



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	<b>072</b>
<b>Year:</b>	<b>2017</b>
<b>Lead inspector:</b>	<b>Mary Flaherty</b>

Registration and Inspection Services  
Tusla - Child and Family Agency  
Units 4/5, Nexus Building, 2<sup>nd</sup> Floor  
Blanchardstown Corporate Park  
Ballycoolin  
Dublin 15  
01 8976857

## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>New Beginnings</b>
<b>Registered Capacity:</b>	<b>4 young people</b>
<b>Dates of Inspection:</b>	<b>14<sup>th</sup> and 15<sup>th</sup> of February, 2017</b>
<b>Registration Status:</b>	<b>Registered with no attached conditions 14th March 2017 to the 14th March 2020.</b>
<b>Inspection Team:</b>	<b>Mary Flaherty Catherine Hanly</b>
<b>Date Report Issued:</b>	<b>23 June 2017</b>

# Contents

<b>1. Foreword</b>	<b>4</b>
1.1 Methodology	5
1.2 Organisational Structure	7
<b>2. Findings With Regard To Registration Matters</b>	<b>8</b>
<b>3. Analysis Of Findings</b>	<b>9</b>
3.2 Management And Staffing	9
3.5 Planning For Children And Young People	17
3.7 Safeguarding And Child Protection	24
<b>4. Action Plan</b>	<b>28</b>

## 1. Foreword

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

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

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

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

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

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

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

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

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

## 1.1 Methodology

This inspection was un-announced and took place on 14<sup>th</sup> and 15<sup>th</sup> of February, 2017, over a two day period.

This inspection was themed and based on the framework of Standards two Management and Staffing; Standard five Planning for Children and Young People and standard seven Safeguarding and Child Protection of the National Standards for Children's Residential Centres 2001'. This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration.

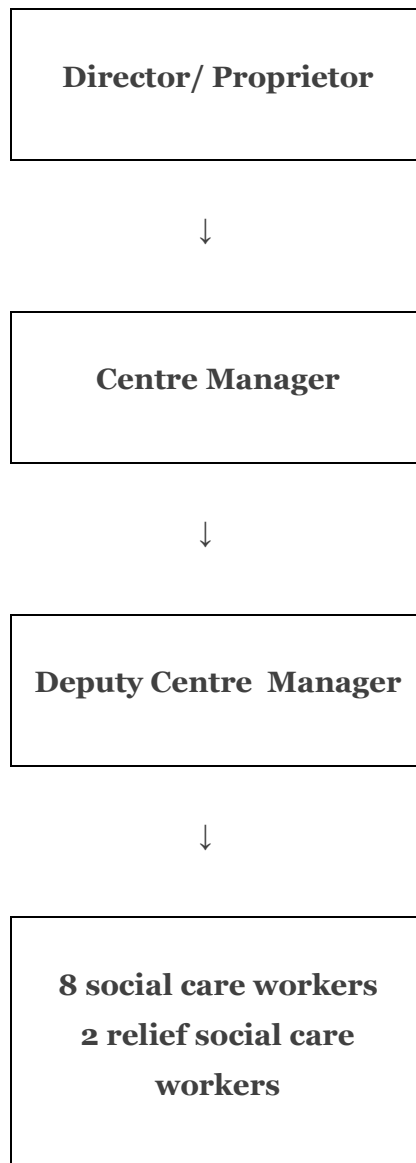
- ◆ An examination of the centre's files and recording process.
  
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre manager
  - b) The deputy social care manager
  - c) The services' proprietor
  - d) One young person
  - e) The allocated social worker

- f) The Inspector with responsibility for oversight of significant events from the centre.
  - g) Telephone interview with the allocated social worker of one young person recently discharged from the centre
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children’s Residential Centres and in line with its registration. As such the registration of this centre remains from the **14<sup>th</sup> of March 2017 until the 14<sup>th</sup> of March 2020**



## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

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

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

None identified

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

##### **Management**

This centre has a full time manager who has been in post since May 2016 and worked as deputy manager within the centre for one year prior to that. The centre manager has the relevant experience and holds a recognised qualification in social care. The centre manager reports to the service's proprietor and who is also the service's director and has the responsibility for oversight of operational practices.

The centre manager identified to the inspectors that they held the responsibility for care practices within the centre. The internal quality assurance system in place includes monthly management meetings, fortnightly team meetings and child in care reviews, all of which the centre manager attends. The centre manager completes monthly checklists on each case file to ensure they meet the required standard. Daily handovers between staff, formal supervision, young peoples' meetings and key-workers meetings are also mechanisms in place to assess the quality and effectiveness of the services provided.

In interview, the proprietor stated they visited the centre monthly and reviewed records at this time. The proprietor described they had responsibility for the external oversight of all operational practices within the centre. The inspectors found limited evidence of the proprietor's presence in the centre on case files or centre records. Whilst the proprietor advised the inspectors in interview that they held a file on all contact with the centre manager and visits to the centre, this was not furnished to the

inspectors during the inspection process. The inspectors could not find evidence in place where their contact is accurately and/or evidence of their direction and guidance of staff practice within the centre. The inspectors require a description of the systems that the proprietor has implemented in order to evidence governance of the operation of the centre.

