitoring audit in 2015 and 2016 both announced and unannounced to this centre for the purpose of ensuring the centre's compliance with regulations, standards and best practice. The monitoring officer subsequently completed and circulated a comprehensive report to the centre, the social work department and the inspectorate. The monitoring officer report 2016 found concerns regarding lack of governance and oversight, staffing, suitability of placements, impact of young people's behaviour on each other and review of significant events and physical intervention as barriers to the care staffs being able to implement the centres statement of purpose and function and these issues are reflected throughout this report as appropriate. The inspector notes that at the time of inspection the centre had begun to address the issues requiring action from the monitoring officer's report 2016.

The monitoring officer receives and reviews notifications of all significant events from the centre. Notifications of significant events received are reviewed on a weekly basis by the monitoring team. There had been regular contact between the monitoring officer and the centre manager. There had been some instances of non notification and this had been addressed throughout this report.

The monitoring officer advised inspectors they had met with young people both formally and informally during the audit process in 2016. The centre manager had stated that all young people were informed of the role of the monitor.

3.3.2 Practices that met the required standard in some respect only

None identified.

3.3.3 Practices that did not meet the required standard

None identified.

3.3.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

3.4 Children's Rights

Standard

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

3.4.1 Practices that met the required standard in full

Access to information

The centre had a written policy regarding young people's right to access written information in their care files. There was evidence of young people been given information both verbally and in writing through the young person's welcome pack of being informed of their rights to access their records. In interviews a young person stated that they had been informed of their right to access their information and they had been supported by care staff.

3.4.2 Practices that met the required standard in some respect only

Consultation

The centre had a policy for consulting with young people. Inspectors found some evidence particularly in the daily logs of regular efforts to consult with young people in order to ascertain their views and to involve them in daily decision making as well as more significant plans for their care.

Inspectors observed from the young person meeting book that they were not being completed consistently. The inspectors noted that the young person meeting document required a format, agreed agenda and consistent responses to young people query's to structure the young person's meetings. Centre management must review the young person meeting to be consistent, with a format, agreed agenda and consistent responses to young people queries.

The inspectors did not find from the care files consistent evidence that care staff and social workers had supported and consulted with all the young people with regard to care planning. A young person resident at the time of inspection did meet with the inspectors and was clear of the ways they were consulted by care staff. This young person stated that they were involved in their care planning and they can contact their social worker when they wish to.

The centre manager stated Empowering People in Care had visited the centre in February 2016. The centre manager stated they are advocating young people resident will be assigned an Empowering People in Care advocate.

Complaints

The centre had a written policy detailing the complaints process for young people and families. Information on this policy is also detailed in the young person welcome pack and family booklet. Through interviews with the care staff they evidenced knowledge of the complaints procedure. In interview and review of a questionnaire received from young people stated they were aware of the complaints procedure.

A complaints register is maintained by the care team. There were twenty four complaints on the register since it was enacted. Inspectors did not evidence consistent oversight of the complaints register by external and centre management to support quality assurance and reflective practice of the care staff. In interview the monitoring officer stated six historical complaints made by an ex-resident all of which recorded their conclusion as 'not upheld'. There was no evidence that these complaints had been subject to a more comprehensive review process in respect of service development. Centre management and organisational management must ensure consistent review of complaints to monitor incidents, to support quality assurance and reflective practice of the care staff.

3.4.2 Practices that did not meet the required standard

None identified.

3.4.4 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 II, Article 4, Consultation with Young People.*

Required Action

- Centre management must review the young person meeting to be consistent, with a format, agreed agenda and consistent responses to young people queries.
- Centre management and organisational management must ensure consistent review of complaints to monitor incidents, to support quality assurance and reflective practice of the care staff.

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

There was an ethos of collaborative working in the centre which is inclusive of parents. There was evidence of regular contact with families. The inspectors found evidence of planning and co-operation with families and professionals in the young people's lives to facilitate contact and maintain relationships. The care staff works closely with social work departments to risk assess and implement the agreed access arrangements between young people and their families. The Inspectors found that the centre had space for young people to meet their family and social worker in private.

Care staff and the centre management were conscious of the need to keep parents informed about all relevant aspects of their child's life and are encouraged to be actively involved where this is appropriate. Young people residing in the centre were often a long geographical distance from their family of origin. One young person was not having consistent contact with their sibling and the inspectors recommend that centre staff work closely with referring social work department to ensure that access plans are in place that effectively meet the needs of the young person.

Preparation for leaving care

The centre had a written policy in relation to preparation for leaving care. A young person resident was soon turning sixteen years of age. The centre management stated that daily living skills were being addressed in the centre in an age and developmentally appropriate way. Inspectors observed from the care files care staff engaging this young person with preparation for leaving care skills. The inspectors recommend that once the young person turns sixteen years of age an independent living skills assessment is conducted and they are referred to aftercare services.

Discharges

Three young people have been discharged from the centre in the past year two of these two were planned discharges and one was an unplanned discharge. The unplanned discharge was to a centre within the organisation. The inspectors reviewed two discharged report and found they were of a good standard with analysis of the young person's diagnosis, supports offered, interventions, preparation for leavings care and aftercare completed.

Aftercare

None of the young people resident were approaching the age of seventeen and therefore care plan and review care plans remained the method of care planning for the young people resident. A young person was soon to turn sixteen years of age and as stated the inspectors observed care staff supporting this young person with independent living skills in an age and development appropriate way. The inspectors recommend that as soon as this young person turns sixteen they are referred to the aftercare services.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

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

There were three young people residing in the centre at the time of the inspection. One young person had resided in the centre on a long term basis and the other young people were placed on an emergency without any pre placement visit to the centre. However information had been received by the central referral committee and they were in agreement to place the young people in the centre. The inspectors found evidence that the admission of a young person did not follow the organisational policy on admission and the young person was not adequately prepared for the transition to the placement in line with social work best practice.

Given the stated purpose and function of this service emergency or short transition admissions to the centre need to be avoided and criteria for placement need to be justified given the likely hood of impact with other young people. The organisation had a referral committee which assesses the suitability of young people's placements

within the organisation and produces a report. The inspectors did not evidence the referral committee assessment of suitability for a young person resident. Inspectors post inspection requested this document and had not received this document at the time of the draft report. Inspectors reviewed the pre-admission documents for this young person and found that a referral form and pre-admission needs assessment were not completed. The pre-admission risk assessment had elements of cut and paste with other young people names referenced. The impact risk assessment did outline the young person's risk taking behaviour and that of the other young people resident but it did not truly reflect the known needs of the young people resident. Given the evidence stated the admission of this young person was not sensitive to their needs and did not take account of the need to protect young people from abuse by their peers. Organisational management must review the admission policy and provide the inspectorate with the outcome to this review. Centre management must review the admission assessments documentation for it to be consistently completed and reviewed to be fit for purpose.

The inspectors interviewed the assigned social worker for this young person and stated evidence that this young person was not informed of the placement and they were distressed posts their placement. The social worker was not clear of the assessment to place this young person without consultation. This is concerning given the young person's age and distance of origin from the centre. Social work department must review the admission of a young person and provide the inspectorate with an outcome.

Two social workers for young people resident stated they were only made aware of the admission of a young person post their placement and were not consistently involved in the risk assessment process. Centre management must ensure that social workers for young people resident are consistently involved in the admission risk assessment process.

