



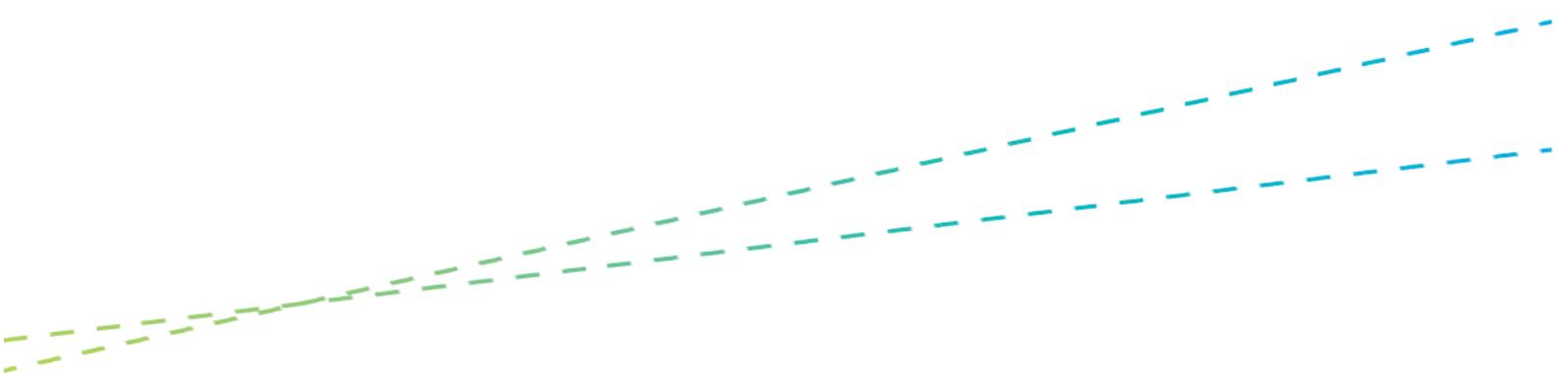
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 149**

**Year: 2019**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>24 HR Care Services Residential Division</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>1<sup>st</sup> and 2<sup>nd</sup> October 2019</b>
<b>Registration Status:</b>	<b>14<sup>th</sup> March 2019 to 14<sup>th</sup> March 2022</b>
<b>Inspection Team:</b>	<b>Cora Kelly Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>2<sup>nd</sup> December 2019</b>

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## 1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

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

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

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in March 2019. At the time of this inspection the centre were in their first registration and were in year one of the cycle. The centre was registered without attached conditions from the 14<sup>th</sup> March 2019 to 14<sup>th</sup> March 2022.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission on a short to medium term basis. Exceptions outside of this age range are permitted for young people under thirteen in line with the derogation process governing same. At the time of the inspection one young person under thirteen was residing in the centre with two other young people aged between thirteen to seventeen years. Their model of care was described as providing a home style therapeutic environment for young people who are experiencing emotional and behavioural difficulties. The centre's highly trained and committed staff team aimed to promote positive outcomes through education, building positive family relationships and facilitating young people's progress in the social, emotional, physical and cognitive areas of development.

The inspectors examined standards 2 'management and staffing' and 5 'planning for children and young people' of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 1<sup>st</sup> and 2<sup>nd</sup> of October 2019.