An external consultant has responsibility for the supervision of the centre manager and external oversight of all care practices to include the review of significant events and complaints, daily logs and individual care files. The centre manager advised the inspectors that the external consultant visits the centre fortnightly to review all relevant documentation and complete their role. The inspectors did not find evidence of consistent oversight by external management of guiding practice across centre documentation or on the young person's case file and there was no evidence of the external consultant's presence in the centre for 2 months prior to this inspection. Further, there are no formal structures in place for this reporting procedure. There was no evidence of audits of service provision completed by the external consultant, based on the national standards for residential care.

This inspection identified issues relating to governance of complaints, safeguarding practices, notification of significant events and serious concerns, management of consultation and provision of internal supervision and oversight. The inspection findings will be discussed further under the relevant sections of this report.

The inspectors have identified that new systems were required to ensure robust governance at both social care manager and director of service level. The inspectors found there was limited oversight by centre management or external management of the care being provided to the young people placed in the centre. While there was evidence that the external consultant had signed some entries in the young person's daily logs, there was no evidence of a review and/ or their input into key working, placement planning significant event reviews or the behaviour management interventions being used with young people. This links to the lack of a defined role and with clear functions within the management of this service. Further, there was no evidence of external oversight on the supervisions being conducted by the centre manager. A more robust, structured and formal framework for external oversight and governance is required. The organization must prepare a job description for the external consultant that clearly outlines their role and responsibilities associated with the position.

The organisation has a monthly management meeting that is attended by the centre manager and the proprietor. The centre manager prepares an overview report of

significant events for this meeting and from review of same the inspectors noted they did not comprehensively detail all incidents. The inspectors reviewed the minutes for the management meetings for the previous year (2016) it was observed that these meetings focused on staffing issues, team dynamics and staff performances. There was limited evidence from these records of decisions being made or recorded. The inspectors found that the quality of these recordings to include the use of language required improvement; and that there is limited detail in relation to the care of young people. The inspectors noted that the external consultant did not attend the monthly management meetings and there was no mechanism in place to evidence they contributed into this meeting and/ or received feedback from this forum.

### **Register**

The centre has a register of admissions and discharges, as required. The inspectors noted the register did not contain all of the relevant information in line with the Child Care (Placement of Children in Residential Centres) Regulations, 1995. The register needed to be updated to include details of one young person's discharge from the centre. The Inspectors noted evidence of the centre managers oversight however there was no evidence of external management oversight on this register.

### **Notification of Significant Events**

The centre has a policy of significant events and all events are standardized and notified within a prompt timeframe. Both social workers who completed interviews as part of this inspection process advised they were satisfied with the centre's notifications of significant events.

The centre has a register of significant events that recorded the date, the young person's name and reference number of the significant event only. It does not detail the type of incident and therefore does not allow for the tracking of patterns of behaviour and an overview of incidents. The inspectors noted that not all significant events have a reference number attached. The centre does not have a significant event review system in place. Significant events are not reviewed as part of the organisation's monthly management meetings. As stated earlier in this report, the centre manager completes a summary report of significant events for the previous month, for the attention of the proprietor. In review of for 2016, the inspectors noted that they were not comprehensively completed as they lacked significant information. The proprietor 'bulk signs' significant events when they visit the centre- the centre manager and deputy manager confirmed this to be the case in their interview with the inspectors. For example, the proprietor signed all significant events from 10/10/2016 to 25/1/2017 when they visited the centre on 25/1/2017. The centre

manager and deputy manager advised the inspectors that the proprietor does not routinely receive the notification of significant events, as they occur. The proprietor advised the inspectors that they did receive the notification of significant events as they happened and that they provided feedback to the centre manager on some occasions, when a serious incident warranted their input. The proprietor and centre manager separately advised the inspectors that the written records in this regard required improvement. The inspectors found no evidence of management's review or response on the signed review records. There was no evidence that management was aware of and/ or supported the staff's interventions to manage the behaviour's of young people. Further, the inspectors did not observe any evidence of reflective practice to indicate that there was a link between how incidents were managed and how this information was used to inform changes to individual management plans or staff interventions that supported more effective management of young people's behaviour's.

From a review of the young person's daily logs and significant conversations it was observed that there were a number of serious incidents in the centre and in the community that should have been notified through the significant event notification system, but were not. As a result information was not fully reported and action could not be taken on this. Centre management must ensure that the care team understand what constitutes a significant event and that these are reported promptly to the relevant Tusla, Child and Family Agency and social work departments. It was noted that the centre manager had signed the records of significant conversations on the young person's file however inspectors found no evidence of external management oversight on these records. The inspectors found limited evidence on young people's care files of follow up from the allocated social worker on incidents in the centre and the efforts to support young person in managing their behaviours.

