



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 123

Year: 2017

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Positive Care
Registered Capacity:	Four young people
Dates of Inspection:	14th and 15th of March 2017
Registration Status:	Registered from the 22nd of December 2016 to the 22nd of December 2019
Inspection Team:	Paschal McMahon Noreen Bourke
Date Report Issued:	June 2017

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1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle

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

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

1.2 Methodology

The centre was registered to commence operation in December 2016 and following the verification of the registration application, supporting documentation and a site visit the centre was registered without conditions attached for a period of three years expiring in December 2019. The centre was registered to cater for up to four young people; both boys and girls aged 13-17 on admission on a medium term basis.

This inspection report sets out the findings of the follow up three month inspection of the new service to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was announced and took place on the 14th and 15th of March 2017. The findings and action plan are outlined at the end of the report and the registration decision is outlined in section 3.

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

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.

- ◆ An examination of the questionnaires completed by:
 - a) The regional manager
 - b) The national client services manager
 - c) Seven of the care staff
 - d) The two young people residing in the centre

- e) Other professionals e.g. guardian ad litem, general practitioners and therapists.

- ◆ An examination of the centre's files and recording process.

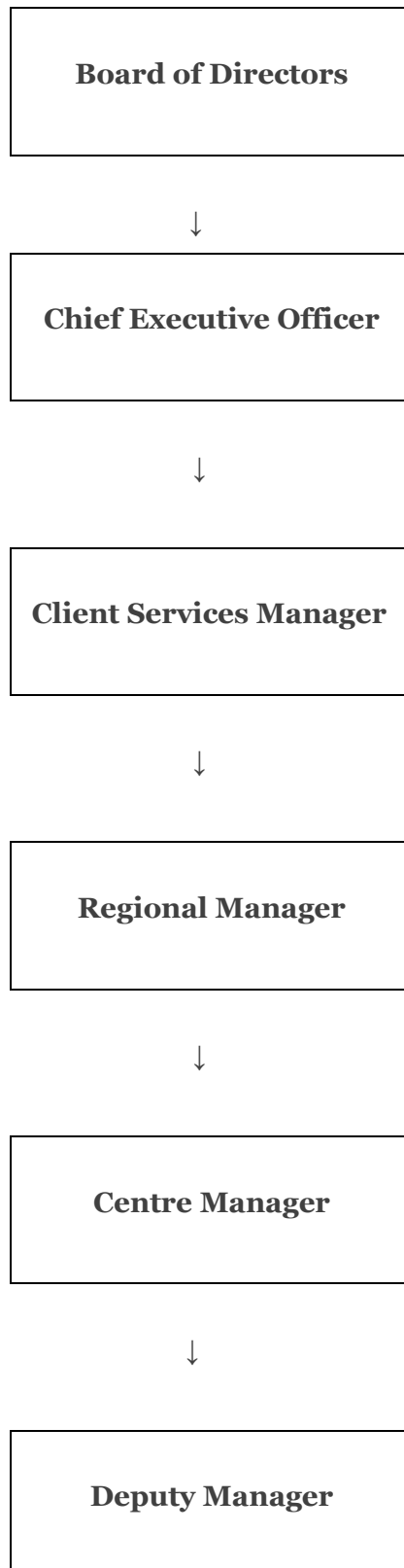
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The regional manager
 - c) The deputy centre manager
 - d) Five staff members
 - e) Two young people
 - f) Two of the 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.

1.3 Organisational Structure





9 Social Care Workers
Relief Social Care
Workers

3. Findings with Regard to Registration Matters

The inspection of the new service highlighted two main issues which were the management team's decision to admit two young people with a complex range of needs within one week of each other and the lack of a stable and experience staff team to care for them. The inspectors found that on the establishment of the centre an experienced team were presented on the application for registration. At the time of the three month inspection a number of the staff had changed and their replacements had less experience. The inspectors were concerned that the centre did not have a team with the required experience to manage the two complex young people's needs. The client services manager and regional manager were contacted by the inspection service and they gave an explanation for the changes to the staff team that a number of the core staff who were presented on the registration application three months prior to the inspection had either left the service or did not take up their posts. The manager stated that additional experienced staff were recruited, their credentials were checked by the inspection service and were found to be adequate. The inspection service also closely monitored the incidents being notified by the service and found that they began to reduce shortly after the inspection.