## 1.2 Methodology

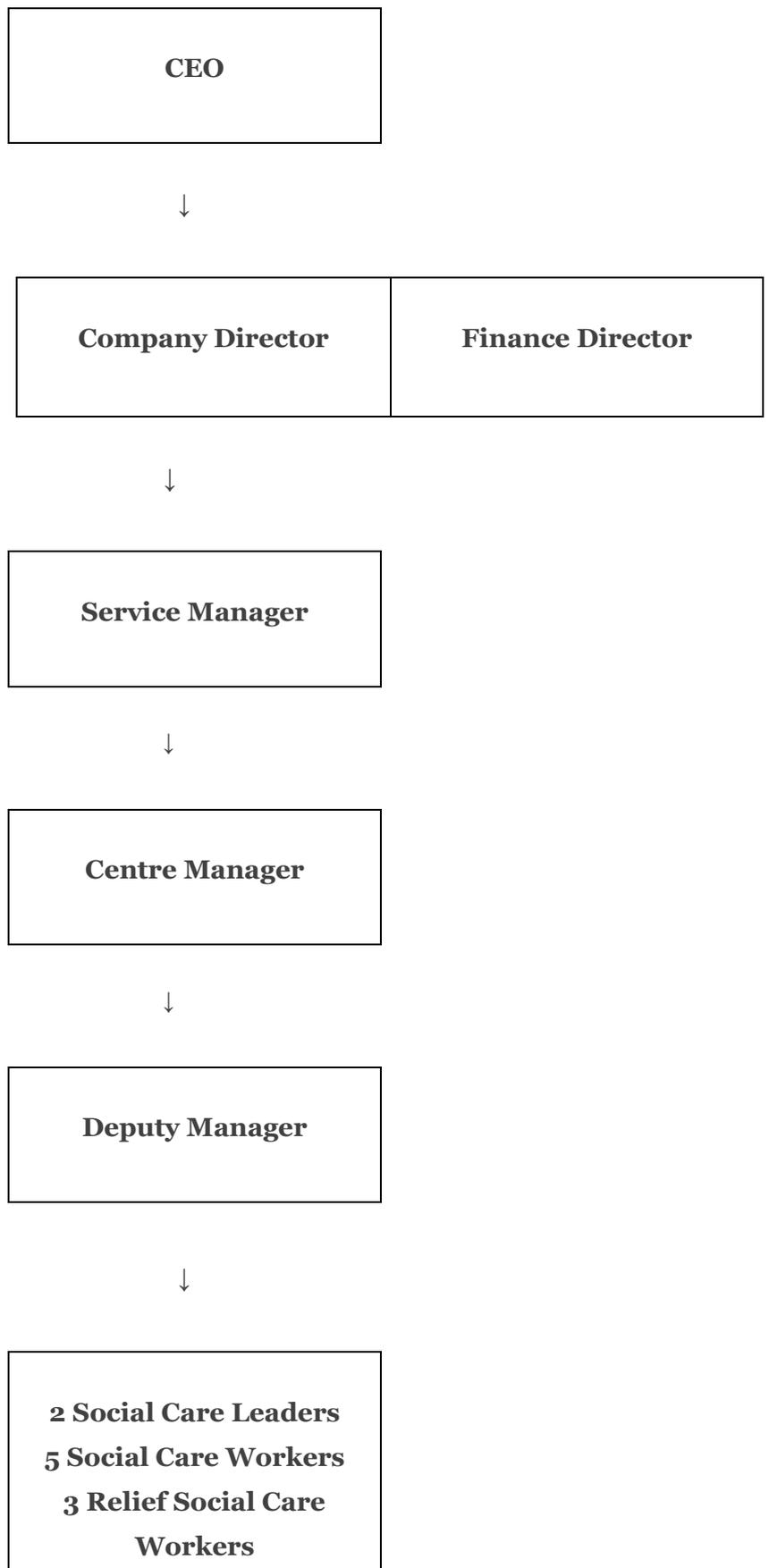
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
  - a) 10 of the care staff
  - b) Service Manager
  - c) Company Director
  - d) Three young people residing in the centre
- ◆ An examination of the centre's files and recording process.
  - care files
  - supervision records
  - handover book
  - daily logs
  - centre registers
  - sanctions report book
  - team meetings minutes
  - young people's meeting book
  - external management meeting minutes
  - centre audits
  - personnel files
- ◆ 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) Two social care staff
  - c) The services manager
  - d) Two young people
  - e) Two social workers.Efforts to interview a third social worker were not successful.
- ◆ 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



## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, service manager and the relevant social work departments on the 1<sup>st</sup> October 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 15<sup>th</sup> October 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 149 without attached conditions from the 14<sup>th</sup> March 2019 to 14<sup>th</sup> March 2022 pursuant to Part VIII, 1991 Child Care Act.

## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

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

#### 3.2.1 Practices that met the required standard in full

##### **Register**

There was a register of young people in the centre. It was found from the review of the record that it was up-to-date and contained the required information on each of the young people. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

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

The inspectors reviewed the centres notifications of significant event register (SEN) and found that the majority of the incidents were promptly forwarded to the relevant professionals. Short delays were observed for a few SEN's. However, all three social workers confirmed in interview that they received them punctually and were satisfied with the quality contained therein. There was evidence of oversight of this register by senior line managers.

##### **Training and development**

Staff were provided with training by the organisation's training section. The centre manager advised that all staff were up-to-date on mandatory training that included: child protection, fire safety, first aid, manual handling and in a recognised model of behaviour management. A training schedule was provided to the inspectors where refresher training was detailed. Staff had also been provided with self-harm awareness and ASIST (applied suicide intervention) training. A training audit was kept and it was clear that staff were encouraged to identify training that was relevant to the needs of the young people. From the review of a sample of personnel files it was found that training certificates were not always held. In light of this the inspectors recommend that the centre manager reviews the personnel files.

### **Administrative files**

The centre's recording systems were organised, comprehensive and easy to navigate. Whilst records maintained very good overall the inspectors did observe a few copy and paste errors across records. The inspectors recommend that the centre manager ensures that all records are free from such errors and that information is accurately recorded. All files were securely stored and are kept in perpetuity. The financial management system in place was overseen by the organisation's financial manager, a qualified accountant. The centre manager was satisfied that the weekly petty cash allowance provided was sufficient to operate the centre.

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

#### **Management**

The centre manager had been in position on a full-time basis since the centre opened in March 2019. Prior to this they held the centre manager position in a sister centre within the organisation. They were suitably qualified and had vast experience in the field of social care including management. They were present in the centre Monday to Friday working normal office hours. A deputy manager supported the centre manager in addition to two social care leaders. This group formed the centres on-call support system. Staff named in interview that they were supported by the centre manager through their ongoing presence in the centre, supervision, on-call, ongoing check-in, reflective practice and debriefing.

The centre manager's day-to-day role included reading young people's files, ensuring the centres policies and procedures were being complied with, reviewing centre paperwork, overseeing registers, attending statutory and professional meetings for the young people, mentoring and supervising staff, chairing team meetings and attending senior management meetings. On occasion the centre manager or deputy manager attended the daily handovers. The meetings were chaired by either the social care leader or shift co-ordinator coming off shift and the staff members commencing shift. The handover process serves a number of purposes and as the centre is in its infancy stage the inspectors recommend that the centre manager or deputy manager regularly attend handovers so they have a good oversight of staff dynamics, staff communication and care practices. The centre manager demonstrated their oversight by way of signature. The inspectors observed this during the review of a number of centre records, registers and young people's care files.

Internal management governance included weekly reports being forwarded to the service manager and the director of the organisation. The inspectors reviewed a sample of these reports and found they focused on the operational running of the centre and provided a synopsis of each young person's week. The template for this did not allow for senior management to provide comment or direction or for the service manager to assess if supervision was being complied with as the data relating to this was very brief. To allow the service manager greater oversight with regards to supervision being conducted this section of the template could be utilised more to detail this.

