



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	097
Year:	2016
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Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Positive Care Ireland
Registered Capacity:	4 young people
Dates of Inspection:	23th, 24th of February 2016
Registration Decision:	Registered from the 28th of February 2016 until 22th December 2017
Inspection Team:	Gary O'Connell Eileen Woods
Date Report Issued:	27th of October 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.

1.1 Methodology

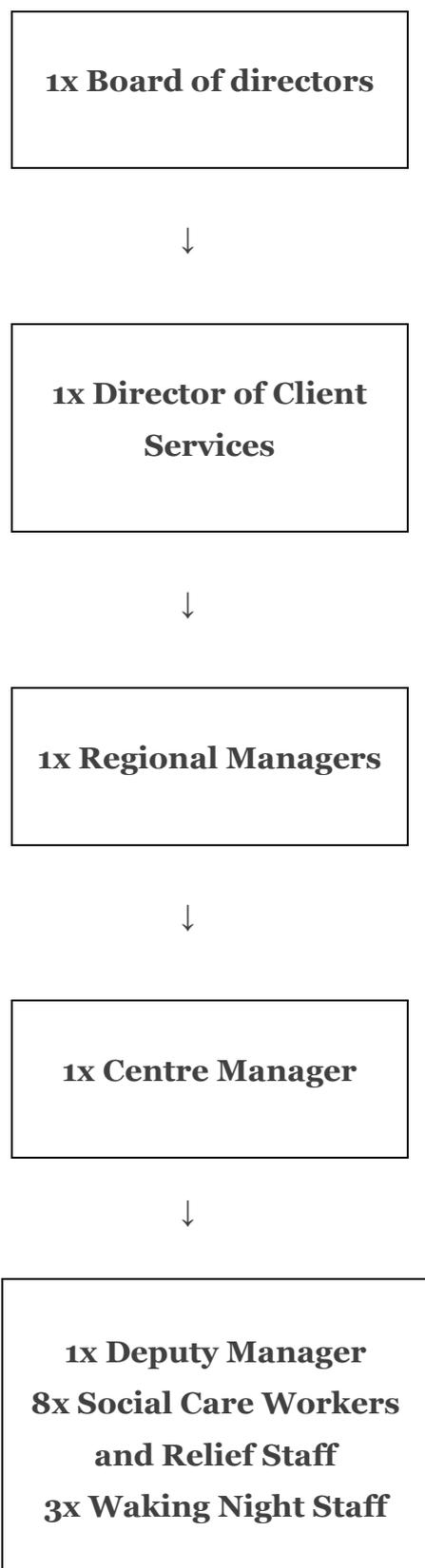
This thematic inspection took place on 23th and 24th of February 2016 over the course of a two day period for the purpose of reviewing the centres' registration status and this report is based on a range of inspection techniques including:

- ◆ An interview with the centre manager.
- ◆ An interview with the director of client services
- ◆ An interview with the regional manager
- ◆ An interview with four social care workers.
- ◆ An examination of the questionnaires submitted from staff members and young people resident at the time of this review.
- ◆ An examination of relevant sections of the files of all young people resident at the time of this review.
- ◆ A review of a cross section of staff supervision records.
- ◆ A review of a sample of team meeting minutes.
- ◆ An interview with the monitoring officer.
- ◆ An interview with two social workers
- ◆ Observations of care practices routines and the staff/ young person's interactions.

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on this date 30/09/16 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres. As such it is the decision of the Child and Family Agency to register this centre with no 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 28th of February 2016 to 22nd of December 2017.**

3. Analysis of Findings

3.1 Purpose and Function

Standard

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

3.1.1 Practices that met the required standard in full

Not identified.

3.1.2 Practices that met the required standard in some respect only

This centre had a written statement of purpose and function of the service it operates. The responsibility for reviewing the statement of purpose and function remains with the organisational management. This centre provides medium to long term care in a residential setting for up to four young people of mixed gender from age 12 to 18 years at time of referral. This centre accepts referrals from TUSLA, the Child and Family Agency central referral committee and the centre had a service agreement with TUSLA, the Child and Family Agency.

In interview and from review of centre documentation the inspectors found a comprehensive care framework which the centre uses as its model of care. The documentation states *“this framework does not endorse a particular model of care but outlines the principles of therapeutic approaches and models, which should underpin the placement and overall therapeutic care”*. In interview management and care staff stated the framework had been reviewed post the previous inspection and all care staff had been trained in the revised framework. In interview care staff were not consistent with outlining this care framework. The inspectors did not have evidence from review of centre documentation that all care staff had been trained in the stated framework. Management must provide the inspectorate with evidence that all the care staff had completed training in the model of care.

The organisation had a comprehensive policy document which provides guidance in relation to the carrying out of care and operational practices in the centre and in relation to human resource matters. The inspectors evidenced that the policy had been reviewed in November 2015.

At the time of inspection there was one young people registered at the centre. Another young person had recently been discharged from the centre and for the purpose of this review a cross section of this young person's care file was also reviewed. Both placements were in line with the stated purpose and function.

Previous to this inspection a number of young people had being placed on a short term basis which was not within the stated purpose and function and this had an adverse effect on the care of the young people placed on a medium to long term basis. Six young people had been admitted to the centre since the previous inspection in December 2014. Inspectors found that one recent admission to the centre had not been in accordance with the revised purpose and function and this will be discussed further in the report.