### **Staffing**

This centre has a staff compliment of one social care manager, one deputy social care manager, eight social care staff and two relief social care staff. The deputy manager is appointed since October 2016 and their role is to support the manager and the day to day operation of the centre including the supervision of some staff members, key-working and support the development of the staff team. From a review of personnel files for eight staff members (and including the centre manager) the inspectors observed that the staff team did not have a balance of experience, with the majority of staff having no experience working in children's residential centres before they took up employment with this service. The inspectors noted that four members of the staff team have commenced employment in the centre since 2015 and all of whom had no

experience of working in children's residential centres prior to this current post. This is not in keeping with the stipulations of the National Standards for Children's Residential Centres, 2001, 2.10 or with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7. Three staff members have left their posts within the previous year. The centre manager advised the inspectors that exit interviews are not completed currently and that this may be considered in the future as a mechanism to inform the recruitment and retention of staff.

Staff induction is provided. New staff members are introduced to the organisations's policies and procedures and complete two shadow shifts as part of their induction process

The inspectors noted that personnel files were incomplete and did not meet the requirements. Curriculum vitae's were not consistently available on files and the inspectors were unable to determine if vetting had been completed prior to the staff member's start date. Further, the inspectors found that some staff members did not have a copy of their qualifications on file and in some instances there was no evidence that the qualifications for staff had been verified. The inspectors noted that in some instances social care workers were completing verbal verifications on references. The inspectors noted that certificates for training completed by staff members were not consistently available on staff files. It was also noted that two staff members (relief) are currently unqualified and are attending college to complete their qualifications. The inspectors noted that one referee detailed the staff member required particular support in developing their practice however from review of this staff members file there was no evidence that this information was utilized as intended or that the staff member received any support in this regard.

From review of the staff personnel files the Inspectors noted that management had enacted disciplinary processes with staff members that was not in line with the protocol outlined in the organisation's own disciplinary policy.

### **Supervision and support**

The centre has a written policy on supervision and support which sets the minimum frequency for formal supervision at once every 4-6 weeks. The external consultant supervises the centre manager and one staff member. These records were not available to the inspectors until after this on-site inspection and were reviewed as part of this process. The centre manager supervises the deputy social care manager and four staff team members. The deputy manager has recently taken on the supervision of four staff members and two relief staff members. The centre manager

advised the inspectors that they had completed training in a recognized model of supervisory practice and that the deputy social care manager had recently completed a training programme on supervision practices. For a period of 2016, a manager of another children's residential centre also owned by this proprietor supervised two staff members. These supervision records were unavailable to the inspectors whilst on-site and the centre manager submitted them following the inspection. The inspectors found these supervision sessions did not take place regularly, the records lacked detail on discussion and the handwritten notes were not easy to read. The centre manager is supervised by an external consultant and reports that this takes place every 4-6 weeks, in line with the organisation's policy. The inspectors reviewed copies of supervision minutes for the centre manager and noted that supervision was occurring regularly within the 4-6 week timeframe, however, there were issues with the quality of the records reviewed, including the detailing and follow up of agreed actions / decisions in this supervision. The inspectors noted that in some instances actions agreed in relation to staff member in the centre manager's supervision were not reflected in the staff members' supervision.

The inspectors reviewed the supervision files for the staff team and noted that supervision was not happening within agreed time frames of 4-6 weeks. Further, it was noted that not all staff files contained current contracts around supervision. It was observed that the records for supervision did not contain enough detail, that decisions or actions agreed were not being clearly recorded and there was no system for review or follow up of decisions made at previous supervisions. Further, the inspectors noted that the records did not contain sufficient details on the discussions on the planning of care for young people or staff members care practice and typically there was only one line of information written for each young person. Key-working and placement planning were not specific focus evidenced in the written records.

This review of supervision files also evidenced that some of the supervision records reflected a focus on organisational issues and team dynamics and, as noted above, it was unclear if these matters were dealt with consistently and in line with the service's own policy.

As noted above, the supervision records were not being overseen by the external line manager for the centre. The proprietor and external consultant relies on feedback from the centre manager on the supervision of staff. The inspectors recommend that the external consultant should audit the written records themselves as part of their internal quality assurance system and that this is to be included in the written policy and in the supervision contract.

Team meetings are held fortnightly and the minutes reviewed evidence they take place regularly and with good attendance generally. The inspectors reviewed the team meeting minutes from 4/8/2016 to 1/2/2017 and noted that they did not evidence the external consultant or proprietor's attendance during this timeframe. The centre has a clinical consultant available to staff internally who attends part of the team meetings on a monthly basis. The inspectors reviewed the minutes of the team meetings where clinical consultant attended and gave direction on placement planning and found that the written records of the clinical input were not always clear and required improvement. The inspectors found the minutes were bullet pointed and therefore they did not detail what discussion had taken place and/ or what actions had been agreed within this forum and also noted that there was not a consistent practice that staff members sign meeting minutes reviewed. Further, the inspectors found limited reference in these recordings to placement planning, key-working and behaviour management.