The line management structure included the centre manager reporting to the service manager. In interview the service manager informed the inspectors that they were in contact with the centre manager on a daily basis and regularly visited the centre. Staff confirmed this and that they attended some team meetings. The service manager received SEN's that also included complaints and attended admission and discharge meetings where potential referrals were reviewed and risk assessed. When the SEN process was questioned further the inspectors were advised that the organisation did not have a forum for reviewing SEN's. At the time of the inspection there had been a low number of SEN's. However, for the purposes of learning, staff development and possible identification of training needs senior management must develop an SEN review group and ensure that any learning from the review is fed back to the staff team. The inspectors found that the service manager had a good knowledge of the young people, their needs and of the day-to-day operation of the centre. The service manager confirmed that they received weekly manager reports and accepted the inspectors finding that the current template did not include a section for senior management input. Overall, whilst their signature was viewed across centre records there was no formal recording of their visits or of their input to care practices and this prevented the inspectors from reaching a determination regarding their oversight of centre work.

The inspectors review of a sample of the senior management meeting minutes found that they were taking place regularly in line with centre policy. The agenda did not include standing items and so the topics for discussion at each meeting varied. Of the agenda items reviewed the discussions on these were found to have been brief, did not always include a synopsis of each young person's placement or a review of decisions made at the previous meeting. Senior management must ensure that a standing agenda covering the operational running of the centres and updates and planning for young people is developed and that there is a better tracking of actions.

As part of governance the service manager's role included conducting audits to ensure effective governance of the centre. Two audits had taken undertaken since the centre opened in March 2019. A number of deficits were identified from the review of the audit records. They did not include interviews with staff or young people or incorporate all aspects of operational and care practices. Overall, the auditing system requires development to include a framework, an effective template and an action plan that states time scales for when actions are to be completed and by whom. In conclusion, the service manager must develop better systems for governance and oversight of operational practices in the centre.

### **Staffing**

The staff complement included the centre manager, a deputy manager, two social care leaders and five full-time social care workers all of whom were suitably qualified. Three relief social care workers were available to support the core team. The core team was consistent and had a good range of residential and social care experience. Just one staff member did not have residential experience and in this instance they were mentored and supervised by the centre manager and were on shift with experienced individuals. There was a very low level of agency staff usage. In interview a social care leader stated they their senior role included mentoring staff, overseeing keyworking cases and ensuring that good detailed handovers were conducted. The four-week roster in operation allowed for three staff on shift daily with two on sleepover. This was suitable to the needs of the young people. The young people spoke favorably of staff in interview and that they could talk to them including their keyworkers. This was also returned in the young people's questionnaires.

The director outlined in questionnaire the organisation's five-stage recruitment process that included application and curriculum vitae, interview, Garda vetting, qualification check and three reference check. The inspectors were able to see the documents during the review of a sample of personnel files. Regarding the verification of qualifications process the inspectors addressed with the centre manager an issue that the inspectors identified for one of the relief staff. The centre manager must address this issue with the relevant college as soon as possible.

The centre's induction programme comprised of a week's training and a further week reading policies and procedures, completing a shadow shift and familiarising themselves with the centre's paperwork. Staff informed the inspectors that the process was good and informative.

## **Supervision and support**

Supervision was provided in adherence to policy and often more frequently. The centre manager was supervised by the service manager and from the review of these records it was evident that the frequency of supervision was align to the six to eight-week time-frame. It was found from the review of a sample of staff supervision sessions the frequency was within the four to six-week period after an initial period of supervision being held fortnightly. There was incongruence between the policy and supervision contracts and this should be addressed by centre management.

The inspectors found from the review of centre manager records a supervision contract was held and that supervision was reflective of management responsibility and could be improved with a better focus on plans and outcomes for young people. The centre manager and deputy manager, both trained in the organisations own child centred supervision model, provided internal supervision. The centre manager did not oversee supervisions provided by the deputy manager. Overall, there was evidence of good discussions on young people but they were not always linked to their placement plans. Topics such as staff development, staffing issues, training were discussed and sessions reflective of previous supervisions. Probation reviews was also evidenced at the three-month mark of employment. There was no contract on file for one staff member. Overall, some improvements around the implementation of the process is required. The centre manager must ensure that supervision contracts are on file for all staff, that discussions and decisions regarding young people are linked to their placement plans. For the purposes of oversight, the manager must review all supervision records.