From review of the care files and in interview with care staff, social workers, monitoring officers and review of questionnaires from professionals concerns had been stated with regard to the current young people placement. In interview with two social workers they were not satisfied that the current placement dynamics was meeting the needs of the young people. The monitoring officer's report 2016 requested social workers for the young people resident must conduct an urgent assessment that the placement of their young person is suitable, meets the needs of the young person and that they are protected from abuse by their peers. This assessment had not been completed at the time of inspection and the inspectors require an outcome to this social work assessment. Social work departments must

provide an outcome to the monitoring officer request that they assess that the placement of their young person is suitable, meets the needs of the young person and that they are protected from abuse by their peers.

The inspectors evidenced a follow on placement had not been identified for a young person in line with the policy on placement of children aged 12 years and under. Social work management must identify a follow on placement for a young person as a matter of urgency with a transition plan designed to be in compliance with the policy on placement of children aged 12 years and under.

The centre offers a clinical service to young people and each young person is offered a comprehensive needs assessment or a therapeutic plan dependant on social work department's requirements. Social workers requested therapeutic plans for two young people and inspectors did not find evidence that therapeutic plans were in place for these young people and this will be discussed further in the report.

The centre provides a welcome pack to young people and booklet to parents outlining the centre's policies and procedures, including rights and responsibilities.

Statutory care planning and review

All of the young people residing in the centre at the time of the inspection had statutory care plans on file. From review of the care planning they were in line with statutory requirements and in general were inclusive of an overall needs assessment for the young people.

Inspectors did not find consistent evidence young people being involved in the development of their statutory care plans and reviews. The care files noted that a young person and their parent did not consistently attend their care planning due to the young person refusing and the parent's inability to attend. A social worker in interview stated due to issues they were unable to consult with this young person and was unaware on how this young person is consulted post meetings. Social work management must ensure that a young person is consistently informed of decisions of their care planning.

From interview with centre management and social workers the inspectors were informed that the entire young people resident had up to date care plans reviews completed. However, the inspectors found from review of the care files that not all the young people had care plan reviews on the care files. Social work management must ensure they provide all relevant care planning documents for the care file.

Each young person had a placement plan on file. In general inspectors found that although lengthy the placement plans had a link between the care plan and the placement plan. There was evidence of efforts to consult with young people in the development of these plans and there was a clear link between the placement plans and the smart goals which were devised by young people and intended to address individual needs.

However, the placement plans were not user friendly in terms of young people's engagement with the plan, did not consistently evidence support by the clinical team, were not consistent in outlining whether or not progress was made by the young people and did not consistently cross reference to other centre documentation. The inspectors found that the placement plan for a young person had not changed to a significant amount when referenced over a period of a year with the young person's view and wish the same over this period and this is not in line with a person centred planning model. Placement plan were not consistently signed and dated with evidence that all care staff had reviewed the placement plan. Centre management must review the placement plan document to consistently evidence support by the clinical team, consistent in outlining whether or not progress was made by young people, consistently cross reference to other centre documentation and are consistently signed and dated with evidence that all care staff had reviewed the placement plan

In interview the centre manager stated due to the needs of two young people resident they were in the process of designing a young person friendly format so these young people can engage with their placement plan. In interview social workers stated they did not consistently receive a copy of an up to date placement plan and they must request same from the centre. Centre management must ensure that two young people are provided with appropriate placement plan formats so they can engage with their placement plan. Social work departments must consistently request placement plan for young people to be held on the case files.

Supervision and visiting of young people

The centre manager in interview stated a record is maintained at the centre of contact with social workers and this was evidenced in the care files. All young people had an assigned social worker at the time of inspection. The social workers for two young people stated they had visited the centre in line with statutory requirements and inspectors evidenced same. In interview with another social worker they stated due to issues they was unable to meeting with the young person outside of care planning

meeting and it was noted that the young person did not consistently engage with this process. Centre management stated that the social work department are currently reviewing how they will engage with this young person to obtain this young person views and satisfy themselves that the young person is safe and well cared for in the centre. Social work department must forward the inspectorate the plan on how they will engage a young person to obtain their views and satisfy themselves that the young person is safe and well cared for in the centre.

A young person interviewed by the inspectors stated they had a working relationship with their social workers and meet with them regularly. The inspectors observed from the files that young people can make contact with their social worker if they wish. The allocated social workers did not consistently review the young person's records in the centre. Social work departments must from time to time review the care files of young people resident.

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

Centre management reported an effective working relationship with all supervising social workers. Inspectors found evidence of allocated social workers had meetings with centre management to discuss issues arising within the placement to include the young people dynamics and impact of behaviour on the young people. The inspectors received completed questionnaires from two of the allocated social workers as part of this review. Both questionnaires detailed concerns about the service identifying communication, the physical environment and the care provided to the young people as of concern.

From review of the care files inspectors noted that background information on a young person was not evident on the care files. Social work department must ensure that all background information on a young person is provided to the centre. As referenced earlier not all statutory care planning documentation were present on file and social workers had a clear responsibility to provide all this information for the care file.

Emotional and specialist support

In interview care staffs demonstrated an awareness of the presenting emotional needs of young people and were focused on establishing positive working relationships to continue to support young people emotionally. The inspectors observed a link between the social care and clinical team thought the multi-disciplinary meeting. However, as stated these meeting need to be reviewed by the organisation. In interview social workers stated that care staff can emotional support young people but it is not consistent given the amount of new care staff and relief/agency staff attending the centre over the last few months. The centre manager stated the clinical team are available on-call when required to support the care staff.

The centre offers a clinical service to young people and each young person are offered a comprehensive needs assessment or a therapeutic plan dependant on social work department's requirements. The inspectors did not find evidence that assessments or therapeutic plans were in place for two young people resident.

From review of the care files and in interview with a social workers and review of questionnaire of professionals they stated dissatisfaction with the lack of a clinical plan for their allocated young people. The care files and care plans had evidenced that the social work departments had requested therapeutic work to commence with young people but at the time of inspection it had not commenced. The inspectors observed one clinical assessment completed for a young person and found it was broad and had no clear therapeutic plan. Inspectors observed three collaborative formulation sessions completed with young people and noted they did not outline which care staff member were involved, one is incorrectly dated, documents are not signed by any member of the organisation. These documents do outline action that had or maybe supportive to young people but did not state who are to implement the strategies, what support care staff required to implement the strategies, the effectiveness of the strategies and no cross reference to other centre documentation.

Organisational management and social work departments must ensure that therapeutic care package are designed for two young people as a matter of urgency, the young people engage with therapeutic work and all professionals ensure that the recommended actions arising from the care package are implemented.

During the inspection process the inspectors were informed that a number of members of the clinical team had left or were in the process of leaving the organisation.

Organisational management stated that the structure of the clinical team are being reviewed and the interface between the social care and clinical team. Management must provide the inspectorate with a copy of the new clinical team

structure to include job specifications, evidence of qualifications of those allocated to key roles and a clear plan for the reviewed methods for how the clinical team and social care team will engage young people.