### **Training and development**

The centre manager provided the inspectors with a training and development plan completed on 17/1/2017. The inspectors noted that the training and development plan provided did not include an analysis of the staff team's training needs. The training and development plan evidenced that two staff members required children first training, two staff members required training in fire safety and nine staff required refresher training in therapeutic crisis intervention (TCI)- the latter being scheduled to take place in June 2017. The training and development plan identified that training for the staff team on drug awareness is to be researched and this was not scheduled at the time of this inspection. The inspectors noted that substance misuse was one of the consistent challenges that faced the young person in placement and additional training on this issue would be very beneficial to the staff team.

### **Administrative files**

Inspectors reviewed the young people's files and the administrative paperwork at the centre and found that they had to request many items that either had not been filed or had not been printed for the file. The centre manager advised the inspectors that staff members were not always recording their individual work with the young person and this accounted for some gaps in their case file. The inspector's found that cut and paste and copy and paste, was used by staff in the completion of individual plans which resulted in the young person's plan being repetitive and not fully comprehensive as pertinent information had been lost in this process.

The majority of the centres registers were found to be incomplete and as noted in the sections above, there were issues identified with both internal and external line management's oversight and governance on a number of these records. The centre does not have a register in place to record sanctions, which assists in the effective management of behaviour.

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

None identified

### **3.2.4 Regulation Based Requirements**

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

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

The centre did not meet 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)? -Part III, Article 16, Notification of Significant Events.*

### **Required Action**

- The proprietor must ensure that a more robust, structured and formal framework for external oversight and governance is implemented in the centre.
- The proprietor must prepare a job description for the external consultant which clearly outlines the roles and responsibilities associated with the position
- The proprietor must carry out a review of the records for young people from June 2016 to February 2017 to identify if there are any serious incidents that should be retrospectively notified as significant events.
- The centre management must ensure that care staff understand what constitutes a significant event and that these are reported promptly to the relevant Tusla, Child and Family Agency monitoring and social work departments.



- The proprietor must ensure that supervision takes place in line with the timeframes outlined in the organisation’s policy for staff supervision.
- The proprietor must review the template for recording supervisions to ensure that it is appropriate for the centre and must also periodically review the supervisions carried out by the centre manager.
- The centre manager must ensure that decisions made are clearly recorded and that supervision records reflect discussions on the planning of care for young people and care practice.
- The centre manager must ensure the staff team’s training requirements are up-to-date.

### 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

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

Inspectors reviewed the records of social work visits to the centre to meet with the young person placed and found they had received visits at the centre in accordance with the recommended timeframes. The inspectors found it difficult to track from the centre file, the frequency of social work visits to the young person in the centre. It is noted that the centre only recorded the date of when the social worker visited the centre and did not record any detail of the discussions that took place with staff members and the young person; or the agreed actions from same. The social worker reviewed their records and informed the inspectors that they had visited and met with the young person on ten occasions in 2016 and on three occasions in 2017. The allocated social worker advised the inspectors that they always provided feedback to the staff members on issues arising and agreed actions, after their meeting with the young person.

The young person has an allocated Aftercare worker and the records on file indicate that they have met with the young person on a few occasions outside the centre and closer to the young person's place of home.

### **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 inspectors interviewed the Child and Family Agency social worker as part of the inspection process. The inspectors completed a telephone interview with the allocated social worker of one young person recently discharged. Both social workers stated they were happy with the young person's placement and felt that the young person had been suitably placed in the centre. Both social workers shared the view that there had been positive developments for the young people placed during this period. The allocated social worker for the young person recently discharged advised the inspectors that they did not read the daily logs in the centre as this appeared to trigger incidents for the young person. This allocated social worker advised that they visited the young person weekly in the centre and were satisfied with the care the young person received. There was evidence that the allocated social worker of the current resident had reviewed and signed the daily logs when in the centre. They had not reviewed the significant conversations section of this young person's file and therefore they were unaware of a number of incidents and serious concerns for the preceding six months that had not been reported through the significant event process. The centre manager advised the inspectors in interview that a monthly summary report is prepared for the respective social work department. However, the allocated social worker of the young person placed advised the inspectors in interview, that they had received all of the monthly summary reports for their client for 2016 (12 reports) together on 26<sup>th</sup> of January 2017.

The allocated social worker stated that they have in the past always consulted with the young person regarding their care plan- their leaving care review took place on 1/2/2017 and the young person attended this meeting. In interview with the inspectors, the allocated social worker described they are liaising with the aftercare workers to ensure that this is given specific focus for the aftercare planning however

acknowledged that they were dis-satisfied with some aspects of the After-care service and had brought this to the attention of their line manager.