The organisation provided clinical guidance to care staff and this is carried out by a counselling psychologist who is employed on a full time basis. The organisation has further employed a trainee psychologist on a part time basis. The clinical team provides support to all residential centres operated by the organisation. The inspection found evidence of the involvement of the clinical team in young people's care files and this will be discussed further in this report.

The inspectors found that the day to day operation of the centre in general reflected the stated purpose and function but found deficiencies with staffing and suitability of admissions and these issues will be discussed further in the report. There was a written information booklet available to young people and families on admission to the centre.

3.1.3 Practices that did not meet the required standard

Not identified.

Required Action

- Management must provide the inspectorate with evidence that all the care staff have completed training in the stated framework.

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

Management

The organisational structure of the centre comprises a board of management, a director of client services, regional managers, centre manager, deputy manager with responsibility, one social care leader, eight social care workers, three night sitters and relief staff. The inspectors noted a change in centre manager and deputy manager since the last inspection. The current centre manager had a recognised social care qualification and had been within the organisation for a number of years and in their current post for a number of months. The centre manager is on site from 9 to 5 Monday to Friday. Registration and inspection service were notified of the change of centre manager.

The centre manager stated they received a seven day induction to their current role from the previous centre manager and had continued support from the regional manager to adapt to the centre manager role. Centre manager stated to support them in their current post they attended a three day in house training in human resource management and a one day management training course. The centre manager is supported in their management function by a deputy manager with responsibility. The inspectors noted a change in deputy manager since the last inspection. The deputy manager had a recognised social care qualification and had been employed within the organisation for a number of years and in their current post for a number of months. In interview the deputy manager stated to support them in their current post they attended supervision training, one day management training and a managing people course.

The centre manager was responsible for overseeing daily practice within the centre. The inspectors evidenced to a good standard the centre manager satisfying themselves that appropriate and suitable care practices are in place by using a range of methods to oversee the work of the centre including observation of staff practice, regular contact with the care staff and young people, facilitation of the daily handover and team meetings.

The Inspectors observed from the files that the centre manager attended monthly management meeting within the organisation. The inspectors reviewed a cross section of the monthly meeting minutes and found they were happening within the timeframe stated, are structured and of a good standard. These meetings cover areas such as staffing, training, supervision and policies and procedures etc. The inspectors noted a link with the regional manager's audits documentation and the management meetings.

The centre manager is directly accountable for practice in the centre to the regional manager. The organisation appointed two regional managers in 2014. The inspectors were informed prior to the inspection that the regional manager for the centre was on leave and had been replaced by an acting regional manager who was recruited from within the organisation. The inspectors evidenced that the acting regional manager had a recognised social care qualification and had been within the organisation for a number of years with suitable experience for the role. Inspectors evidenced to a good standard from interview with management and review of the centre files they maintain regular contact with the centre manager, visited the centre on a regular basis and supervise the centre manager.

The regional manager carries out audits of the centre once every four to six weeks and the inspectors evidenced that audits were being conducted in line with timeframe and were of a good standard. The inspectors noted that regional audits are carried out both on young people files and care staff practice and found they were of a good standard. The inspectors reviewed a cross section of care staff practice audits and note that these audits are conducted to a set format and cover areas such as staff supervision, training attendance, care filling, sick leave, team meeting attendance and centre maintenance etc. The inspectors reviewed a cross section of young people care files audits and note that these audits are conducted to a set format and cover areas such as complaint management, child protection notification, restraints, restrictive practices and absence without authority.

The director of client services stated they report to the board of management and support the centre through the provision of necessary resources, and approve the statement of purpose and function and the relevant policies. The director of client services stated they oversee practice within the centre by supervision of the regional manager, attending management meeting and the organisation used a cloud based computer technology system to review centre documentation.

In interview the director of client services stated due to issues presenting within the organisation management conducted a review into centre's practices in 2015. The inspectors were provided with a document that outlined an overview of this review. This process reviewed areas such as induction process, supervision, team skill base, recruitment blockages, quality of planning, staff training, admissions, discharges, placement breakdowns, staff retention and organisational oversight. The director of client services stated this review was conducted to increase support to care staff and improve care staff retention. The director of client services stated this process is consistently under review and evidence from this review will be outlined throughout this report.

Register

The centre register includes information such as the name of the young people, the allocated social worker and the follow on placement. The inspectors found that all of the details of the young people discharged were recorded such as their date of admission and this needs to be amended. The inspectors noted from the register there had been 6 admissions since January 2015 and this is a high number given the purpose and function of the centre and this will be discussed further in the report. There is a system in place where duplicated records are kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre had a written policy on significant events. Through review of the care files and interviews with relevant professionals, the inspectors were satisfied that the centre duly notified the monitor and relevant professionals of significant events regarding young people placed at the centre. The inspectors evidenced oversight of the significant events notification by both the centre manager and the regional manager. Inspectors evidenced management commenting and following up on significant event notifications.

In interview the centre manager stated the organisation employs a trainer in therapeutic crisis intervention whose role was to review restraints and significant events and to use information gathered from this to provide guidance to care staff and this will be discussed further in the report.

Supervision and support

The centre had a written policy in relation to supervision of care staff. The care staff were being supervised by both the centre manager and the deputy manager. The centre manager stated they and the deputy manager had received training in a recognised model for the delivery of supervision.