Children's case and care records

The young people's records are kept in a locked cabinet in different folders. As stated in this report the inspectors did not find consistent internal or external oversight of the care files with documents misfiled, lack of signing and dating of documents, consistent risk assessment documents completed and documents were poorly coordinated and these need to be reviewed. Organisational management must ensure that that recording systems are organised and maintained to facilitate effective management and accountability.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.7 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

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

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 V, Article 25and26, 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

- Organisational management must review the admission policy and provide the inspectorate with the outcome to this review.
- Centre management must review the admission assessments documentation for it to be consistently completed and reviewed to be fit for purpose.
- Social work department must review the admission of a young person and provide the inspectorate with an outcome.
- Centre management must ensure that social workers for young people resident are consistently involved in the admission risk assessment process.
- Social work departments must provide an outcome to the monitoring officer request that they assess that the placement of their young person is suitable, meets the needs of the young person and that they are protected from abuse by their peers.
- Social work management must identify a follow on placement for a young person as a matter of urgency with a transition plan designed to be in compliance with the policy on placement of children aged 12 years and under.
- Social work department must ensure that a young person is consistently informed of decisions of their care planning.
- Social work department must ensure they provide all relevant care planning documents for the care file.
- Centre management must review the placement plan document to consistently evidence support by the clinical team, consistent in outlining whether or not progress was made by young people, consistently cross reference to other centre documentation and are consistently signed and dated with evidence that all care staff had reviewed the placement plan
- Centre management must ensure that two young people are provided with appropriate placement plan formats so they can engage with their placement plan
- Social work departments must consistently request placement plan for young people to be held on the case files.
- Social work department must ensure that all background information on a young person is provided to the centre.
- Social work department must forward the inspectorate the plan on how they will engage a young person to obtain their views and satisfy themselves that the young person is safe and well cared for in the centre.
- Social work departments must from time to time review the care files of young people resident.
- Management and social work departments must ensure that therapeutic care package are designed for two young people as a matter of urgency, the young

people engage with therapeutic work and all professionals ensure that the recommended actions arising from the care packages are implemented.

- Management must provide the inspectorate with a copy of the new clinical team structure to include job specifications, evidence of qualifications of those allocated to key roles and a clear plan for the reviewed methods for how the clinical team and social care team will engage young people.
- Organisational management must ensure that that recording systems are organised and maintained to facilitate effective management and accountability.

3.6 Care of Young People

Standard

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

3.6.1 Practices that met the required standard in full

Individual care in group living

The focus of care in this centre is predominantly on the individual needs of each young person. From review of care files the inspectors found that all young people had individualised programs and young people complete weekly planners and daily plans with care staff but these were not consistent on the care files and this needs to be amended. The young people in the centre are provided with their own bedroom where their personal belongings are kept and young people are given weekly pocket money but the forms were not consistently on the care files and this needs to be amended. The young people are encouraged to join local clubs in order to develop their individual interests and the inspectors found from the files evidence of same. The inspectors observed from the care files care staff supporting young people with birthday celebrations and festive celebrations. From interviews with care staff and review of care files young people are supported with any issues with hygiene and the inspectors observed the care staff dealing with this in a sensitive manner. However, it was noted that a young person resident may require support with hygiene from external professionals. Centre management must ensure that issues with personnel

hygiene must be followed up with external professionals if required for a young person resident.

Young people had their own key workers who focus on the individual needs identified in the young person's placement plan and each young person is discussed individually at team meetings and multi disciplinary meetings. Centre management stated that the key working coordinator had left the centre and they are in the process of assigning a care staff member as the key-working coordinator. Inspectors recommend that centre management must ensure that a member of the care staff is assigned as the key working coordinator.

Inspectors observed from key working records clear evidence of care staff emotional supporting young people with documents being consistently signed and dated. Inspectors viewed an individual key working document which evidenced overview by the centre management and link with the clinical team. Inspectors observed that key working supervision were being conducted, a cross section of these were reviewed and they were of a good standard.

The inspectors reviewed the key worker monthly report and found that they were consistent, did state issues for young people, a review of the last action plan and goals for the coming month. However, inspectors note that the documents viewed were not signed by anyone, review of last actions were at times cut and paste from the previous month and did not state if these goals were achieved or not with outcome. The young people's voice was not consistent throughout these documents and the inspectors recommend that this document is reviewed by the care team.

Provision of food and cooking facilities

The inspectors found the provision of food was healthy and nutritious. Young people in the centre were provided with cooked meals and are encouraged and supported to do their own cooking when age appropriate. A young person interviewed by the inspectors stated no difficulties with the provision of food.

Inspectors did participate in one meal with two young people and care staff present. It was apparent that the interactions of the two young people needed to be well managed by care staff however this was done in a natural and supportive way. None of the current residents had any special dietary requirements though their food preferences are considered. The inspectors found evidence that young people are educated on health eating patterns through key-working processes. However, in

interview a social worker stated their concerns that young people were not availing of healthy meal options and this needs to be reviewed by the care team.

Race, culture, religion, gender and disability

The centre had a respecting cultural differences policy as part of the standardised policy and procedure document. The care staff were aware of and operates this in their daily practice. The centre supports young people in understanding the reasons why there are living in the centre and supports, respects their ongoing relationships with their family.

Absence without authority

The centre had a written policy on absence without authority informed by the TUSLA Child and Family Agency and Garda joint protocol on reporting young people missing from care. There had been 12 absences of young people from this centre over the past 12 months and all of these related to young people discharged from the centre.

The inspectors found in general agreements on care files with regard to individual absence management plans and they took account of the age and personal circumstances of each young person. The inspector's note social workers were not consistently involved with designing the individual absence management plans and require this is addressed in line with best practice. Social workers in interview stated they were aware of the strategies in place to avoid absences. However, they did not consistently have a copy of the absence management plans on the case files and social workers need to request same.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The approach of the care staff to managing behaviour had been informed by training in a recognised model of crisis prevention and management and by risk assessments and behaviour support plans. Inspectors note from the care files that the behaviour support plans were individually tailored and relate to a range of presenting behaviours including verbal aggression/threatening behaviour, physical aggression, property damage etc. Inspectors noted that there are competing needs of young people resident and there is an age disparity between the young people resident. Inspectors found that the intense focuses on responding to individual behaviours were happening to the detriment of awareness of negative peer interaction and the

emotional impact of behaviours on one another. This issue was evident to inspectors from an examination of significant events, interview with care staff, social workers and professionals. A young person in interview stated the impact of the behaviours of others on them to care staff and this is recorded in care files. Centre management stated they were in the process of reviewing the impact of group dynamics within the young people resident. Inspectors noted that the admission process did not take account of the needs to protect young people from abuse by their peers. Issues with group dynamics had been stated in previous inspection report.

As stated in this report there had been a noted increase in the levels of significant events being notified from this centre and a significant increase in the use of restraint to manage behaviour prior to the inspection process. As stated in this report the centre currently does not have a consistent care staff and in interview social workers, monitoring officer stated this had affected the care staffs ability to manage young people behaviour consistently.

The inspectors noted that incident recovery plan are conducted with young people and these state in the young person voice strategies they and the care staff can use to support behaviour management. However, the inspectors note they were not consistent for all young people resident, not consistently dated or signed and this needs to be amended. Centre management must ensure that incident recovery plans are completed for all young people resident.

The inspectors noted a number of restrictive practices had been put in place in the months prior to the inspection. These included placing restrictors on the sitting room, bedroom windows, keypad on a fire door, locking of the front gates and side gates. Inspectors found no evidence of consultation with a fire officer with decision to put a keypad on a fire door and this had subsequently been removed. The policy on restrictive practice states that “all restrictive practices are monitored and reviewed during the rights and restrictive practice committee review and this was not consistently evidenced in the documents viewed. Social workers and the monitoring officer stated they had not been adequately notified of these restrictive practices. Inspectors did find a restrictive practice ‘record’ completed in respect of some of these restrictive practices post the monitoring officer’s audit 2016. However, social worker signatures in agreement with the restrictive practice were not consistent and this needs to be amended. Centre management must review the use of restrictive practices and all professionals are consulted prior to the restrictive practices being implemented.