### **Discharges**

The centre has a written policy outlining the discharge process of when a young person formally leaves the service and provides guidance on the management of planned and unplanned discharges. The inspectors reviewed the end of placement report for three young people recently discharged from the centre. One young person was discharged to a foster family as part of a planned ending. The careteam completed an outreach service to this young person for a six week period post their discharge, to support this transition. One young person was discharged in a planned manner upon reaching eighteen years old to an independent living arrangement. The proprietor advised the inspectors that this young person was not receiving an after-care service and acknowledged that staff members were continuing to provide support to the young person, as an informal arrangement. This young person also received financial support from the service in respect of this leaving care arrangement.

One young person was discharged home to their family of origin upon reaching eighteen years. This young person has a history of long periods of absences from the centre whilst in placement. An after-care placement was identified for this young person however; there was a delay in availability at time of their discharge. An interim plan was put in place whereby the young person was discharged to the family home with a view to transition to the placement within 14 days.

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

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

The young person's current care plan was dated 19/10/2016 and there was evidence of regular review with the previous care plan on file dated 04/2016. There was evidence that the goals of the placement currently was to support the young person transition positively into adulthood and after-care services. The current care plan was signed by the young person, allocated social worker and social work team leader and the centre manager. The inspectors noted that the young person did not attend their review meeting but did complete a feedback form that was discussed in this forum which identified that the young person was being well cared for and engaging in their placement.

The inspectors noted that the care plan recommended that the aftercare-worker was to meet with the young person and care team in November 2016, to explore aftercare options available, to include possible referrals to supported accommodation. The allocated After-care worker advised the inspectors they met with the young person and discussed possible accommodation options. The young person stated they wished to source private rented accommodation only and did not want a referral to supported accommodation to be completed. A leaving care review meeting took place on 1/2/2017 and the centre manager had typed minutes of this meeting for the young person's file, in advance of the social work department's minutes being circulated. The inspectors noted that there were no minutes of previous child in care review meetings held on the young person's file and the centre manager advised that no minutes of these meetings had been received.

The inspectors also reviewed the care plan of one young person discharged from the service on 30/1/2017. The care plan was dated 22/8/2016 and detailed an assessment of the young person's needs and clear goals for the placement.

The centre manager described that the implementation of the care plan at the centre is structured through the use of an individualised placement plan that is reviewed annually by the care team. The inspectors reviewed the placement plan on file for the current resident is dated 1/5/2016 and the placement plan for the young person recently discharged dated 08/16-02/17. The inspectors found that both placement plans were broad in nature and detailed short term and long-term goals. The inspectors noted that whilst some of the goals identified were met, both plans were out of date as they did not detail the current issues for the young person and were not 'live' working documents. From review of case files, the inspectors found the link between the key work sessions completed and the placement plan documents should be strengthened.

### **Emotional and specialist support**

The inspectors reviewed the care files for 2 young people and noted that they were referred to/ engaged in specialist services in line with their care plan. Placement plans on file also address the young person's emotional, social and psychological needs and the inspectors found the careteam had an understanding of the young person's needs. However, as stated earlier in this report the placement plan for the young person placed had not been updated since May 2016. It was also observed that young people each had a key worker. The young person currently resident attended the service's psychologist for support and skills development. This work was ongoing-

the staff members interviewed and the allocated social worker advised the inspectors that the young person was engaging positively with this service.

The inspectors noted that there was a general concern amongst professionals for this young person's specific behavior. However, there was no evidence that this issue was being addressed with the young person and no evidence of a plan in place to safeguard the young person in respect of this concern. It was noted by the inspectors that the young person interviewed as part of this process spoke positively about the relationships that they had with staff members.

### **Preparation for leaving care**

The team have acquired experience in this area of work as two young people recently discharged were aged 18 years. However, the centre manager advised the inspectors in interview that staff do not use a framework and/ or after-care planning model for the development of independent living skills. The after-care plan on file dated 11/7/2016 stated the care team were to assist with teaching practical living skills to the young person. From review of the key-working completed with the young person for the preceding year, again the inspectors were unclear how this work was being completed- the young person's file contained a key-working calendar that scheduled two key-work sessions per month for 2016. From review of the case file the inspectors found that key-working did not take place as frequently as scheduled as there were limited records where key-working sessions were completed. The centre manager advised the inspectors in interview that the young person was difficult to engage in key-working however the careteam's attempts to engage the young person were not noted anywhere across their file. Again, the inspectors found limited evidence on how the careteam are supporting the young person in their preparation for leaving care and transition to adulthood. In interview, the staff members advised the inspectors that the young person had made significant progress in some aspects of self care to include their shopping, cooking and personal care however concerns exist for the young person's ability to manage their finances and budget. Overall, the inspectors found that the centre's interventions with this young person to prepare them for leaving care were not robust enough.