The supervision policy stated the centre will provide supervision to care members at intervals of 4 weeks and inspectors found it was being conducted generally in line within this timeframe. The inspectors reviewed the supervision files post the appointment of the current centre manager. The inspectors found that supervision is recorded, signed by both parties and had a set format with contracts on file. Supervision records were appropriate to the care staff role and referenced supporting care staff with key working, aftercare, placement planning and report writing and were of a good standard. From review of the personal files the inspectors noted that performance reviews are conducted with the care staff and they were of a good standard.

The centre manager receives supervision from the regional manager every 4 weeks. The inspectors found from the files that supervision is recorded, placed on file and was happening within the stated time frame. The inspectors found the quality of supervision to be of a good standard with consistent discussions on policy development, leadership role, training needs and staff development.

From interview with management and review of the organisation practice review document it stated that supervision had been reviewed as part of the response to care staff turn-over. This document outlined what supports had been put in place to support the effectiveness of supervision and the inspectors noted improvements in the supervision process post this review.

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. 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. In interview the centre manager stated that post incidents care staff debriefing occurs to support care staff and promote reflective practice. The inspectors at the time of inspection did not review the care staff debriefing documents and request confirmation of same.

The centre manager and care staff informed the inspectors that shift hand-over's occur daily. The inspectors found from the care files that shift hand-over's reflect good communication regarding young people's consistency of care. The inspectors observed the daily logs and they were consistently signing and dating. However, the daily logs did not consistently record care staff on shift. Inspectors request that care staff on shift are consistently recorded in the daily log.

The inspectors reviewed the team meeting minutes and noted they were generally happening within the stated timeframe. The team meeting minutes had discussions with regard to young people, consequence and a balance between therapeutic and managing behaviour. However, the recording of team meetings did not consistently evidence who attended the meeting, dating, clearly stating decisions and timeframes for competition. Inspectors request that centre manager review team meeting minutes to consistently evidence who attended the meeting, dating, clearly stating decisions and timeframes for competition.

Administrative file

Recording in the centre is regularly overseen by the centre management. The files were organised well and the inspectors were able to track events.

The inspectors evidenced from review of the care files that there may have been a breach in the freedom of information protocol with young people gaining access to care files. The inspectors request the centre management review this incident and confirm to the inspectorate that a freedom of information breach did or did not occur.

All records relating to young people who leave the centre are kept in perpetuity in a storage facility maintained by the organisation. The organisation employs a financial manager and they have oversight of the financial management systems and records.

3.2.2 Practices that met the required standard in some respect only

Staffing

The care staff complement in the centre consists of a centre manager, a deputy manager with responsibility, a social care leader, eight social care workers and three night sitters which are supplemented as required by additional relief care staff. The inspectors found from the personnel files that the current care staff all had relevant qualifications.

The inspectors found from the personnel files that at the time of the inspection the social care team had a the social care leader with a number of years experience but had been employed in the centre for a week, five care staff had less than one years experience in residential care and three care staff had less than two years experience in residential care. The inspectors found that previous to the inspection there was a lack of consistent balance of experienced to inexperienced staff employed to meet the stated purpose and function and therefore could not consistently met the aim to have at least one care staff member qualified to child care leader level on each shift. The inspectors observed from centre documentation that a care staff member with less than one years experience was leading a shift due to sick leave and a care staff member leaving the shift. The inspectors observed from an exit interview they cited the balanced of experienced to inexperienced care staff in the centre as an area to be developed. The centre had recently changed the deputy manager rota and the employment of a social care leader with a number of years experience to support having at least one care staff member qualified to child care leader level on each shift. Organisational management must ensure that one staff member who is qualified to child care leader level are consistently on each shift.

The inspectors reviewed the daily logs from August 2015 to January 2016 and found an unacceptably high level of additional care staff members covering shifts in the centre with 18 care staff used over a period of time. This issue had been stated in previous inspection reports. The director of client services stated that the use of organisational care staff on the centre rota is consistently reviewed and the organisation are striving to maintain a consistent care staff team. The director of client services stated that a crisis response team made up of experienced social care workers had been created within the organisation to respond to incidents in centre's to support young people and care staff in times of crisis. This team had been created 12 to 18 months prior to the inspection. The director of client services stated that this response team account for a number of the care staff recorded in the daily logs and are used as extra care staff on shift. In interview social workers for young people stated they were unaware that care staff unknown to young people engages them in times of crisis. While the inspectors acknowledge that the crisis support team can be a support to young people and care staff the inspectors require that organisational management must conduct a review on the use of the crisis response team to analysis the effectiveness of introducing external care staff into a crisis situation. Inspectors require that management must ensure that a consistent staff team is maintained in the centre and provide evidence that the use of external care staff and relief care staff has decreased since the inspection.

The inspectors noted since the previous inspection five social care staff had ceased employment in the centre. The previous inspection report stated that 14 care staff had ceased employment in the two years prior to that inspection. The inspections note this was a high turn-over of care staff and in interview the director of client services stated that the organisation reviewed care staff retention within the review into centre practices 2015. In interview with centre management they were unable to state reasons for such a high turn-over of care staff and this was concerning as it did not show insight into the barriers to care staff retention. The director of client services stated that the retention of care staff was under consistent review. Given this is a key area of development by the organisation the inspectors require that organisational management must review with centre management reasons for the previous high turn-over of care staff and strategies employed by the organisation to retain care staff.