The centre had a written policy on the use of consequences. The inspectors did not see on the care files consequence recorded for the young people. Centre management must review the use of consequences and consistently record them on the care files.

Social workers in interview were not consistent with stating they had a copy of young people's behaviour management plans. Social Work departments must request up to date copies of young people behaviour management plans.

Restraint

The centre had a detailed written policy on the use of physical intervention that states physical intervention can only take place as a last resort in managing a crisis situation by suitably trained staff using recognised methods of restraint. The use of restraint was structured by individual crisis management plans that are developed for each young person and contain clear contra-indicators to restraint. As stated in this report all the care staff had up to date training in a recognised and reputable model of crisis prevention, management and physical restraint.

At the time of inspection 33 physical interventions had taken place over the last 12 months. Inspectors note 28 physical interventions had taken place with the young people resident. There had been an increase in physical intervention with the young people resident prior to inspection and the inspectors note that risk assessments and behavioural intervention plan had been devised. As stated in this report the inspectors did not evidence from the care files a consistent system to review restraints to track patterns or issues of concern in relation to antecedents, staff interventions and learning outcomes. Centre management must ensure that all physical interventions are subject to review and recorded for antecedents, interventions and outcomes to inform care staff practice.

The inspectors note the significant event register recorded restraint. The inspectors noted multiple restraints were recorded as one incident and not recorded as individual incidents therefore there was no full record of the actual number of physical restraints which had taken place. Centre management must ensure that physical interventions are recorded in full and subject to consistent review by both internal and external management.

From review of the care files and in interview with social workers there was no consistent evidence of social worker responding to restraints or analysis of the restraint cycle of young people. Centre management must consistently seek feedback from social workers after incidents of restraints and social workers must evidence

their feedback on care files where they have satisfied themselves that a restraint was proportional and merited.

Inspectors found from the care files that post incident reviews take place and the documents viewed were general signed and dated. They did give an account of the incident, who was involved and what techniques were used. However, these reviews did not analysis the incident, what worked or not, reviewed antecedents or a focus on the physical and emotional impact on the young people of these incidents. Centre management must review the post incident reviews document to inform analysis, review of antecedents and inform the physical and emotional impact on the young people of incidents.

The inspectors interviewed a young person in relation to the increase in the number of restraints. The young person expressed dissatisfaction at a recent restraint in which they were involved. Post the inspection the inspectors were informed that the centre manager met with the young person in relation to this restraint, offered a complaint form, reviewed the restraint with the young person and care staff. The centre manager liaised with the social worker team leader and external professional and forwarded the findings of this review and the young person risk management and support plans were updated.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

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

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

- Centre management must review the use of restrictive practices and all professionals are consulted prior to the restrictive practices being implemented.
- Centre management must ensure that incident recovery plans are completed for all young people resident.
- Centre management must review the use of consequences and consistently record them on the care files.
- Social work departments must request up to date copies of young people behaviour management plans.
- Centre management must ensure that all physical interventions are subject to review and recorded for antecedents, interventions and outcomes to inform care staff practice.
- Centre management must ensure that physical interventions are recorded in full.
- Centre management must consistently seek feedback from social workers after incidents of restraints and social workers must evidence their feedback on care files where they have satisfied themselves that a restraint was proportional and merited.
- Centre management must review the post incident reviews document to inform analysis, review of antecedents and inform the physical and emotional impact on the young people of incidents.

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

Safeguarding

The centre had a written policy on safe practice in the centre which emphasises the implementation of appropriate safeguarding measures and creating a safe culture. The statement on safe practice makes reference to a range of other policies and practices within the centre including admissions, monitoring, bullying, supervision and these are discussed in this report.

The inspectors note from interview with centre management, care staff and review of the care files that area of practice such as supervision, external monitoring of staff practice and consistent care staff team did not meet the required standard. There was an absence of recognition of the impact on young people of sharing a living environment and how their respective behaviours had a negative impact on one another. The inspectors note these issues had been stated in a previous inspection reports.

The centre manager stated during the inspection process that they were in the process of contacting Empowering People in Care for an advocate to be requested for the young people resident. Centre management must provide confirmation that all young people resident received support from an Empowering People in Care advocate.

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.

Child Protection

The centre had a written policy and procedures on child protection which is in line with the 'Children First - National Guidance for the Protection and Welfare of Children' (2011). All of the care staff had received training in child protection in line with children first.

The inspectors reviewed the child protection register which was opened on January 2013 and there were 38 entries in total. A new child protection register was enacted in February 2016. The registers noted the detail of the concerns, who was notified and in some instances strategy meetings were scheduled and/or took place. It recorded that safety plans were updated. However, not all the child protection notification had outcomes evident on the register or oversight by external management. Centre management must ensure that the child protection register are consistently up to date with outcomes and evidence of external management oversight.

Inspectors noted there had been 11 child protection notifications for the young people resident. Inspectors found there were child protection notification relating to young people resident that were still open and not concluded. Centre management and supervising social workers for each young person must ensure that the outstanding child protection notifications are thoroughly processed and recorded as concluded on the register and on the young person's case file.

From interview with the monitoring officer they stated in May of 2015 the monitoring officer became aware that child protection notifications were not bring routinely notified to the monitoring office and at that time ten historical child protection notifications were sent to the monitoring officer. They stated at this time no external management oversight was evidenced. This raises serious concerns in respect of governance within the organisation. The external management structure had changed within the organisation during the inspection process and the inspectors require confirmation on who will be the designated child protection officer within the organisation and how they will manage oversight of the child protection notification system.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must provide confirmation that all young people resident received support from an Empowering People in Care advocate.
- Centre management must ensure that the child protection register are consistently up to date with outcomes and evidence of external management oversight.
- Centre management and supervising social workers for each young person must ensure that the outstanding child protection notifications are thoroughly processed and recorded as concluded on the register and on the young person's case file.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

None identified.

3.8.2 Practices that met the required standard in some respect only

The centre had a policy on young people attending education. Young people are supported throughout their placement by care staff in overcoming any challenges they may experience in accessing education. Of the three current residents two had school placements however one was refusing to return. The young person attending their school placement they were attending on a full time basis and this required ongoing support and encouragement from care staff which was being provided.

In interview the young person refusing to return to an educational placement stated to inspectors they wished to change educational placement. Inspectors evidenced from interview with care staff, social worker and review of the care files professionals were continuing to work with them to support them to re-engage with this agency and to source alternatives placements. An educational assessment was in the process of being completed by a member of the clinical team to identify what are the appropriate educational placements for this young person. Centre management must ensure that an educational assessment is completed as a matter of urgency to support a young person and professionals to identify what are the appropriate educational placement for this young person and what supports are required for them to return to education.

The third young person was not in an educational placement since being placed in the centre. The inspectors evidenced that professionals had made efforts to source an educational placement for this young person. This young person had an educational assessment prior to placement in the centre and a clinical assessment of this young person needs was currently being completed. Centre management must ensure that they continue to source an educational placement for this young person as a matter of urgency.

Given the time period both young people had not engaged in education the centre management must provide a home tutor as a matter of urgency to provide a structured educational routine for both young people.