### **Aftercare**

As noted above the young person in placement is aged 17 years and 10 months. The inspectors observed from records held in the centre that he has an allocated aftercare worker since June 2016, in line with current policy. The records in the centre detailed that his allocated aftercare-worker had met with him once in the centre and on a few occasions outside the centre to develop his aftercare-plan. From a review of

the care files for this young person it was noted that whilst their aftercare plans associated with the HSE Leaving & Aftercare Services: National Policy and Procedure Document 2011, which is the national policy guiding the provision of aftercare was in place, their needs assessments was not present on the case file. The centre manager advised the inspectors in interview, that they had requested this document to inform the care team how best to support the young person with his aftercare-planning. From review of the young person's case file it was difficult to determine how this young person was being supported by their Aftercare-worker with their transition into Independent living. The inspectors completed a telephone interview with the allocated after-care worker as part of this inspection process. The After-care worker advised that they had met with the young person on five separate occasions since this date. The After-care worker described that the young person was reluctant to engage at meetings and they declined beyond the meetings listed above. The Aftercare-worker advised that they had outlined aftercare options and allowances to the young person, which the young person understood. The young person stated they did not wish to proceed with a referral to this supported accommodation and that they did not wish to reside in Dublin city centre. The young person repeatedly stated they wished to source private rented rather than supported accommodation, post eighteen years. The inspectors noted the care team had agreed in the leaving care review meeting to assist the young person to source private rented accommodation and this work had commenced.

At the time of this inspection there was no tentative plan for the young person post their eighteenth birthday. It was agreed at their most recent review meeting (1/2/2017) that an independent living arrangement be sourced for this young person to move into. From review of the young person's file and interviews with the centre manager and allocated social worker, there was evidence of concerns for the capacity of the young person at this time within an independent living arrangement. It was also agreed that a derogation be requested to extend this placement for a period of one month post their eighteenth birthday. At the time of writing this inspection report, the extension to this placement was being processed and the director of services had identified that they may have private accommodation the young person could rent for an interim period.

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

The inspectors saw from review of the centre files that there was a record of the young person's history maintained securely. Copies of legal documentation were stored in the centre files and these were supplied to the centre by the social work department. Case and care records were kept in a way that supported confidentiality

about young person's history. There was evidence that the young person's views were sought and recorded in the care planning processes.

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

None identified

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency have 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*

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

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

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

*-Part III, Article 17, Records*

*-Part III, Article 9, Access Arrangements*

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

### **Required Action**

- The centre manager must ensure that social work departments are aware and are part of all decision-making relating to the young person.
- The Child and Family Agency social work departments must be aware of their responsibility to review and address all aspects of planning to include the provision of Aftercare to the young person.
- The Child and family Agency social work department must forward minutes of statutory child in care review meetings for the young person's case file.
- The Child and Family Agency social worker must work together with the After-care worker and young person to develop a robust leaving care plan and this must be progressed as soon as possible for this young person.
- The centre manager must inform the Registration and Inspection service of the measures taken to demonstrate a clear connection between the practice of key-work and the implementation of the placement plan.
- The Child and Family Agency must ensure robust systems are in place to support young people leaving care.

## 3.6 Care of Young People?

### 3.7 Safeguarding and Child Protection

#### **Standard**

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

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

None identified

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

#### **Safeguarding**

The centre has a policy on safeguarding. The inspectors found the young person was confident and had a good knowledge of their rights. In interview, the young person advised the inspectors they had a recent visit with an advocate from Empowering Young People in care (EPIC). The young person understood the complaints process and their right to make a complaint on matters they were dis-satisfied with.

The centre has a register of complaints as required. The inspectors reviewed the entries for 2016 and found the complaints register to be incomplete. Further, the inspectors found that not all complaints were recorded and addressed appropriately by staff and that a more detailed record of the work carried out on the complainant's behalf was required. There was no resolution/ conclusion recorded on this register and no detail evident that the young person was satisfied with the outcome of their complaint. The inspectors noted that complaints are not routinely notified as a significant event and/ or to the monitoring office. Further, the inspectors found that child protection concerns and details regarding allegations against staff were recorded in the complaints register. The inspectors found that the language of complaint and allegation was used interchangeably in the records and indicated that staff members were unsure of the differentiation between both concerns and the separate processes in place to manage same.

The inspectors found that the complaints register had not been signed off by centre management and/ or external management. There is a complaints tracker for each month on the young person's case file. The inspectors noted from its review that there were entries on the complaints tracker that were not detailed in the young person's



file. Again there is no evidence that these matters were followed up and if a successful resolution was reached. There is no evidence that the social work department were informed of these incidents. Further, from review of the young person's case file the inspectors found evidence where the young person had expressed their dissatisfaction with aspects of the service and that this had not been reported and processed appropriately.

As stated earlier in this report, the staff personnel files were incomplete and verification of references and qualifications were not consistently recorded. Training certificates for completed training were also not consistently available in the staff files.

From interviews, the inspectors noted that staff members were unclear of the line management structures within the service and of the defined roles of management. The inspectors found that staff members were unclear of safeguarding practices and the services own policies and procedures in respect of same. A more robust, structured and formal framework for external oversight and governance is required to ensure the appropriate safeguarding of young people placed.