The inspection noted from the personal files that three night sitters are employed in the centre and all have less than one years experience in residential care. The inspectors also note that two night sitters do not have any qualifications. The inspectors did not evidence on the care files that the night sitters complete a night time log. Night sitters must consistently complete a night time log to evidence oversight.

In interview the centre manager stated exit interview are conducted with care staff that had left the organisation. The inspectors reviewed one exit interview and it was of a good standard. In interview the director of client services stated that exit interviews had not been conducted with all care staff that had left the centre. Centre management must consistently conduct exit interview with care staff.

The examination of a cross section of personnel files found that the personal files did not have consistent evidence of start date, c.v, application forms, qualifications and verification of qualification on file. Centre management must review the personal files to consistently evidence start date, c.v, application forms, qualifications and verification of qualification on file.

There was 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.

Training and development

The centre had a policy and procedure in relation to training and development. The inspectors reviewed the pre-inspection pack, a cross section of personal files and a

training audit provided by the centre manager. From review of these documents the inspectors were unable to verify that care staff had attended up to date training in core areas such as first aid and fire safety training. Centre management must provide the inspectorate with a schedule of training with timeframe for when care staff will attend or did attend core training.

The previous inspection report outlined the organisation must develop a training programme which is consistent with the needs of young people referred and that must be incorporated into service delivery in order to ensure a continuous standard of care in the centre. The review of centre practice 2015 document viewed stated that to improve care staff retention additional training was to be offered to care staff and an individual training and development program would be developed for centre management and care staff. The inspection found evidence from review of personal files, review of training audit and in interview with care staff that additional training had been offered to care staff and individual training and development program had been designed for centre management and care staff.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

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

Required Action

- Organisational management must review with centre management reasons for the high turn-over of care staff and strategies employed by the organisation to retain care staff.
- Organisational management must ensure that one staff member who is qualified to child care leader level is consistently on each shift.
- Management must ensure that a consistent staff team is maintained in the centre and provide evidence that the use of external care staff and relief care staff has decreased since the inspection.
- Organisational management must conduct a review on the use of the crisis response team to analyse the effectiveness of introducing external care staff into a crisis situation.
- Centre management must consistently conduct exit interviews with care staff.
- Centre management must review the personal files to consistently evidence start date, c.v, application forms, qualifications and verification of qualification on file.
- Night sitters must complete consistently a night time log to evidence oversight.
- Centre management must provide the inspectorate with a schedule of training with timeframe for when care staff will attend or did attend core training.

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

Not identified.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre had a written policy detailing the complaints process for young people and families. Information on this policy is also detailed in the young person and family booklet. Through interviews with the care staff they evidenced knowledge of the complaints procedure. Inspectors evidenced from the centre documentation that the complaints process was reviewed by the care staff in 2015. In interview the centre manager stated they oversee all complaints. The regional manager and director of client services stated during interview they receive notification of all complaints made by young people. In interview and review of a questionnaire received from a young person they stated they were aware of the complaints procedure. In interview social workers for young people stated in general they were confident that young people knew the complaint process.

A complaints register is maintained by the care team. This register records both formal and informal complaints. There were twenty complaints both formal and informal recorded on the register since the last inspection. Inspectors did not consistently evidence from review of the informal complaints logged if the informal complaint was upheld or not and the young person's views of the outcome. A lack of consistency in the recording of complaints was an issue outlined in the previous inspection report. Centre management must ensure that the complaint register consistently evidence if an informal complaint was upheld or not and the young person's views of the outcome.

The inspectors noted from the care files that the young person resident did not make any formal complaints. The inspectors observed from the files that this young person had voiced repeated concerns with regards the behaviour of peers within the centre

which involved assault and bullying. In response the centre management designed safety planning for both young people and made an informal complaint on behalf of the young person. From review of the needs of this young person and review of significant events the inspectors noted that this informal complaint needed to be placed as a formal complaint by centre management. The policy on formal complaints stated “*A formal complaint is any expression of dissatisfaction that a complainant request be treated as a formal complaint or any grievance that a team member deems should be deemed of a serious nature.*” In interview care staff did not consistently recognise the effect of this peer interaction and did not view the complaint process as a method to advocate for young people. Inspectors request that centre management review with the care team the policy on complaints.

From review of the care files and in interview with this young person’s social worker there was no evidence that they made a formal complaint to advocate for this young person, contacted the social worker for the other young people or investigated the informal complaint to satisfy themselves that the young person was safe and well cared for and this will be discussed further in the report.

3.4.3 Practices that did not meet the required standard

Not identified.

Required Action

- Centre management must ensure that the complaint register consistently evidence if an informal complaint was upheld or not and the young person’s views of the outcome.

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

Emotional and specialist support

The inspectors found from interview that the care staff were aware of the emotional and psychological needs of the young person resident. There was evidence that the care staff had developed skills in emotional supporting the young person with assessments to inform the planning process. In interview a social worker stated that they were satisfied that the care staff were able to meet the emotional needs of the young person resident but had underestimated the impact of them being targeted by a peer.

As stated in this report the organisation provides clinical guidance to care staff and this is carried out by a counselling psychologist who is employed on a full time basis and a trainee psychologist on a part time basis. In interview the centre manager stated the psychologist is not involved in the admission process and the centre manager assesses if the psychologist is required to review the young person information to support the care staff.