3.8.3 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must ensure that an educational assessment is completed as a matter of urgency to support a young person and professionals to identify what are the appropriate educational placement for this young person and what supports are required for them to return to education.
- Centre management must ensure that they continue to source an educational placement for a young person as a matter of urgency.
- Centre management must provide a home tutor as a matter of urgency to provide a structured educational routine for two young people.

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

None identified.

3.9.2 Practices that met the required standard in some respect only

None identified.

The centre had a policy on health and wellbeing. The young people had medical cards on file. The inspectors observed from the files of the young people that they did contain full medical histories. The inspectors found evidence of medical consents on the care files for young people. However for one young person had a medication consent form and medical procedure consent form which were signed by the social worker but were not dated and this needs to be amended. There was also signed consent on each young person's file for the use of PRN medication. Care staff had attended training in the administration of medication and the inspector observed good practices in the dispensing of this.

The centre was registered with a local GP practice where young people's medical appointments can be facilitated as each of the young people are too far removed in this centre from their area of origin to continue to attend their family GP. The inspectors note that a young person did not have a medical on admission and had difficulty with attending medical appointments. Centre management must ensure that a young person has a full medical completed as soon as possible and continue to support the young person to attend medical appointments.

In interview two social workers stated they had concern with regarding to the young people diet and eating patterns. The inspectors viewed from the care files that the centre had designed a healthy eating programme in the centre to include a weekly menu planner. The inspectors recommend that young people's diets are reviewed by the centre management and social work departments to evaluate the effectiveness of this program.

In interview with a social worker they reported it was brought to their attention that a young person had been prescribed medication without consultation with the social work department and the young person's guardian ad litem. The social work

department raised concerns in relation to clinical assessment, medical consent and implications for the young person being placed on this medication. A decision was then made within one day to discontinue with the medication. Organisational management must review this incident and outline how communication between external professional, clinical team and centre management will be improved.

The inspectors found from the files evidence of key workers giving young people appropriate information regarding their own health care, sexual health and development. There is a no smoking policy in the centre and it was reported that none of the young people smoke.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 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 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

Required Action

- Centre management must ensure that a young person has a full medical completed as soon as possible and continue to support the young person to attend medical appointments.
- Organisational management must review an incident in which a young person was placed on medication and outline how communication between external professional, clinical team and centre management will be improved.

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

Accommodation

The house in which this service is located was a rural area. It was not close to relevant support services, including education and transport links. The house was a large building with large garden area to the front and side and a yard area with sheds to the rear. The building was adequate to the statement of purpose the organisation wishes to deliver. The centre was styled and decorated in a homely manner. The centre was clean and maintained to a good standard. All young people had their own room and two rooms had en suite. Young people had been encouraged to decorate their bedrooms to their own taste. There was adequate space within the centre to facilitate private family or other visits for young people. In interview a young person stated there had been extensive property damage to the centre and that the living environment had deteriorated. Inspectors confirmed this by review of the maintenance log and in interview with the monitoring officers. Inspectors recommend that centre management continue to review decorating of the centre to maintain a homely environment. Inspectors note that this issued had been stated in a previous inspection report. Following a recommendation by a previous inspection report thumb nail locks were inserted in 2014 and all young people are able to lock their bedroom doors. The inspectors found the insurance details provided by the centre were insured up until the 11th of November 2016.

Safety

The centre had a health and safety statement which was last reviewed in March 2014. The centre had an assigned health and safety officer within the care staff team. The inspectors observed from the files that health and safety audits were being conducted. The centre had a system for recording health and safety hazards. Care staff members had attended core training in first aid. There were two designated house cars and staff were licensed and insured to drive these. Medicines for young people are stored

in a dedicated locked and secured cabinet in the care staff office the administration of which is recorded in individual records.

3.10.2 Practices that met the required standard in some respect only

Maintenance and repairs

Inspectors note from interview with the monitoring officer and review of the maintenance log the centre required renovations and refurbishment throughout and the centre manager at the time of inspection outlined the areas that required attention. During the inspection process the inspectors observed that some of the stated renovations had begun. In interview the centre manager stated they were in the process of changing a room in the centre to a sensory room for young people. Centre management must provide the inspectorate with a programme of maintenance of the centre with timeframe for completion of work.

A maintenance record was kept at the centre and the inspectors found that the detail maintained did account for specific work needing to be completed on the centre. Inspection note the maintenance log did not consistently give dates of when work was completed or signed by the centre manager so it can reflect if repairs are carried out promptly. The inspectors did not view oversight by external management of this log. Centre management must ensure dates of completion of repairs are consistently recorded in the maintenance log, signed and oversight by external management is evidenced.

Fire Safety

The centre had a written policy in relation to fire safety. There was a designated fire safety representative and the care staff team had received fire safety training. The centre had written confirmation that the building was in compliance with the fire and building regulations. The inspectors observed that fire safety systems were in place in the centre such as fire blankets, fire extinguishers and fire alarm. The inspectors noted there were adequate fire signage and detectors throughout the centre. There were regular checks of fire safety equipment, fire escape routes and emergency lighting with records of all such checks well documented. However, as stated in this report the decision to put a keypad on a fire door did not evidence that this restrictive practice had been consulted with a fire officer. The last three fire drills recorded were 2/3/2016, 9/2/2016 and 06/11/2015. Inspectors noted that a number of care staff had began employment over the past six months and fire drills were not completed consistently once a new care staff member began placement. Centre management

must ensure that fire drills are completed consistently once new care staff member are placed in the centre.

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 13, Fire Precautions.

-Part III, Article 15, Insurance

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

Required Action

- Centre management must provide the inspectorate with a programme of maintenance of the centre with timeframe for completion of work.
- Centre management must ensure dates of completion of repairs are consistently recorded in the maintenance log, signed and oversight by external management is evidenced.
- Centre management must ensure that fire drills are completed consistently once new care staff member are placed in the centre.

4. Action Plan

| Standard | Required action | Response with time frames | Inspectors commentary |
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| <p>3.1</p> | <p>Centre management must review the purpose and function for it to clearly state when it was reviewed.</p> <p>Organisational management must inform the inspectorate when the model of care has been reviewed with timeframes for when care staff will complete training in this revised model of care.</p> | <p>The director of care services, service development manager and centre manager scheduled a review of the purpose and function for the centre. This took place on the 10.06.16. The statement of purpose and function of the centre was amended to reflect the needs of the centre and the clear responsibility for the updating and reviewing. It now outlines clear dates for review and amendment.</p> <p>All staff are trained in the model of care. The centre utilise the area of neuro science to inform them on a trauma and attachment informed approach that's also identifies how the environment plays a key role in this. The centre's chief executive officer and director of care services are currently devising an overall document separate to the training provided that captures in full the concept and the essence of</p> | <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> |

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| | | the work completed in centre, based on the overall model. This will be completed by the 30.09.16. | |
| 3.2 | Centre management must ensure that they have a prompt notification procedure and that significant events are consistently reported to all professionals. | Standard practice would expect that all significant events are forwarded promptly to relevant parties. It is the responsibility of the centre manager to ensure this takes place. Where for any reason there is a delay in forwarding such reports the manager must ensure a phone call is made to relevant parties, outlining the incident and providing an explanation as to when they can expect the report to be forwarded. The new senior management and management team have now a new process in place that identifies and notifies all occasions of the use of restrictive practices to the social work team and monitoring office. This is supported by review of the significant events during monthly rights and restrictive practice review. It has been agreed that any further restrictive practices will be promptly notified and reported to all relevant professionals as per good practice. | The inspectors are satisfied with this response. |