Team leader meetings were held prior to team meetings. Minutes of these meetings were not recorded. The inspectors recommend that minutes are kept to record the decision making process at these meetings and for management to track the development of the team leader roles. Standard items discussed at the fortnightly held team meetings included care planning, young people's meeting, management updates, rosters, health and safety, maintenance and housekeeping. Inspectors found that attendance was good and there was evidence of good discussions on young people that were linked to the long term and short term goals outlined in their placement plans. A staff member was responsible for updating young people's placement plans following the meeting. The minutes, recorded in an A4 book would benefit from an action sheet to track actions and review those from meeting to meeting. The organisation employed a clinical psychologist on a part-time basis. The centre manager confirmed that they were actively developing the role of the clinical

psychologist to include their attendance at every second team meeting and to incorporate their input into centre care planning mechanisms.

There was evidence of young people's meetings being held weekly and usually attended by all young people. There was a good variety of agenda topics viewed across a sample of the meeting minutes with decisions and outcomes recorded and feedback given to the young people.

In addition to handovers, that has been referred to earlier in this report reflective practice was completed daily and this was viewed by staff interviewed as a supportive practice tool. The centre did not have a formal shift planner to accompany the handover record. The centre manager must introduce a shift planner to ensure staff formally record decisions and plans regarding the young people.

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

None identified.

### **3.2.4 Regulation Based Requirements**

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

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

### **Required Action**

- For learning and development purposes senior management must develop an SEN review group.
- The service manager must develop better systems for governance and oversight of operational practices in the centre to include a standing agenda and action plan at management meetings.
- The centre manager must address the issue of verifying a qualification with the relevant college as soon as possible.
- The centre manager must ensure that supervision contracts are on file for all staff, that discussions and decisions regarding young people are linked to

their placement plans. For the purposes of oversight, the manager must review all supervision records.

- The centre manager must introduce a shift planner to ensure staff formally record decisions and plans regarding the young people.

### **3.5 Planning for Children and Young People**

#### ***Standard***

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

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

##### **Contact with families**

There was evidence that management and staff valued family contact. All young people were supported, encouraged and facilitated by staff in maintaining contact and access with their families both in the centre and family home. Each young person had a family access plan that was facilitated by staff and social workers and was aimed at maintaining and repairing family relationships and was linked to their care plans. This was evident across the review of care files and young people's daily report records. Staff maintained ongoing telephone contact with families. Families were invited to attend celebrations in the centre. Parent's views were evident on care plans.

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

There was evidence of social workers meeting with young people both in and outside of the centre. The records of social work visits and contacts were observed on young people's files. There was evidence of social workers having read the young people's files, receiving monthly placement plans and were part of individual plans in place.

##### **Emotional and specialist support**

It was clear from interviews and the review of care files that staff were aware of the emotional and psychological needs of the young people. Young people had access to specialist supports such as Lucena Clinic and Child and Adult Mental Health Services. Inspectors observed reports from these services on their care files. Staff had good communication links with these services. Social workers in interview informed

of their plans for scheduling other specialist supports on a phased and developmental basis and in line with psychological supports provided by the centre.

As mentioned earlier in this report the centre manager was actively developing the role of the organisation's clinical psychologist. The organisation's clinical psychologist had met with all young people and regularly met with one young person. The inspectors found that there was no formal schedule of this work and it was not specifically connected to their placement plan. The inspectors were advised that they also reviewed individual care approaches in place for each young person however there was no evidence of this. The centre manager is aware that they need to formally evidence the work of the psychologist and link it to the young people's placement plans. In conjunction with senior management the centre manager advised in interview that they had commenced this process at the time of the inspection.

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

The centres system of recording young people's files was organised and easy to navigate. As mentioned earlier in this report records were good with a few copy and paste errors. There was evidence of the views of young people being sought. Birth certificates and care orders were held on individual care files. Amendments to the centres placement plan template and approach to keyworking, that will be referred to later in this report will ensure more effective planning, a better tracking of work, by whom and when and measure outcomes. The centre manager was aware of the need to maintain all young people's files in perpetuity.