A draft report was issued to the centre manager, senior management team of the organisation and the relevant social work departments on the 9th of May 2017. The centre provided a response and action plan to the inspection service regarding the issues requiring action highlighted in the report on the 26th of May 2017. The inspection service was not fully satisfied with the response of the service to the issues requiring action and met with the clients services manager on the 7th of June to discuss their response.

The centre complied with the issues identified prior to the inspection process being completed and the management team was given an opportunity to resubmit the action plan with evidence that all issues identified during the inspection had been addressed in full. Following a meeting on the 7th of June the centre resubmitted a revised and more comprehensive response and action plan. The action plan was reviewed by the registration panel on the 30th of June 2017 and found that the issues requiring action had been complied with.

The findings of this report and assessment of the submitted action plan submitted on the 16th of June 2017 deem the centre to continue to operate in adherence to regulatory frameworks, the National Standards for Children’s Residential Centres and in line with its registration. As such the centre remains registered without conditions from the 22nd of December 2016 to the 22nd of December 2019. The centre will be subject to a second inspection intervention within its first year of operation and will be subject to ongoing monitoring.

2. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Notification of Significant Events

The inspectors examined the significant event records, and were satisfied that the significant events affecting young people living in the centre were notified to the Child and Family Agency. The placing social workers confirmed to the inspectors that they received written significant events reports and were notified promptly. Significant event reports were maintained on the individual care files and the centre maintained a log of all significant events.

The majority of significant events on file were in relation to high risk behaviours and some of these behaviours included repeated incidents of assault on staff. From a

review of centre records and interviews with the centre manager and the staff team it was evident that the level of inexperience within the team had an impact on their ability to manage these high risk behaviours. This led to the consideration of discharging both young people on a number of occasions. At the time of inspection there were on-going discussions between the management team and the social work department in relation to the suitability and sustainability of both placements. The manager and core team had demonstrated a high level of commitment to the young people and there had been a reduction in the reported number of serious incidents prior to the inspection.

Administrative files

The recording systems in place were well organised and maintained to facilitate effective management and accountability. There was good evidence of oversight and records were signed by the manager and the regional manager.

3.2.2 Practices that met the required standard in some respect only

Management

The centre manager was appropriately qualified and had been working within the social care field for many years. The manager had joined the company prior to the opening of the centre and this was their first management role within residential social care. There was evidence that the centre manager monitored and guided practices through reviewing records, observation of staff practices and working directly with the young people. The manager was supported in their management function by a deputy manager. The inspectors found that while the manager was very committed, the centre did not have adequate staffing resources to fulfil its purpose and function. The centre in effect had been in crisis since it opened until the date of the inspection. At the time of the inspection an inexperienced staff team were caring for two young people with very complex needs. The staffing crisis in the centre resulted in the manager spending an inordinate amount of time guiding practice at the expense of other management tasks including staff supervision.

External oversight of the centre was provided by a regional manager and a national client services manager. Their reporting relationship was to the chief executive officer who reports to the board of management. There was evidence that both the regional manager and the national client services manager had knowledge of the young people and spent time in the centre both on a formal and informal basis. They provided support to the manager and the staff team as well as reviewing records. The

organisation held regional and national meetings for centre managers which was a forum to address issues and gain support.

The findings of this inspection were that the organisations governance was poor in not identifying and predicting risk associated with not having a stable and experienced team to work with young people who were known to have complex needs prior to admission. The decision to admit two young people, both of whom had very complex needs; one of whom was allocated 3:1 staffing to a new centre with a new manager and an inexperienced staff team within a seven day period was very concerning to the inspectors. There was no evidence that the organisation had an effective plan in place to address the staffing crisis in the centre. These issues are discussed further in the report.

Register

The centre had a register in place which recorded the admission details of young people in the centre. The inspectors found that one young person's parent's address was not recorded. The gender of the young people also needs to be recorded in the register. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Supervision and support

The centre has a supervision policy which states that individual supervision is provided once every four – six weeks for all full time staff. Supervision is provided by the manager and deputy manager. The manger received formal supervision from the regional manager who also offered informal support through regular phone contact and visits to the centre. The inspectors examined the supervision records that were available on file for review. The findings of the inspectors were that there were gaps in the provision of supervision to staff, in some instances supervision did not occur within the four to six week timeframe specified in the centre's supervision policy. The centre manager informed the inspectors that this was due to the fact that the centre had been in crisis since it opened and the manager had struggled to provide supervision to all staff. Efforts to facilitate supervision were also hindered by the fact that the post of deputy manager was vacant for a period of time. The current deputy manager had been in post for three weeks prior to the inspection.