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| | <p>Centre management must ensure that supervision contracts are in place for all staff members, that supervision takes place within policy time frames and they reflect the implementation of young people's individual placement plan. Inexperienced care staff must be offered supervision at four week intervals for a set period of time.</p> <p>Centre management must confirm that the new deputy manager has been trained in a recognised model for the delivery of supervision.</p> | <p>It is the responsibility of the centre manager to ensure that all supervision contracts, and supervision history is signed and obtained for all staff currently employed in the centre. This process is already under way and is due to be completed by 05.07.2016. It has been agreed with the inspectorate during verbal feedback meeting that management will conduct supervision every four weeks as required based on levels of experience, to ensure good practice and assist inexperienced staff develop their skills further with adequate supports in place. As part of monthly management checks they must plan and account that supervision is completed. This will also be included in the monthly key indicators document reviewed by chief executive officer and senior management monthly. This is due to commence in August 2016.</p> <p>The newly appointed centre manager is fully trained in delivering a recognised model of supervision to the social care staff team. When the new deputy</p> | <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> |
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| | <p>Centre management must review the multi-disciplinary meetings to include who attended the meetings, evidence who are to perform agreed goals, timeframes for completion and evidence the clinical team support to the care staff with known young people diagnosis and how to manage young people behaviours. Minutes of multidisciplinary meetings must be sent to social workers and request that social workers attend these meeting from time to time.</p> | <p>manager is confirmed and appointed, they will receive the same training. The deputy manager will be appointed by the 31.07.2016.</p> <p>Centre management will ensure that all previous multi-disciplinary meetings include who attended and actions agreed upon. This information will be obtained from the minute meetings book. Any previous multi-disciplinary meetings that the relevant professionals did not receive will be forwarded to them by 07.07.2016. Director of care service's and chief executive officer have reviewed the effectiveness of multi-disciplinary meetings and how this forum can be improved. Since the inspection, a new forum has been devised that replaces the previous multi disciplinary meeting process. Internal review and planning meetings now take place and are chaired by the centre's therapeutic support consultant, that includes a clear format for delivery of information, actions/goals agreed upon, any input provided by the professionals and who is responsible for same. This is followed by team consultation time with the centre's consultant</p> | <p>The inspectors are satisfied with this response.</p> |
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| | <p>Centre management must ensure that oversights of records are evidenced more effectively in the centre with consistent signing, dating and filling of documents.</p> <p>Organisational management must ensure that centre management receives consistent and effective supervision in line with the policy.</p> | <p>psychotherapists to promote a deeper thinking around all therapeutic work. Centre management will ensure that from time to time, social workers will be invited to attend the new internal review meetings as this format will also be utilised for formulations. .</p> <p>Management will be required to review daily information and files as appropriate and complete full reviews as part of monthly and daily checks within the centre as good practice. This management tool will ensure that centre management has consistent oversight of files and ensure signatures are present on all documentation.</p> <p>Centre manager has agreed and signed a supervision contract with service development manager, ensuring effective and consistent supervision will take place. Following each supervision meeting, a further date will be scheduled to ensure best practice whilst adhering to the policy.</p> | <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> |
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| | <p>Management must provide a schedule with timeframes for when care staff will attend training in order to meet the care needs of the young people resident and any other training that the care staff require. Care staff must be trained to meet the needs of young people referred with specialised training in regards to young people known diagnosis to support young people placed in the centre.</p> | <p>The centre invest and value the importance of training and development of staff teams. Centre manager in consultation with service development manager and therapeutic support consultant and the social care team have completed a training needs analysis review for the house that clearly informs the focus of the training needs. A focus group will take place at the next team meeting to further enrich this document. This will then capture the mandatory training needs, house specific training needs and additional training needs. A training plan will stem from same.</p> <p>The centre are currently preparing for the introduction of the CPD process from CORU to be introduced next year. This will be tested in the second half of the year in preparation. This will be a further method of ensuring the continued development of all staff.</p> <p>Specialised training workshops will be completed with the social care team which will have a focus of the young people's diagnosis. This will be a continuous and on-going process and will involve the centre's therapeutic</p> | <p>The inspectors are satisfied with this response.</p> |
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| | <p>Organisational management must ensure suitable support, training and supervision will be provided consistently to the new centre management and this is forwarded to the inspectorate. Management must provide the inspectorate with an outcome to the management training needs analysis and how this will support management development.</p> <p>Chief executive officer must provide the inspectorate with a copy of the new managerial structure to include job specifications, evidence of qualifications of those allocated to key roles and a clear plan for the future operation of external</p> | <p>consultant and consultant psychotherapists.</p> <p>A training needs analysis for managers was completed in January to identify what training requirements were needed for all new managers going forward. Training has since been scheduled in a paced format. All managers have received supervision training. Training on managers responsibility in the area of child protection and training on employment law is scheduled for 24.06.16 and other trainings identified are scheduled to take place during future tri weekly management days. Following the appointment of the deputy managers, Three Steps will send a training schedule to the inspectors for review.</p> <p>This information will be forwarded to the inspectorate by the chief executive officer on or before the 15.07.2016.</p> | <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> |
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| | <p>management and governance in the organisation.</p> <p>Management must ensure that management meeting are consistent and robust to support centre management.</p> <p>Organisational management must ensure that there is a system in place to audit care and operational practices in the centre and that these clearly reflect actions to be taken and time frames for completion. Management must also ensure that significant events</p> | <p>Management meetings now take place tri-weekly. They are chaired by the director of care services and/or service development managers. A clear agenda is devised by the director of care services in advance of all meetings. Minutes of all meetings are recorded and evidenced in the centre. There are also weekly senior management meetings chaired by the director of care services, attendance includes senior managers and a joint section of the meeting includes operations, finance and human resources. Minutes are available for review in head office.</p> <p>The interim director of care services now holds responsibility for the oversight of all care services and will be supported by a senior management team of service development managers who will hold direct line management responsibilities to assigned houses within the centre's services. The role of the service development managers will be a role where</p> | <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> |
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| | <p>notification, restrictive practices and rights reviews are reviewed in accordance with the stated timeframes and that records of these meetings reflect those in attendance, analysis of incidents and guidance for practice in the centre.</p> | <p>their focus is on being an integrated part of the houses assigned to them and a regular presence in the houses.</p> <p>It is the responsibility of the service development manager under the guidance of the director of care services to create robust systems to demonstrate effective senior oversight within the new role.</p> <p>The new service development manager holds direct line management and senior oversight responsibility to the centre. They will be a regular presence in the centre and will ensure oversight on a senior level through auditing process (both set auditing times and unannounced themed audits) and day to day feedback and observation. A monthly review process is now in place and evident on file, this is completed by the service development manager and centre manager- this includes a review of all significant events, complaints, child protection issues, restricted practices, consequences, rights based issues and accident/injury. This process is audited at an organisational level on a monthly basis, this is chaired by the director of care services and is</p> | |
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| | <p>Organisational management must ensure that a consistent staff team is employed in the centre. Management must provide the inspectorate with the finding and strategies agreed by the work force engagement committee with regard to the retention of care staff.</p> | <p>aimed to identify organisational learning. This is further supported by the six monthly independent RRC process. Clear actions are recorded from this process. Additional to this the service development manager will support the centre manager to create their own management oversight systems inclusive of daily checks and monthly centre management checks.</p> <p>The director of care services and the centre’s human resource manager and centre management have been involved in a planning and staff identification process for the centre. Since April 2nd the centre now have a permanent core team identified that meet the cover requirements specific to the centre. Paced inductions have taken place for any new team members. Team leaders will be appointed by the 31.07.16.</p> <p>The team is in the process of being strengthened further by the introduction of a deputy manager and team leaders. The aim is to ensure that there is at least one staff member at</p> | <p>This need to be reviewed and confirmation needed when the centre have at least one qualified staff member at child care leader level on each shift.</p> |
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team leader level present on shift daily to lead the team.