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

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

Since the centre opened in March 2019 there had been a total of three admissions all whom were resident at the time of the inspection. The admissions of the young people, which took place on a phased basis, April, July and August demonstrated the centres work of securing suitable matches across placements whilst allowing the young people time to settle into their placement. All referrals, through the Tusla National Private Placement Team (NPPT) were found to have been in line with the centre's statement of purpose and function. For two of the young people it was their first experience of residential care. The organisation had an admission and discharge group where referrals are reviewed, discussed and risk assessed to ensure the suitability of the placement. The centre's policy on admissions included a ten-day transition plan. Admission to care forms were on individual care files so too were pre-

admission meeting minutes, transition plans, social work reports and the organisation's own journey through placement reports.

The centre had pre-admission risk assessments on file for all young people in addition to impact risk assessments. A social worker in interview, informed the inspectors that they were advised of the newest admission to the centre but were not part of an impact risk assessment. The centre manager must ensure that social workers for young people already resident in the centre are consulted in the impact risk assessment process for incoming admissions. Deficits were found following the review of the centre's pre-admission risk assessment template. They did not categorise risks or name intervention strategies to manage and reduce identified risks. The protective factors were also vague due to the lack of specific detail. Senior management must review the pre-admission risk assessment template to ensure that they are effective in identifying risks and further when they are being created that they state specifically how risks are to be managed.

In interview social workers felt that the placements were suitable to the needs of the young people and that the current young people were a good match. There was evidence of staff working with the young people on the reasons they were in care. Young people were able to describe this in interview. Young people also confirmed that they received a booklet upon admission that was found to have been age-appropriate.

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

The three young people had care plans on file. There was a considerable delay in the centre being provided with a care plan for the first admission in April 2019. The initial care plan upon admission related to a previous placement. The care plan developed after their initial statutory child in care review in early June 2019 was forwarded to the centre in July 2019. However, due to ongoing issues regarding some details in the report it was not finalised until mid-September some five months into their placement. The social worker for this young person must ensure that fully completed care plans are forwarded to the centre in a timely manner.

The quality of care plans varied and did not always demonstrate a robust analysis of need. They contained aims and objectives, an assessment of need across the areas of health, education, emotional and behaviour development, identity, family and social relationships, social skills and self-care skills. Actions to meet needs were included and both the young person's and parent's views were noted. The inspectors found that the limited number of actions named in the care plan for the latest admission did

not correlate to the needs assessed. When this was followed up in interview with the social worker they demonstrated clear care planning for the young person that was based on settling them into their placement before focusing on intense work in meeting their identified needs. This included a full clinical psychological assessment with a focus on assessing attachment being secured.

Statutory child in care reviews were taking place with monthly reviews being held for the young person under 13 years of age in line with national policy. A schedule of reviews for this young person until January 2020 was observed on their care file. It was further observed that the minutes of a child in care review was not signed and was not recorded on a Tusla, Child and Family Agency template. The social work team leader must ensure that child in care review minutes are formally recorded. The inspectors observed from the files relating to the young person resident in the centre since April 2019 that the centre was not provided with minutes of the statutory child in care review held in June 2019. When the centre followed this up they were advised that the social work team does not generally compile child in care review minutes. The social work department must ensure that minutes of statutory child in care reviews are compiled and forwarded to the centre.

Each young person had a monthly placement plan that outlined long and short term goals. The inspectors found from the review of these that they were a narrative of opportunity led work that took place and were essentially progress reports. They lacked specific detail of how goals were to be achieved, by whom and when and also clinical guidance. As a result, it was difficult to assess if goals were met. The centre manager must ensure that placement plans clearly reflect how tasks relating to goals are to be achieved, name the persons responsible, include clear timeframes and measure outcomes. There was evidence of the placement plans being forwarded to the young people's social workers. In interview the two social workers for the last two admissions were satisfied with the plans and of the work undertaken to date by the centre in meeting the needs of the young people. Each young person's file contained updated working documents such as individual crisis management plans, absent management plans and care approaches.