The supervision files examined by the inspectors were of good quality and linked to the young people's placement plans. The inspectors noted in some instances supervision contracts were not signed. Inspectors found that a number of relief staff

were supervised by a manager from one of the company's other centres. Centre management must ensure that they link in with this external supervisor in relation to oversight of the relief staff members care practice.

Due to the number of relief staff who had worked in the centre, the inspectors were unable to verify if all relief staff were in receipt of adequate supervision and in some cases these files were not available for review. Post inspection the inspectors were informed by the centre manager that they had assumed responsibility for the supervision arrangements for the relief staff members who are consistently working in their centre.

Team members told the inspectors that support mechanisms were in place for staff including on-call support and debriefing following serious incidents. They confirmed that team meetings were held regularly and inspectors viewed minutes of these meetings on file. Handover meetings took place daily and during the inspection an inspector attended a handover meeting where there was evidence of good communication and reflective practice. Staff reported that they had confidence in the manager and that they felt supported in the day to day working environment in the centre.

Training and development

The inspectors reviewed training records for the staff team that were presented for inspection. The centre has a monthly training schedule in place and recent training included play therapy and attachment theory. There was no evidence on file that one of the night staff had received the core training in behaviour management, first aid, fire training and child protection which needed to be addressed urgently. Inspectors also found that a number of other staff required training in first aid and fire safety which must also be given priority. The centres care framework was based on a number of theoretical approaches to care. The inspectors found that staff did not demonstrate a sufficient knowledge of the centres purpose and function and were unclear about the care approach operated by the service. The inspectors recommend that staff are provided with training in this area.

3.2.3 Practices that did not meet the required standard

Staffing

Inspectors found that the centre did not have adequate levels of staff to fulfil its purpose and function. The plan for the centre when it was initially established was to provide a specialist residential service for children under 12 years of age and some staff through interview with inspectors stated they were recruited on this basis. However, the organisation requested to change the purpose and function to providing care to 13-17 year old young people on admission. It was on this basis that the centre was granted registration in December 2016. The first young person was admitted in January 2017 and the second young person was admitted a week later.

The inspectors reviewed staffing levels and found that the centre did not have adequate staffing resources as was demonstrated during application for registration. Inspectors noted that a number of the core staff who were presented on the registration application three months prior to the inspection had either left the service or did not take up their posts. The centre was dependent on a large number of relief and contract staff from other centres. The service operated a staff interchange policy where staff were redeployed temporarily from the organisations other services. In effect this staff interchange practice placed additional pressure on the core staff who were tasked with maintaining consistency in the delivery of care to the young people.

A review of the centres rota showed evidence that in many cases staff members were on duty with limited experience in caring for two young people with very complex needs, one of whom was allocated 3:1 staffing ratio due to their high level of need. Post inspection the inspectors examined significant event notifications made to the Child and Family Agency over a forty day period and found that there had been twenty seven different staff members involved in managing these incidents. The majority of these incidents involved staff responding to behaviours that challenged, and in many cases physical restraints of a young person.

Inspectors found from interviews with management and staff that the use of relief staff and staff from other centres was accepted as the norm and culturally acceptable within the service despite the possible negative impact on the young people and efforts to maintain a consistency of care.

Staff interviewed by inspectors confirmed that they had received induction that was provided by the organisation focusing on policies and procedures as well as core training including behaviour management, child protection, first aid and fire safety. Inspectors found in practice that a number of the staff who were not part of the core team had received a general service induction but had not also received a centre specific induction. Relief staff coming on duty were provided with guidelines for

working with the young people. Inspectors found that not all staff had prior knowledge of the young people's behaviour support plans or of their individual crisis management plans before going on shift. A review of significant event notifications evidenced the fact that in a number of cases relief staff that had little or no previous contact with the young people were involved in physically restraining a young person on their first shift. This was without prior knowledge of the young person's individual crisis management plan. In interview social workers for the young people stated they were unaware that care staff unknown to the young people engaged with them in times of crisis.