The inspectors found improvement in evidencing the support the counselling psychologist offers to the care staff. From review of the two young people care files both had clinical workshops completed to support care staff with emotionally supporting the young people and they were of a good standard. The inspectors noted a link between the clinical workshops and key working being completed with a young person.

The inspectors noted from the care files that during a young person's placement an assessment had been agreed to be completed by the internal clinical team. The inspectors request confirmation that this assessment had been completed. The care files stated that further support for this young person will be required and the

inspectors request confirmation that a plan had been designed to provide further support to this young person.

Preparation for leaving care

The centre had a written policy in relation to preparation for leaving care. The inspectors found that the care staff had made efforts to support a young person with independent living skills including budgeting, hygiene and cooking. In interview and a questionnaire returned by a young person they stated they had made improvements in relation to independent living skills while residing in the centre.

Independent living skills were being completed both formally and on an informal basis with the young person. The inspectors noted that given the nature of the needs of the young person and the previous group dynamics engaging with the young person on preparation for leaving care was challenging however the files indicated care staff had made efforts to engage the young person. The inspectors did not view on the care files that the young person had a Child and Family Agency preparation for leaving care document completed and requests confirmation of same from the social work department.

Discharges

Seven young people had been discharged from the centre since 2015 and as stated this is a high number given the purpose and function of the centre. From review of the centre documentation four young people placements were appropriate to the stated purpose and function. Of the other three young people one young person resided for a month and was discharged to a specialist service, another other young person resided in the centre over a weekend and due to peer dynamics was discharged. The remaining young person was placed on a short term placement which is not in line with the purpose and function.

In interview the director of client services stated that as part of the review into centre practices discharges and placement breakdowns were reviewed to ensure that all possible learning opportunities were gleaned from the placement. The review was not attached to the document provided to the inspectors and the inspectors request that the organisational management forward onto the inspectorate the finding from these reviews.

The inspectors reviewed a cross section of discharge report and found they were of a good standard. These reports are under subheading with areas such as health,

education and do state outstanding needs for the young person. However, the reports need to reflect why the young person was referred, how long the young person resided in the centre and reason for leaving placement. The inspectors recommend that centre management review the discharge report document and amend as stated.

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. The centre had a policy on admissions to the centre. Referrals for the centre are accepted nationally from all TUSLA, Child and Family Agency areas.

At the time of inspection there was one young people registered at the centre. Another young person had recently been discharged from the centre and for the purpose of this review a cross section of this young person's care file was also reviewed.

In interview the director of client services stated that admission to the centre had been reviewed as part of the care staff practice review in 2015. Seven young people had been placed in the centre since the previous inspection in 2015 and this is a high number given the stated purpose and function. From review of the centre register one young person had resided in the centre on a short term placement and this is not in line with the stated purpose and function. This had been outlined in previous inspection reports. Organisational management must ensure that young people are not placed in the centre on a short term placement to be in compliance with the stated purpose and function.

Another young person resided in the centre for a short period and due to behavioural difficulties within the peer group was discharged. Given this young person's age profile, the inspector's questions the admission assessment process of placing this young person at that time.

The inspector's noted from the centre register that three young people had been placed in the centre over a short period of time. The inspectors evidenced that one of the young people placed at this time there had been repeated incidents of challenging behaviour, with assault on a young person and care staff, bullying, property damage and missing in care. Given as stated in this report the change in centre management, the balance of experience to inexperienced care staff, use of external and relief care

staff and the organisation actively working towards retaining care staff, building the care staffs ability to manage young people behaviours the inspectors question the admission of three young people over such a short period of time. Inspectors noted information had been received by the central referral committee and they were in agreement to place all the young people in the centre. Inspectors require that organisational management must review the admissions process with regard to the placement of two young people who had to be discharged and the rational in relation to admitting three young people over a short period of time to inform future admissions to the centre.

Inspectors reviewed the pre-admission documents for the young person resident and found that they were of a good standard with a guideline for working with the young person and how to manage their behaviour. These documents were not consistently dated and this needs to be amended. The inspectors reviewed the impact risk assessment for the young person resident and another young person who had recently being discharged from the centre. The impact risk assessment did outline the young people risk taking behaviour but it did not truly reflect the known needs of the young people. Centre management must review the admission assessments documentation for it to be fit for purpose and guide the centre in deciding on suitable referrals.

Both the centre manager and social workers in interview stated the centre received appropriate information prior to the young person resident being placed in the centre. The young person in interview stated they were given information on the centre prior to their placement. This young person was placed in the centre with two other young people over a short period of time. At the time of referral the centre manager stated in interview they were satisfied that the centre was a suitable placement for the young person resident. In interview the young person stated that they were clear of the purpose of their placement and since a young person had been discharged from the centre they felt appropriately placed. In interview the social worker for the young person resident stated currently the centre was a suitable placement for the young person resident.

The inspectors evidenced a follow on placement had not been confirmed for a young person resident. The social worker stated they had requested funding so that the young person can remain in the centre post 18 years of age until a follow on placement is confirmed and a transition plan can be designed. The social work department must provide the inspectorate with confirmation that a follow on placement has been sourced for the young person resident, funding has been granted

so that the young person can remain in their current placement post 18 years until a transition plan can be designed to their follow-on placement.