It was found from the review of individual work records that areas of work covered included: family access, sleeping patterns, hygiene, reasons for being in centre, social work support, feelings and review preparation. The approach to undertaking these pieces of work was found by the inspectors to have been informal, opportunity led and planned during handovers. A more structured approach is required and needs to be clearly connected to the young people's placement plans. The centre manager

must review the keyworking process and ensure that it's planned and connected to placement plans.

## **Social Work Role**

### ***Standard***

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

All three young people had social workers who were in regular contact with the young people and management and staff in the centre. There was space for young people to meet with their social worker privately in the centre and externally. Detailed social work reports were provided to the centre prior to admissions. Birth certificates and vaccination records were evident on care files. However, for one young person there was no detailed medical history. It was noted from the file review that this would have been a difficult and timely undertaking for the social worker to obtain given the amount of placements the young person had experienced. Despite efforts to interview this individual's social worker the inspectors were unable to follow this up. The social worker must ensure that the centre is provided with a detailed medical report for the young person.

In interview social workers confirmed that they received SEN's and were satisfied with the incidents reported. Social workers maintained care files and informed the inspectors of dates they had met with young people and when meetings were held. One social worker advised the inspectors that they were advised of a new referral but were not consulted with regard to the impact of the new referral on the other residents in the centre. Yet, they were happy with the current group of young people and felt it was a good match and that the placement was meeting the young person's needs.

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

None identified.

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

- **Part IV, Article 22, Case Files**
- **Part IV, Article 23, Paragraphs 1 and 2, Care Plans**
- **Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan**
- **Part IV, Article 24, Visitation by Authorised Persons**
- **Part V, Article 25 and 26, Care Plan Reviews**

The centre 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 centre manager must ensure that social workers for young people already resident in the centre are consulted in the impact risk assessment process for incoming admissions.
- Senior management must review the pre-admission risk assessment template to ensure that they are effective in identifying risks and further when they are being created that they state specifically how risks are to be managed.
- The Tusla South based social worker must ensure that fully completed care plans are forwarded to the centre in a timely manner.
- The Tusla Dublin South East based social work team leader must ensure that statutory child in care review minutes are formally recorded.
- The Tusla South based social work team leader must ensure that minutes of statutory child in care reviews are compiled and forwarded to the centre.
- The centre manager must ensure that placement plans clearly reflect how tasks relating to goals are to be achieved, name the persons responsible, include timeframes clearly and measure outcomes.
- The centre manager must review the keyworking process and ensure that it is formal, planned and connected to placement plans.
- The social worker must ensure that the centre is provided with a detailed medical report for the young person.

## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>For learning and development purposes senior management must develop an SEN review group.</p> <p>The service manager must develop better systems for governance and oversight of operational practices in the centre to include a standing agenda and action plan at management meetings.</p> <p>The centre manager must address the issue of verifying a qualification with the relevant college as soon as possible.</p>	<p>An organisation SEN group has been developed. Staff who have been part of any incident under review and relevant social workers will attend or be invited respectively to attend same. Learning will be communicated at team meetings.</p> <p>A new auditing system and standing agenda to ensure effective governance and oversight of operational practices has been developed. Action plans are now incorporated into the management meetings to ensure all outstanding issues have been addressed. Templates of the documents referred to have been provided to the inspection and monitoring service.</p> <p>This has been completed with records on file.</p>	<p>Senior management will ensure that the meetings occur and learning will inform future care practices.</p> <p>Senior management will review and ensure that all aspects of governance pertaining to the oversight and operational practices of the centre is evidenced to a high standard.</p> <p>Senior management and the centre manager will ensure that that all personnel</p>