The inspectors carried out an audit of staff personnel files and found that they complied with the recruitment and vetting requirements. However, one vetting disclosure did not evidence that the centre carried out a risk assessment despite the necessity to do so. The service director must ensure that any adverse vetting disclosures are subject to a risk assessment and that this is evident on the relevant personnel file.

3.2.4 Regulation Based Requirements

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

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 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 5, Care Practices and Operational Policies -Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***

Required Action

- The service directors must ensure that the centre is adequately staffed with an experienced staff team in place to fulfil its purpose and function in accordance with standard 2 of the National Standards for Children's Residential Centres (2001).
- The centre manager must ensure that the centre register contains all the required information.

- The centre manager must ensure that staff supervision takes place within the time frames specified in the centres supervision policy.
- The centre manager must ensure that all staff supervision contracts are signed by the centre manager and staff.
- The service directors must ensure that all staff have the required core training.
- The service directors must ensure that staff are familiar with and have a working knowledge of the centres care framework and its application in practice within the delivery of care to young people.
- The service directors must review their staff interchange policy to ensure a consistency in the delivery of care to young people. The reliance of staff from other centres and relief staff must be kept to a minimum.
- The service directors must ensure that staff are not assigned to work in the centre without an appropriate induction to the centre.
- The service directors must ensure that staff assigned to work at the centre have a clear understanding of the individual crisis management plan for the young people.
- The service directors must ensure that any adverse vetting disclosures are subject to a risk assessment.

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

The inspectors found that the centre had suitable provision to accommodate family contact in line with the best interest of the young people. The inspectors met with a parent of a young person in the centre during the inspection who confirmed that they

had regular contact with the centre and were satisfied with the care their child had received. The centre maintains a record of family contact on file.

Supervision and visiting of young people

Inspectors found that social workers visited the young people in line with the statutory regulations. Inspectors found from reviewing files that there was evidence of social workers reading young people's daily logs.

Emotional and specialist support

The inspectors found that both of the residents were assigned key workers to support them and to carry out direct work with them. The centre also had a psychologist attached to the centre that supports the staff team, developed therapeutic plans and was available to do individual work with the young people. The psychologist had attended team meetings and the inspectors found evidence on file that they provided clinical guidance to the staff team.

Young people were linked in with specialist services outside of the centre. At the time of inspection one young person was waiting on specialist services to become available and there was evidence that the centre manager and the supervising social worker had been advocating on the young person's behalf to access these services.

Discharges

There had been no discharges from the centre in the period under review.

Children's case and care records

The inspectors reviewed care files of the two residents; the files were maintained in a standardised format which was accessible and easy to follow. Care file recordings were kept up-to-date and the records were filed in chronological order. There was evidence that the key documentation as set out in the regulations and standards was properly recorded on the care files. The recording standard was good and it was evident that the records were monitored by management.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

One young person had an up-to-date care plan on file and reviews had taken place within statutory timeframes. The second young person resident had a care plan on file but it was not in compliance with the statutory requirements. The care plan on file was specific to a previous placement. Given the young person's age profile and pending move to aftercare, it is important that this is reflected in the care planning process.

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

The young people in placement had allocated social workers. The manager confirmed that there was good communication between the placing social workers and the centre and that they received relevant background information on young people prior to the placement of the young person. There was evidence that the centre manager and the social worker for one of the young people were pro-active in conducting further review of young people's placements where it was deemed necessary. The second young person did not have a relevant care plan specific to their placement.

3.5.3 Practices that did not meet the required standard

Suitable placements and admissions

This centre was registered to accommodate four young people of both genders, aged between thirteen and seventeen years of age on admission. At the time of inspection there were two young people residing in the centre aged 11 and 17 years. Referrals were received from the national placement team and there was comprehensive background information on file for both residents. At the time of inspection the centre management had concerns regarding the suitability and sustainability of both young people's placements given their complex needs and high risk behaviours.

The centre had made efforts to discharge one young person prior to the inspection due to concerns regarding their high risk behaviours and the capacity of the centre to keep the young person safe. This decision to discharge the young person was subsequently reviewed following discussions between the placing social work

department and the national client services manager; a decision was made that the young person continues to reside in the centre. The inspectors found that the allocated social workers for both of the young people acknowledged the complex needs of the young people and subsequent difficulties in managing their behaviours. They were of the view that it was not in the best interest of the young people to move them to alternative placements at this time. The social workers informed the inspectors that they were satisfied that the young people had made some progress during their time in the centre.