The centre provides on admission a booklet to both young people and parents outlining the centre's policies and procedures in an age appropriate way, including the rights and responsibilities and the Inspectors observed same.

Statutory care planning and review

The young person resident had a care plan on file but it was not in compliance with the statutory requirements to be completed as soon as is practicable after a young person came to live in the centre and this must be addressed in future practice by the Child and Family Agency social work department involved. Given this young person's age profile care plan and review were no longer the care planning process for them and aftercare planning was the process to be employed.

From review of the care files and in interview with the social work department this young person did not have an assigned social worker for a number of months post their placement in the centre. The inspectors noted that this young person had not been visited in the centre for the period of time they did not have an assigned social worker. At the time of inspection the young person resident had an assigned social worker and had been visited by them in the centre.

Inspectors evidenced the young person, family members and professionals were involved in the development of their statutory care plans. In interview both centre management and social worker stated all professional had received copies of the care plan. The quality of the detail of the young person's care plan was not appropriate to meet the needs of the young person. The care plan did have elements of how the placement will support and promote the welfare of the young person, However, there was no action section with outline of who were to complete actions with timeframe and the care plan was not consistently signed by professionals or dated and the inspectors recommend these issues are reviewed for future practice.

The young person resident did not have any care plan reviews on file. It was noted in the care files that a care plan review was conducted in November 2015 but this was not on file. In interview with centre management they stated that a care plan review was to be conducted in February 2016. Social work department must ensure that care plan reviews are completed within the stated timeframes and that they are placed on file.

The young person had placement plans on file which were in line with the timeframes outlined in the policy. In general inspectors found that the placement plans were reflective of the care plan decisions. There was evidence of preparation for leaving care work being completed, support with bullying, use of positive incentives and review by the clinical team. However, the inspectors require that the voice of the young person section needs to be reviewed by the care staff to clearly state the young person's views of the placement planning.

3.5.3 Practices that did not meet the required standard

Aftercare

The Child and Family Agency had a national aftercare document '*National Policy and Procedure Document on Leaving and Aftercare Services*' (2011) that informs aftercare provision for young people in care. The inspectors observed that the young person resident did not have an aftercare worker assigned to them or an aftercare plan. This is of concern given the young person age at the time of inspection.

In interview the social work department stated they are currently awaiting confirmation of a follow on placement for this young person and that this placement will provide specialised aftercare provision. While acknowledging the difficulties with sourcing follow on placement for young people given the age range and stated needs of this young person a robust aftercare plan must be completed for this young person as a matter of urgency. The social work department must ensure that an aftercare worker is identified for a young person and a robust aftercare plan is designed as a matter of urgency.

3.5.4 Regulation Based Requirements

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

Regulations 1995

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

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part V, Article 25and26, Care Plan Reviews

Required Action

- Organisational management must ensure that the centre purpose and function is complied with and that young people are not placed in the centre on a short term placement.
- Organisational management must review the admissions process with regard to the placement of two young people who had to be discharged and the rationale in relation to admitting three young people over a short period of time to inform future admissions to the centre.
- Centre management must review the impact risk assessment documentation for it to be fit for purpose and guide the centre in deciding on suitable referrals.
- Social work department must provide the inspectorate with confirmation that a follow on placement has been sourced for the young person resident, funding has been granted so that the young person can remain in their current placement post 18 years of age until a transition plan can be designed to their follow-on placement.
- Centre management must review the voice of the young person section in the placement plan to clearly state the young person's views of placement planning.
- Social work department must ensure that an aftercare worker is identified for a young person and a robust aftercare plan is designed as a matter of urgency.

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

Restraint

At the time of inspection 16 physical interventions had taken place over the last 12 months. Inspectors note no physical intervention had taken place with the young person resident. The inspectors noted the significant event register recorded restraint. The inspectors reviewed this document and found it needs review to consistently cross reference incident numbers to support tracking of incidents.

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. All the care staff had up to date training in a recognised and reputable model of crisis prevention, management and physical restraint.

In interview the centre manager stated the organisation employs a trainer in therapeutic crisis intervention whose role was to review restraints and significant events and to use information gathered from this to provide guidance to care staff. The inspectors did evidence from the care files this system to review restraints to track patterns or issues of concern in relation to antecedents, staff interventions and learning outcomes. 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, what techniques were used, what worked or not and reviewed antecedents. In interview both centre management and social workers for the young people resident stated this young person had not been involved in restraint during their placement.

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. A register for missing in care are maintained by the care team. There had been 77 absences of young people from this centre over the past 12 months and all bar one of these related to young people discharged from the centre. The inspectors note that this is a high number of missing in care.

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. In interview a social worker for a young person discharged who had a high number of absences stated that they were aware of the strategies the care staff had put in place to avoid absences and was in agreement with the individual absence management plans.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The centre had a policy related to managing behaviour. Young people at the centre are supported to understand their rights and the behaviour expected of them through the young person's booklet, individual work and key work following significant events. The inspectors found that the care staff valued the relationship as a key tool in managing the behaviour of young people. The service had invested in the provision of training including drug awareness, key working, sexual education and managing self harm to support the care staff in meeting the needs of young people at the centre. The care staff had received training in a reputable model of behaviour management.