## **Child Protection**

### **Standard**

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

The centre has a written policy and procedure document with respect to child protection, which is consistent with the national guidelines set out in Children First: National Guidance for the Protection and Welfare of Young People, 2011. As noted earlier in this report, two staff members are awaiting children first training.

During this inspection the inspectors were informed of an allegation that was made against a staff member on 30/12/2016. A standard report form (SRF) was completed on this matter and notified to relevant parties on 6/1/2017. The allocated social worker stated to the inspectors in interview that they were unaware of this incident until 6/1/2017 and that they were unaware the staff member was on shift during this interim time. The inspectors noted that children first procedure and the service's own child protection policy was not adhered to throughout the investigation process and which was not concluded at the time of this inspection process. Further, the records on the staff file and the young person's case file pertaining to the investigation and the management of this concern required attention, as they lacked detail.

As stated earlier in this report, the inspectors found that communication with the social work department was insufficiently recorded as it did not detail the discussions and/ or actions agreed from same. The inspectors found the staff member had remained working in the centre whilst the allegation was being investigated both internally and by the placing social work team. However, the inspectors found there was no written record (risk assessment) placed on the young person's case file to indicate that any of the issues were concluded and no further risk existed to the young person whilst the investigation remained ongoing. Further, the allocated social worker was unclear what measures were in place (if any) to safeguard the young person during his period of investigation. The allocated social worker advised the inspectors that they had met with the young person on 5/2/2017 to discuss the information and in this meeting the young person had retracted the allegation however, the inspectors could not find a written account of this on the young person's file. The social worker advised the inspectors that they were unsure of what interventions had taken place with the staff member as result of the internal investigation and were awaiting feedback from the centre manager on the outcome of same. In review of this incident, the inspectors found that centre management and staff members were not familiar with their own child protection policy and procedures.

From a review of staff personnel files the inspectors noted that other allegations had been made against a staff member that had been processed as a complaint and investigated internally by centre management. This information had not been notified to the placing social worker through the significant event process. The outcome of the internal investigation on the staff members file was unclear. It is unclear if any feedback was given to the young person regarding the investigation process and/ or the outcome or indeed if any further action was required.

Overall, the inspectors found the processes around safeguarding and child protection lacked clarity and further evidenced the lack of effective governance and oversight by management on care practices and child protection.

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

None identified

#### **Required Action**

- The centre manager must ensure that all allegations against staff members are dealt with in accordance with Children First, and that comprehensive records are kept throughout the process.

- The centre manager and supervising social worker for the young person placed must ensure that the current/ outstanding child protection notifications are thoroughly processed and recorded as concluded on the register and on the young person's case file.
- The centre manager must ensure that the child protection register (CPN register) is up to date and fully complete, detailing all CPN's recorded for each young person, and their outcomes.
- The centre manager must ensure the complaints register is kept up to date and all complaints and their outcomes are duly signed off by the centre management to evidence their oversight.
- The centre manager must ensure strategy meetings take place promptly following the notification of child protection concerns and/ concerns for the impact of young people's behaviours on each other.
- Centre management and staff team members to revise child protection training and training on the management of complaints to ensure that the care team are aware of the separate and distinct processes to manage both.

## 4. Action Plan

Standard	Required Action	Response with time frames	Corrective or preventative strategies to ensure issues do not arise again
<p><b>3.2</b></p>	<p>The proprietor must ensure that a more robust, structured and formal framework for external oversight and governance is implemented in the centre.</p> <p>The proprietor must prepare a job description for the external consultant, which clearly outlines the roles and responsibilities associated with the position.</p> <p>The proprietor must carry out a review of the records for young people from June 2016 to February 2017 to identify if there are any serious incidents that should be retrospectively notified as significant events.</p> <p>The centre management must ensure that care staff understand what constitutes a significant event and that these are reported promptly to the relevant Tusla, Child and Family Agency monitoring and social work departments.</p>	<p>Quality assurance manager in place since the 1<sup>st</sup> March with responsibility for governance and external oversight of the unit.</p> <p>Job description will be forwarded to Registration and Inspection by the 10<sup>th</sup> of May.</p> <p>The proprietor to review all young people's records from June 2016 to February 2017. To be completed by July 31<sup>st</sup> 2017.</p> <p>The centre manager has discussed with staff the importance of reporting relevant events as SENs. This was completed immediately following inspection feedback in team meeting on the 1<sup>st</sup> March.</p>	<p>Quality assurance manager to review files in the unit one day a week. File review to include SENs, Complaints, Significant Conversations and Monthly paperwork.</p> <p>Roles and responsibilities of external consultant clearly outlined in job description.</p> <p>Quality assurance manager to review all young people's files on a weekly basis and sign to verify same.</p> <p>All staff to engage in formal training in relation to what constitutes an SEN this has been scheduled for the 7<sup>th</sup> of June.</p> <p>The centre manager to review all files on a continual basis to ensure SENs are noted and reported accordingly.</p> <p>This will also be overseen by the Quality Assurance Manager.</p>