The centre established a ‘fostering a truly engaged workforce group’ in December 2015 in the knowledge that staff turnover was a serious concern. The aim of the group is to retain our staff and ensure they are fully engaged, thus having a positive impact on the outcomes for young people in our care. There are representatives from human resource, finance, operations, social care workers, social care management, director of care services and senior management. Data analysis was completed by the interim director of care services on staff resignations, sick leave, injury leave, employee survey, exit interviews, MDT and communication day and training needs analysis. This set the basis of the specific areas of focus for the workforce group to devise an employee engagement plan. Various actions have taken place to date. Full minutes of all meetings are available for review. These efforts to retain our staff alongside the new recruitment processes are working towards

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| | | <p>stabilising our staffing system and ensuring consistency in all teams. Minutes of these meetings are available to the staff team and are located in the office for viewing. Centre management will provide the inspectorate of the outcome of these meetings on or before 27.06.2016.</p> | |
| <p>3.4</p> | <p>Centre management must review the young person meeting to be consistent, with a format, agreed agenda and consistent responses to young people queries.</p> <p>Centre management and organisational management must ensure consistent review of complaints to monitor incidents, to support quality assurance and reflective practice of the care staff.</p> | <p>Centre management have since reviewed the young person's meeting. A new system has been devised, with a clear format outlined. The young person's meeting ensures that an agenda is set, attendance is documented, discussion, actions agreed and response from management.</p> <p>It is the responsibility of the house manager to report any complaints and complete immediate actions and follow ups. The service development manager will be a regular presence in the centre and will ensure oversight on a senior level through auditing process and day to day feedback and observation including guidance and follow ups re any complaints as they arise. A monthly review process is now in</p> | <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> |

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| | | <p>place and evident on file, this is completed by the service development manager and centre manager- this includes a review of all significant events, complaints, child protection issues, restricted practices, consequences, rights based issues and accident/injury. This process is audited at an organisational level on a monthly basis, this is chaired by the director of care services and is aimed to identify organisational learning. This is further supported by the six monthly independent RRC process. Clear actions are recorded from this process.</p> | |
| <p>3.5</p> | <p>Organisational management must review the admission policy and provide the inspectorate with the outcome to this review.</p> | <p>The admissions policy has since been reviewed and updated. The admission of a young person has been reviewed; the centre has since amended its admission policy outlining that emergency admissions will not be considered going forward. All social work teams will be involved in the admission of a young person and the pre admission risk assessment process. This young person's placement is currently under review.</p> | <p>The inspectors are satisfied with this response.</p> |

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| | <p>Centre management must review the admission assessments documentation for it to be consistently completed and reviewed to be fit for purpose.</p> <p>Social work department must review the admission of a young person and provide the inspectorate with an outcome.</p> <p>Centre management must ensure that social workers for young people resident are consistently involved in the admission risk assessment process.</p> | <p>Centre management will continuously review the admission documentation to ensure it is fit for purpose and consistent. Senior management have devised admission documentation packs for all future admissions that must be completed as part of every admission.</p> <p>The social work department reviewed the admission of a young person and acknowledges that this was not best practice and have spoken to the young person about this incident and they have been reassured that this will not occur again and the social work department will inform the young person of any further placements.</p> <p>Centre management will ensure an open and transparent form of communication with all social workers and guardian ad litem.</p> <p>Management will consistently involve these professionals in the admission risk assessment process going forward.</p> | <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> |
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| | <p>Social work departments must provide an outcome to the monitoring officer request that they assess that the placement of their young person is suitable, meets the needs of the young person and that they are protected from abuse by their peers.</p> <p>Social work management must identify a follow on placement for a young person as a matter of urgency with a transition plan designed to be in compliance with the policy on placement of children aged 12 years and under.</p> <p>Social work department must ensure that a young person is consistently informed of decisions of their care planning.</p> | <p>A social work department stated their assessment is that the placement is suitable, meeting the needs for a young person. The other two social work departments did not respond to issue requiring action</p> <p>A social work department stated a follow on placement has been sourced for a young person resident. It is agreed that a transition plan will be designed to this follow on placement from August 2016</p> <p>Due to issues with engagement by a social worker they were unable to meet with a young person to ascertain their wishes from November 2015 to April 2016, bar telephone contact on one occasion. During this time the young person could meet with their guardian at litem on a regular basis. On the 20.05.2016 the social</p> | <p>The inspectors require a response from two social work departments</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> |
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| | <p>Social work department must ensure they provide all relevant care planning documents for the care file.</p> <p>Centre management must review the placement plan document to consistently evidence support by the clinical team, consistent in outlining whether or not progress was made by young people, consistently cross reference to other centre documentation and are consistently signed and dated with evidence that all care staff</p> | <p>work department acknowledged that their views needed to be elicited in a more child friendly manner than the child care review process. The young person has an EPIC worker who will meet them and attend child care reviews and state their wishes to the social worker. The social worker has re-commenced contact with the young person and this is co-facilitated by a social care worker.</p> <p>All care plans and child care review documents have been submitted to the centre.</p> <p>The placement plan will be reviewed to reflect the new process of utilising the internal review and planning meeting alongside consultation to formulate plans and will ensure that all therapeutic work and guidance is evidenced throughout. They will be signed and dated and regularly reviewed to demonstrate progress.</p> | <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> |
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| | <p>had reviewed the placement plan.</p> <p>Centre management must ensure that two young people are provided with appropriate placement plan formats so they can engage with their placement plan.</p> <p>Social work departments must consistently request placement plan for young people to be held on the case files.</p> <p>Social work department must ensure that all background information on a young person is provided to the centre.</p> <p>Social work department must forward the inspectorate the plan on how they will engage a young person to obtain their views and satisfy themselves that the young person is safe and well cared for in</p> | <p>This process is currently being completed with the two young people, scheduled date of completion is 30th July 2016.</p> <p>Since the inspection, all social workers have received a copy of the up to date placement plan. This has been signed by all professionals and filed appropriately.</p> <p>Social work departments stated all background information has been submitted to the centre</p> <p>Statutory visits with a young person have recommenced, co-facilitated by a social care worker. The young person has been met by the social worker in centre and they are aware they can contact their social worker by telephone</p> | <p>The inspectors are satisfied with this response.</p> |
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| | <p>the centre.</p> <p>Social work departments must from time to time review the care files of young people resident.</p> <p>Management and social work departments must ensure that therapeutic care package are designed for two young people as a matter of urgency, the young people engage with therapeutic work and all professionals ensure that the recommended actions arising from the care packages are implemented.</p> <p>Management must provide the inspectorate with a copy of the new clinical team structure to include job specifications, evidence of qualifications of those allocated to key roles and a clear plan for the reviewed methods for how the clinical team and social</p> | <p>Social work department will review files.</p> <p>The process of formulating therapeutic plans has commenced with scheduled care reviews upcoming on the 27.06.16 and the 29.06.16 that will confirm all areas. A therapeutic placement plan will then be formulated through the new processes in place. A social work department confirmed same</p> <p>This information will be provided to the inspectorate on or before 15.07.2016, outlining the clinical team structure and how they will engage with the social care team and young people.</p> | <p>The inspectors are satisfied with this response.</p> <p>The inspectors require a response from a social work department</p> <p>The inspectors are satisfied with this response.</p> |
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| | <p>care team will engage young people.</p> <p>Organisational management must ensure that that recording systems are organised and maintained to facilitate effective management and accountability.</p> | <p>Senior management are currently reviewing all recording and filing systems across the service to ensure clear accountability and organization. This is being further reviewed at the management meeting on 24.06.16.</p> | <p>The inspectors are satisfied with this response.</p> |
| <p>3.6</p> | <p>Centre management must review the use of restrictive practices and all professionals are consulted prior to the restrictive practices being implemented.</p> | <p>Monthly audits inclusive of restricted practices take place with centre management and service development manager. The service development manager will complete audits within house, visit the centre, link with the social care team and evidence same in the service development manager folder. All rights and restrictive practices will be reviewed by senior management, in consultation with external professionals and will be discussed during monthly internal review meetings (no longer named multi-disciplinary meetings). Restricted practice forms will be signed by relevant professionals. A new RRC folder has</p> | <p>The inspectors are satisfied with this response.</p> |