The centre manager described the approach to managing behaviour as being informed predominantly by individual crisis management plans, behaviour support plans and risk assessments. Inspectors found these documents are individually tailored and relate to a range of presenting behaviours as stated in this report. The individual crisis management plans, behaviour support plans and risk assessments on file were generally well detailed and informed by team meetings and clinical support.

From review of the care files demonstrated that the care staff had been tasked with managing a range of challenging behaviours from young people placed at the centre. The care staff interviewed had mixed perceptions of what behaviours can and cannot be managed and inspectors require that this is reviewed. Centre management must

review with the care team what behaviour can and cannot be managed within the centre.

The inspectors noted evidence of a young person stating their fear of their peer, stating their concern for the negative behaviour of other young people and care staff limiting this young person ability to engage in house activities which went on for a period of time. Given the at risk behaviour of some young people the centre manager had implemented a critical incident review process to support the development of the care staff in managing challenging behaviour between both these young people. This document was of a good standard with developing a risk assessment supported by strategies and key learning to manage the young people behavior. However, the inspectors evidenced that there has been repeated incidents of challenging behaviour, with assault on a young person and care staff, bullying, property damage and missing in care.

In interview social workers for young people stated they were informed of these incidents. From review of the care files and in interview with social workers there was no consistent evidence of social workers responding to these incidents or analysis of the ability of these young people to reside together. Social work departments must consistently give feedback after incidents of bullying and assault and evidence their feedback on care files where they have satisfied themselves that the care staff can protect young people from abuse by their peers.

Behaviour management tools used by the staff team also included positive and natural consequences in responding to the behaviour of young people. The inspectors reviewed a cross section of these consequences and found they were of a good standard.

3.6.3 Practices that did not meet the required standard

Not identified.

3.6.4 Regulation Based Requirements

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

Required Action

- Centre management must review with the care team what behaviour can and cannot be managed within the centre.
- Social work departments must consistently give feedback after incidents of bullying and assault and evidence their feedback on care files where they have satisfied themselves that the care staff can protect young people from abuse by their peers.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.1	Management must provide the inspectorate with evidence that all the care staff have completed training in the stated framework.	All team members in unit have completed their training in the care framework. Please see attachment one in relation to the training certificates for the care framework.	The inspectors are satisfied with this response.
3.2	Organisational management must review with centre management reasons for the high turn-over of care staff and strategies employed by the organisation to retain care staff.	The key factors associated with previous high turnover rates were identified as: Difficulty posed by particular young people and inability of staff team to manage this behavior Lack of identifiable support base both within the unit and the company as a whole General feeling of being overwhelmed by the demands of work team developmental pieces not being completed. It should be noted that challenging young people had previously been placed in the unit and it had not led to such a	The inspectors are satisfied with this response.

	<p>Organisational management must ensure that one staff member who is qualified to child care leader level is consistently on each shift.</p>	<p>high turnover of staff. Having completed the review the findings suggested that: We needed to expand our base of training. We needed a specific team based training in order to develop our teams further. We needed an additional layer of oversight when it came to admissions. Concurrently we also needed to alter our preadmission procedure to ensure that all risks were explored and that appropriate levels of support could be garnered from the placing social work departments. There were other factors associated with the particular supports that were in place in the unit at the time that related to the personalities involved which were not appropriate to discuss with the new unit manager</p> <p>The organization strives to have a healthy balance of experience and inexperience of staff members of staff across the company. With the current employees in the unit, there are 3 team members that are qualified to Child Care Leader Level in terms of post qualification experience. Two of the employees will meet the post qualification experience in June 2017 and two</p>	<p>The inspectors are satisfied with this response.</p>
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	<p>Management must ensure that a consistent staff team is maintained in the centre and provide evidence that the use of external care staff and relief care staff has decreased since the inspection.</p>	<p>other employees will meet the post qualification experience in June 2018. The Unit Manager will ensure that the most experienced employees with post qualifications are leading the shifts in the in the unit. The organisation are ensuring that a consistent staff team are being employed in the unit to ensure consistency with the young people in the house.</p> <p>Since February 2016, there has been a consistent team employed working in the unit. While overall relief staff members working in the unit has decreased, this has not ceased as regular relief staff members work in the unit to cover any sick leave or annual leave that the employee will take. As an organisation, we will continue to review staff teams within the units and ensure that there are consistent teams working with the young people in our care. Please see attachments 3 to 6. The additional training pieces mentioned above, along with specific training pieces, allied to an altered approach to admissions has seen an increase in employee satisfaction, as expressed in our employee satisfaction survey.</p>	<p>The inspectors are satisfied with this response.</p>
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	<p>Organisational management must conduct a review on the use of the crisis response team to analyse the effectiveness of introducing external care staff into a crisis situation.</p> <p>Centre management must consistently conduct exit interviews with care staff.</p> <p>Centre management must review the personal files to consistently evidence start date, c.v, application forms, qualifications and verification of qualification on file.</p>	<p>Our present strategy is to utilize the teams to their fullest extent and ensure that they have the skill base to cope with what they face. We will continue, at times of crisis, seek to supplement the skill base of the teams we manage with an additional level of support. Any future use of additional support will be in addition to the staffing requirements in the unit.</p> <p>The exit interviews will be carried out by the Human Resource Manager should any employees resign from the organisation. All exit interviews will be reviewed & discussed with the Unit Manager and the Regional Manager for any learning outcomes and feedback on the employees experience working with the company and the unit.</p> <p>The Unit Manager has reviewed the staff personal files and has ensured that there are application forms, qualifications are on file as well as all other required documents such as references, drivers licence and up to date garda vetting. The organisation does not request the</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>Night sitters must complete consistently a night time log to evidence oversight.</p> <p>Centre management must provide the inspectorate with a schedule of training with timeframe for when care staff will attend or did attend core training.</p>	<p>C.V's from the staff as all employees complete the appropriate application form when applying for a position with the organisation. The Regional Manager will also ensure oversight off the staff personal files to ensure that all accurate information is on all staff files.</p> <p>The night sitters will consistently complete the night time logs on the daily logs to ensure complete oversight. This has been discussed with the live nights following the inspection. The live night comments would have been recorded in the description of the day on the daily log. However, since the inspection, due to the ending of the tender contract with TUSLA, live nights in the unit has since been reviewed, and due to the current young people in the unit, live night positions are not required moving forward within the unit.</p> <p>Please see attachment number seven in relation to the core training has taken place in by the staff team within the Unit for TCI refreshers, Manual Handling, Fire Safety, First Aid and Child Protection</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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<p>3.4</p>	<p>Centre management must ensure that the complaint register consistently evidence if an informal complaint was upheld or not and the young person's views of the outcome.</p>	<p>The Centre Manager has updated the complaints register to consistently ensure that a young person has received feedback, whether the complaint was upheld or not and the young person's views of the outcome. Please see attachment eight.</p>	<p>The inspectors are satisfied with this response.</p>
<p>3.5</p>	<p>Organisational management must ensure that the centre purpose and function is complied with and that young people are not placed in the centre on a short term placement.</p>	<p>It should be noted that the placement of a young person was not intended to be short term. The organisation opened a new unit shortly after this young person was placed in the centre. When the placing social work team gathered this they made a request to transfer this young person to the new unit as it was closer to their support base. They made a request through the national placement team and the organisation concurred with this transfer request. Whilst the placement turned out to be short term it was not our intention at the outset.</p>	<p>The inspectors are satisfied with this response.</p>