	<p>The centre manager must ensure that supervision contracts are on file for all staff, that discussions and decisions regarding young people are linked to their placement plans. For the purposes of oversight, the manager must review all supervision records.</p> <p>The centre manager must introduce a shift planner to ensure staff formally record decisions and plans regarding the young people.</p>	<p>Supervision contracts are held on file for all staff. A tool has been developed that adequately evidences conversations during supervision to cover all aspects of care and planning for each young person. The centre manager will oversee all supervision records in the centre.</p> <p>A shift planner was introduced on October 3<sup>rd</sup> 2019.</p>	<p>files have been vetted in line with requirements.</p> <p>For governance and quality purposes the service manager will oversee all supervision records.</p> <p>From December 2019 and on a quarterly basis senior management will review the organisations recording systems to ensure that they are effective.</p>
<b>3.5</b>	<p>The centre manager must ensure that social workers for young people already resident in the centre are consulted in the impact risk assessment process for incoming admissions.</p> <p>Senior management must review the pre-admission risk assessment template to ensure that they are effective in identifying risks and further when they are being created that they</p>	<p>Going forward the centre manager will ensure that there is clear consultation with social workers of resident young people at the impact risk assessment stage for incoming admissions.</p> <p>A new document that gives a very clear plan on how to deal with any risks that we may be presented with has been implemented. A copy has been provided to the inspection and monitoring service.</p>	<p>Senior management will oversee that this process occurs.</p> <p>From December 2019 and on a quarterly basis senior management will review the organisations recording systems and tools to ensure that they are effective.</p>

	<p>state specifically how risks are to be managed.</p> <p>The Tusla South based social worker must ensure that fully completed care plans are forwarded to the centre in a timely manner.</p> <p>The Dublin South East based social work team leader must ensure that statutory child in care review minutes are formally recorded.</p> <p>The Tusla South based social work team leader must ensure that minutes of statutory child in care reviews are compiled and forwarded to the centre.</p>	<p>SW response: The care plan was issued two weeks after the child in care review.</p> <p>The delay in the care plan being finalised until September 2019 was not acknowledged in the above response.</p> <p>SW response: All statutory child in care review minutes will be formally recorded on our national child care information system, signed by this department and placed on headed paper.</p> <p>SW response: We do not complete separate minutes of the review aside from the care plan.</p> <p>The centre manager will request the minutes of the most recent child in care review meeting and future review meetings.</p>	<p>Should similar delays occur again the centre manager will escalate the issue to a senior member of the social work department.</p> <p>SW response: All statutory child in care review minutes will continue to be formally recorded on our national child care information system, signed by this department and placed on headed paper.</p> <p>Issues arising with receiving care plan minutes will be escalated by the centre manager to senior management after four weeks.</p>
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	<p>The centre manager must ensure that placement plans clearly reflect how tasks relating to goals are to be achieved, name the persons responsible, include timeframes clearly and measure outcomes.</p> <p>The centre manager must review the keyworking process and ensure that it is formal, planned and connected to placement plans.</p> <p>The Tusla South based social worker must ensure that the centre is provided with a detailed medical report for the young person.</p>	<p>An action plan/ progress report that has been incorporated into the centre's placement support plan clearly identifies person's responsible, includes progress and measures outcomes for young people.</p> <p>Given the revised placement support plans, introduction of a shift planner and updated supervision record the key working process is more connected, formal and planned and we will strive towards achieving positive outcomes for young people in a timely manner.</p> <p>SW response: We are in the process of gathering all of the young person's medical information.</p> <p>The centre manager will request the medical report in four weeks' time following this report being finalised.</p>	<p>The centre manager in consultation with senior management will review the new placement support plans on an ongoing basis to ensure effective tracking, person's responsible which will include timeframes and measure outcomes to a high standard.</p> <p>From December 2019 and on a quarterly basis senior management will review the organisations recording systems to ensure that they are effective.</p> <p>Should similar delays occur again the centre manager will escalate the issue to a senior member of the social work department.</p>
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