The inspectors received notification following the inspection that the centre had made a decision to discharge the second young person as they were not able to meet their needs and they required more specialised care and at the time of writing this report the young person's placement was being reviewed on a weekly basis.

The centre had a written policy describing the admission process which was inclusive of the development of a pre-admission risk assessment. The two young people residing in the centre at the time of inspection were admitted within a seven day period of each other. Neither young person had a period transition or induction to the centre or were afforded the opportunity to visit the centre before admission.

The first young person who was admitted to the centre transferred from one of the organisations other centres. This transition took place as it was assessed that the behaviour of the young person could no longer be safely managed within that centre. The inspectors reviewed the placement proposal which was submitted to the national placement team prior to the admission this young person. The proposal stated that the staff team at the centre "are an experienced staff team dedicated to meet the needs of the young people". As highlighted previously in the report this was not the case and did not reflect the reality in terms of the competency and level of experience of the staff team when the young person was admitted.

The second admission transferred from another residential care provider without any period of transition. The care plan on file did not reflect the current placement needs of the young person. Inspectors found that while planning meetings with the young people's social workers took place prior to admissions, the centre's admission policy of pre-admission visits and comprehensive plans were not followed. These young people had complex needs but the inspectors found that the risks associated with looking after them were not properly assessed by the centre at the admission stage. The inspectors found evidence that the management team did not satisfy themselves that the second young person's placement was suitable and would meet their needs.

There was evidence on young people's files that they had been given a booklet on admission which provided them with age appropriate information describing all aspects of the centre including their rights.

Preparation for leaving care / Aftercare

At the time of inspection one young person had reached the age of preparing to leave care. The supervising social worker had made a referral to the aftercare service but the young person had been reluctant to engage with the allocated aftercare worker from the Child and Family Agency. The centre manager informed inspectors that they had been unable to focus on developing life skills necessary for independent living during the two month period that the young person had been in the centre due to the level of difficulty the young person was experiencing. While acknowledging these difficulties given the age range and stated needs of this young person a robust care plan must be put in place which reflects the aftercare needs of the young person.

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

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- The social worker must ensure that a relevant up to date care plan is in place for one of the young people.
- The social worker must ensure that there is a clear robust aftercare plan in place for the young person.
- The service directors must ensure that prior to the submission of placement proposals to the National Placement Team that they have a core staff team with the relevant experience.
- The service directors must ensure that robust risk assessments are undertaken prior to the admission of a young person.

- The regional manager and centre manager must ensure that the centre adheres to its own policies and procedures of admission.

2 Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The service directors must ensure that the centre is adequately staffed with an experienced staff team in place to fulfil its purpose and function in accordance with standard 2 of the National Standards for Children’s Residential Centres (2001).</p> <p>The centre manager must ensure that the centre register contains all the required information.</p> <p>The centre manager must ensure that staff supervision takes place within the time frames specified in the centres supervision policy.</p>	<p>At the time of writing the unit had newly opened and was finding its feet. We accept that staffing resources were not allocated as effectively as they should have been.</p> <p>There is now an experienced core team of 9 contracted staff in place.</p> <p>The register has been updated and the above piece has been remedied.</p> <p>Recent audits have placed supervision at the core of team development. There is a supervision plan in place and supervision is divided between the manager and unit manager. In addition the core team members have</p>	<p>Instead of a central staffing list we have assigned a group of relief staff to separate houses to ensure continuity. Unit managers met with the regional manager in June to ensure that there is a continuity of care. This will be reviewed in 3 months again to ascertain its efficacy.</p> <p>This is checked regularly as part of the audit procedure.</p> <p>Supervision schedule is in place and monitored by the regional manager and addressed monthly.</p>