	<p>Organisational management must review the admissions process with regard to the placement of two young people who had to be discharged and the rationale in relation to admitting three young people over a short period of time to inform future admissions to the centre.</p> <p>Centre management must review the impact risk assessment documentation for it to be fit for purpose and guide the centre in deciding on suitable referrals.</p>	<p>Admission decisions are key to the successful functioning of the unit. As stated above the organisations altered our admissions process and sought to ensure that the needs of a young person more successfully matched the skill base of the team. As it turned out in this instance these particular young people were admitted in short succession as it was our considered opinion that the needs they displayed could be met by the existing team. The short time frame was more an indication of the fact that we were of the opinion that we could meet their needs rather than occupying beds.</p> <p>The centre manager has reviewed the pre-admission & impact risk assessment documentation for all proposed referrals for unit. The pre admission risk assessment not only reviews the behaviours and risks of the young person moving into the unit, but also takes into consideration and risk assesses the new young person's behaviours as well as the current young residents behaviours in the house and how they could potentially impact on</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 provide the inspectorate with confirmation that a follow on placement has been sourced for the young person resident, funding has been granted so that the young person can remain in their current placement post 18 years of age until a transition plan can be designed to their follow-on placement.</p>	<p>each other and their individual placements within the unit. The organisation has also reviewed the pre-admission risk assessments in recent weeks and have developed a new pre-admission & impact risk assessment for new residents moving into the unit. This will allow for more in depth outline of the risk impact to a new resident on current residents. Please see attachment 9 for the new document. In this instance these admissions were not appropriately admitted and this directly led to the review spoken about and the changes re: oversight.</p>	<p>No response received from the social work department.</p>
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	<p>Centre management must review the voice of the young person section in the placement plan to clearly state the young person's views of placement planning.</p> <p>Social work department must ensure that an aftercare worker is identified for a young person and a robust aftercare plan is designed as a matter of urgency.</p>	<p>The current placement plan currently has a section included in relation to the young person's opinion and what they would like to have included in the placement plan for the month moving forward. The organisation has developed a new Young Persons placement plan & monthly review documents for young people which has been recently introduced. Please see attached document nine for new document to coincide with the existing placement plan.</p>	<p>The inspectors are satisfied with this response.</p> <p>No response received from the social work department</p>
<p>3.6</p>	<p>Centre management must review with the care team what behaviour can and cannot be managed within the centre.</p>	<p>The centre manager has held a team meeting in relation to their views of what can and cannot be managed within the centre. This has been discussed in depth with the team and this will be reviewed on a regular basis during team meetings with the team. When vacancies occur</p>	<p>The inspectors are satisfied with this response.</p>

	<p>Social work departments must consistently give feedback after incidents of bullying and assault and evidence their feedback on care files where they have satisfied themselves that the care staff can protect young people from abuse by their peers.</p>	<p>the Unit Manager, Regional Manager and National Clients Service Manager communicate to resolve what type of admissions would be appropriate. This then is passed on to the National Placement team and decisions are made then by the organisation. With the ending of the contract the pressure to comply with external KPIs has now diffused. Additionally we have sought to place this front and centre of any admission process. We will seek to identify at the outset of the placement what is and is not within our remit to manage.</p>	<p>No response received from the social work department</p>
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