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| | <p>Centre management must ensure that incident recovery plans are completed for all young people resident.</p> <p>Centre management must review the use of consequences and consistently record them on the care files.</p> <p>Social work departments must request up to date copies of young people behaviour management plans.</p> <p>Centre management must ensure that all physical interventions are subject to review and recorded for antecedents, interventions and outcomes to inform care staff practice.</p> | <p>been implemented ensuring governance and oversight of any restrictive practices in place and dates for review.</p> <p>Since time of inspection all young people have updated incident recovery plans with dates for review inputted.</p> <p>All consequences are reviewed by centre management daily and during team meetings, ensuring that both positive and negative consequences are implemented with the young</p> <p>Social work departments confirm they have received up to data copies of behaviour management plans</p> <p>Following any incidents of physical intervention, this will be reviewed by centre management and service development manager, focusing on antecedent and use of intervention and learning. All outcomes will be communicated and forwarded to the staff team,</p> | <p>The inspectors are satisfied with this response.</p> |
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| | <p>Centre management must ensure that physical interventions are recorded in full.</p> <p>Centre management must consistently seek feedback from social workers after incidents of restraints and social workers must evidence their feedback on care files where they have satisfied themselves that a restraint was proportional and merited.</p> | <p>social workers and monitoring officer, ensuring clear communication and evidence of reflection.</p> <p>All significant events will continue to be recorded in the significant event notification log. To assist in having clear accessibility with regard to physical interventions, a new physical intervention log has commenced.</p> <p>Centre management will ensure that they request consistent feedback from social workers following incidents of physical interventions. Centre management will include this in their corresponding email, requesting a response to the significant event and intervention utilised at this time. Physical intervention/significant event review will also be forwarded to the social work department requesting a response to same.</p> | <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> |
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| | <p>Centre management must review the post incident reviews document to inform analysis, review of antecedents and inform the physical and emotional impact on the young people of incidents.</p> | <p>Since the inspection, organisational management have reviewed the post incident review document to include emotional and physical impact on young people. This appears to be working effectively.</p> | <p>The inspectors are satisfied with this response.</p> |
| <p>3.7</p> | <p>Centre management must provide confirmation that all young people resident received support from an Empowering People in Care advocate.</p> <p>Centre management must ensure that the child protection register are consistently up to date with outcomes and evidence of external management oversight.</p> | <p>Two young people have an EPIC advocate assigned to them. Centre management have liaised with EPIC and will follow up regarding an advocate being assigned to one young person.</p> <p>It is the responsibility of the centre manager to record child protection concerns and demonstrate oversight. The centre manager will ensure that they sign off all outcomes. The service development managers will review child protection/ standard reporting forms recorded and sign off regularly for oversight. It will also be incorporated into the monthly review process alongside centre management to identify any outstanding responses or actions.</p> | <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> |

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| | <p>Centre management and supervising social workers for each young person must ensure that the outstanding child protection notifications are thoroughly processed and recorded as concluded on the register and on the young person's case file.</p> | <p>Centre management will consistently request outcomes of information forwarded to them in order to sign them off.</p> <p>Since inspection, centre management have completed an internal safeguarding report in relation to one particular incident. This has since been signed off as concluded. Centre management have requested any outstanding conclusions for child protection notifications in order to complete same on young person's file. A social work department confirmed same</p> | <p>The inspectors require a response from two social work departments</p> |
| <p>3.8</p> | <p>Centre management must ensure that an educational assessment is completed as a matter of urgency to support a young person and professionals to identify what are the appropriate educational placement for this young person and what supports are required for them to return to education.</p> | <p>Young person refused to engage and did not engage in the full assessment with identified clinician, therefore no findings were established. However since the time of inspection this young person has returned to education for one hour per day and hopes to return full time in September. Considerable amount of individual work has been completed with the young person throughout this time.</p> | <p>The inspectors are satisfied with this response.</p> |

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| | <p>Centre management must ensure that they continue to source an educational placement for a young person as a matter of urgency.</p> <p>Centre management must provide a home tutor as a matter of urgency to provide a structured educational routine for two young people.</p> | <p>Centre management continue to request and attempt to source a suitable school placement. Management are continuing to liaise with SENO and EWO regarding same. Management attended an appeals meeting with a board of management regarding the refusal of young person into the emotional and behavioural unit. Following this time a further four mainstream schools have been identified and are awaiting a response.</p> <p>Centre management have contacted a number of home tutors and applied for home tuition. Management will liaise with the social work department regarding sourcing appropriate educational requirements.</p> | <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> |
| <p>3.9</p> | <p>Centre management must ensure that a young person has a full medical completed as soon as possible and continue to support the young person to attend medical appointments.</p> | <p>Social storey's are currently being completed with this young person. A staff member who has developed a positive and trusting relationship with the young person is completing individual work with him, encouraging him to attend the GP.</p> | <p>The inspectors are satisfied with this response.</p> |

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| | <p>Organisational management must review an incident in which a young person was placed on medication and outline how communication between external professional, clinical team and centre management will be improved.</p> | <p>This has since taken place and a professionals meeting took place in April 2016 outlining the learning and communication and protocols going forward.</p> | <p>The inspectors are satisfied with this response.</p> |
| <p>3.10</p> | <p>Centre management must provide the inspectorate with a programme of maintenance of the centre with timeframe for completion of work.</p> <p>Centre management must ensure dates of completion of repairs are consistently recorded in the maintenance log, signed and oversight by external management is evidenced.</p> | <p>Centre management will provide the inspectorate of the programme of maintenance taking place within the centre in the coming weeks, with an expected date of completion.</p> <p>Centre management will ensure that all repairs are completed and recorded. Management will sign this document to ensure appropriate governance of same.</p> | <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> |

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| | <p>Centre management must ensure that fire drills are completed consistently once new care staff member are placed in the centre.</p> | <p>Centre management will ensure that they complete fire drills when new staff are placed in the centre, including agency staff. Management will inform staff team of same during bi monthly team meetings. Management will liaise with health and safety officer regarding same and ensuring that this process is carried out when appropriate.</p> | <p>The inspectors are satisfied with this response.</p> |
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