	<p>The centre manager must ensure that all staff supervision contracts are signed by the centre manager and staff.</p> <p>The service directors must ensure that all staff have the required core training.</p> <p>The service directors must ensure that staff are familiar with and have a working knowledge of the centres care framework and its application in practice within the delivery of care to young people.</p> <p>The service directors must review their staff interchange policy to ensure a consistency in the delivery of care to young</p>	<p>training and development plans which are reviewed in supervisions.</p> <p>Supervision schedule is in place and monitored by the regional manager and addressed monthly. In addition we have also appointed a relief staff supervisor on regional level who can meet relief staff for additional supervision.</p> <p>The core team were trained in the care framework prior to the centre opening. Having reviewed the care framework we are currently changing it to ensure that it is more accessible and have a plan in place to train the teams in a manner aligned to the feedback we have received around this.</p> <p>New care framework will be published by the end of July 2017 and training will begin in August with a timescale to ensure all staff teams are trained in it in accordance with the feedback received by the staff teams. This will be reviewed on an ongoing basis and the new care framework itself will be reviewed in 18 months</p> <p>The interchanges that occurred involved sending staff members from sister units. These staff members were not being utilised at the time due to vacancies within those</p>	<p>Regional audits record core training received by the staff team and this is now recorded. This allows 3 levels of oversight (unit manager, regional manager and client services manager).</p> <p>Staff interchange will continue to occur but only when it is suitable to do so and will be kept to a</p>
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	<p>people. The reliance of staff from other centres and relief staff must be kept to a minimum.</p> <p>The service directors must ensure that staff are not assigned to work in the centre without an appropriate induction to the centre.</p> <p>The service directors must ensure that staff assigned to work at the centre have a clear understanding of the individual crisis management plan for the young people.</p> <p>The service directors must ensure that any adverse vetting disclosures are subject to a risk assessment.</p>	<p>units or young people being away from the unit. This has not caused any disruption to the care of other young people in other centres.</p> <p>Prior to working for Positive Care all staff receive a company-wide induction. On top of this we would also ensure that staff members would receive unit specific inductions. We accept that this did not occur with a number of staff members in the centre.</p> <p>It would be up to the unit manager to ensure that everyone reads the ICMP and the unit manager contends that this did happen. We also understand the need to ensure that everyone signs it.</p> <p>Unit manager has ensured that all staff who work in the centre sign the ICMP and that it is used appropriately.</p> <p>This was an oversight on our part and will not be repeated. This incident occurred many years ago when this staff member was quite young. The staff member reported it in an entirely appropriate manner. However, it was an oversight by senior management.</p>	<p>minimum. It will continue as long as it does not impact negatively on the young people.</p> <p>Once the unit specific relief panels are established this will allow us to complete group inductions for relief staff for each centre. These will be completed by the unit manager in the office.</p> <p>During regional audits there are regular checks as to whether ICMPs are signed, understood and one can see them in practise.</p> <p>All serious issues that arise on Garda vetting would require a risk assessment completed by a unit manager, regional manager with input from HR manager. As stated this was an oversight on our behalf. Staff files are audited regularly and all unit managers</p>
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			have access to staff files through our TMS system.
3.5	<p>The social worker must ensure that a relevant up to date care plan is in place for one of the young people.</p> <p>The social worker must ensure that there is a clear robust aftercare plan in place for the young person.</p> <p>The service directors must ensure that prior to the submission of placement proposals to the National Placement Team that they have a core staff team with the relevant experience.</p> <p>The service directors must ensure that robust risk assessments are undertaken prior to the admission of a young person.</p>	<p>A care plan review took place on the 17th of May 2017 and the centre is waiting on an updated care plan.</p> <p>There are on-going meetings between the centre management, social work department and aftercare service to identify a suitable follow on placement for the young person.</p> <p>We accept that staffing resources were not allocated as effectively as they should have been.</p> <p>We reviewed our risk assessment process last year and this has led to reduction in the number of placement breakdowns.</p> <p>It is not our policy or practise to initiate placements within such a short period of time as was the case here. There were robust risk assessments in place and the impact of both young people on each other has been</p>	<p>We have unit specific relief panels thus we have largely the same staff members attached to the same units. This may be subject to change when young people are discharged for example.</p>

	<p>The regional manager and centre manager must ensure that the centre adheres to its own policies and procedures of admission.</p>	<p>largely negative. However, we would accept that the decision made to admit the first young person in particular has restricted our ability to manage the unit effectively and plan long term.</p> <p>In this instance it would have been more propitious to ensure that a longer gap occurred between both placements initiating. In addition this would have facilitated a more efficacious use of staffing arrangements.</p>	
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