	<p>The proprietor must ensure that supervision takes place in line with the timeframes outlined in the Organisation's policy for staff supervision.</p> <p>The centre manager must ensure that decisions made are clearly recorded and that supervision records reflect discussions on the planning of care for young people and care practice.</p> <p>The centre manager must ensure the staff team's training requirements are up-to-date.</p>	<p>Supervision notes have been reviewed by the Proprietor however there is poor evidence of same. This will be rectified going forward on an ongoing basis.</p> <p>All supervisors have been advised that all records need to be clear and all decisions recorded appropriately. This was completed on the 1<sup>st</sup> of March.</p> <p>All full-time staff are currently trained in First Aid with 7 completing same on the 21<sup>st</sup> of April 2017. There are 3 staff (2 relief and 1 full time) needing to complete TCI training. This will be completed by the 31<sup>st</sup> of August.</p>	<p>The proprietor to review all supervision records on a monthly basis to ensure supervision is frequent and in line with organisation's policy.</p> <p>Management to ensure supervision records are clear and reflect the care planning for young people. Records to be reviewed by centre manager by the 7<sup>th</sup> of the month. Supervision template to be revised to ensure that discussion on key working and the connection with the placement plans is evident.</p> <p>Copies of key working meeting notes to be reviewed in supervision sessions.</p> <p>Training analysis and review to occur every 6 months. New Beginnings will endeavour to train all staff in core training within the first 8 weeks of employment.</p>
3.5	<p>The centre manager must ensure that social work departments are aware and are part of all decision making relating to the young person.</p>	<p>The centre manager liaises with social work departments with regard to all decisions affecting young people. Centre manager will evidence same from the 28<sup>th</sup> February 2017. It is a matter for the social work departments to ensure that they are meeting their statutory obligations on an ongoing basis.</p>	<p>All records of contact with social work departments are to be recorded in management contact folder. All emails and conversations are to be recorded (printed or logged) appropriately detailing all decision making in relation to young people.</p>

The Child and Family Agency social work departments must be aware of their responsibility to review and address all aspects of planning to include the provision of Aftercare to the young person.

The Child and family Agency social work department must forward minutes of statutory child in care review meetings for the young person's case file.

The Child and Family Agency social worker must work together with the After-care worker and young person to develop a robust leaving care plan and this must be progressed as soon as possible for this young person.

The centre manager must inform the Registration and Inspection service of the measures taken to demonstrate a clear connection between the practice of key-work and the implementation of the placement plan.

A Child in care review held in Nov 16. The leaving care review took place in February 2017. The Aftercare plan was completed and auctioned.

Minutes of the child in care review meetings have been forwarded to the centre manager for the young person's file.

The young person is now in an independent living arrangement with the support of TUSLA After-care services.

Review of placement plan has occurred on a monthly basis. Evidence of this review is now recorded on young people's files. This review is now part of key working meetings, the notes of which are examined during supervision. This has commenced since the beginning of March and will occur on an ongoing basis.

Aftercare policy was adhered to- the young person was allocated an aftercare-worker within the appropriate timeframes. An aftercare-plan was completed and auctioned within the appropriate timeframes.

Corrective and/or preventative strategies were not submitted in the response by the Child and Family Agency.

Corrective and/or preventative strategies were not submitted in the response by the Child and Family Agency.

Measures taken include:  
-Key workers to review placement plan on a monthly basis. Centre manager to oversee this review.  
-Key working meetings to be held once a month with deputy manager. Key working plans and topics to be discussed in these meetings to ensure they correlate to Placement plans.  
-Key working meeting minutes examined in supervision with all staff.

	<p>The Child and Family Agency must ensure robust systems are in place to support young people leaving care.</p>	<p>The young person was allocated an After-care worker within appropriate timeframes. An aftercare-plan was completed and auctioned within the appropriate timeframes.</p>	<p>Corrective and/or preventative strategies were not submitted in the response by the Child and Family Agency.</p>
<p>3.7</p>	<p>The centre manager must ensure that all allegations against staff members are dealt with in accordance with Children First, and that comprehensive records are kept throughout the process</p> <p>The centre manager and supervising social worker for the young person placed must ensure that the current/ outstanding child protection notifications are thoroughly processed and recorded as concluded on the register and on the young person's case file.</p> <p>The centre manager must ensure that the child protection register (CPN register) is up to date and fully complete, detailing all CPN's recorded for each young person, and their outcomes.</p>	<p>The management team has refreshed their knowledge of the Children's First Guidelines in respect of same. The policy in dealing with allegations is to be reviewed by the management team by the 30<sup>th</sup> of June.</p> <p>All Child Protection notifications have been recorded in young people's file however there was no Child Protection register on file at time of inspection. On the 1<sup>st</sup> of March Child protection register was commenced in the unit.</p> <p>Child Protection Register is in place since the 1<sup>st</sup> of March and the Centre Manager will review same and ensure it is up to date on a monthly basis.</p>	<p>Review of Child Protection policy and Quality Assurance manager to oversee management response to all allegations. Child Protection register is in place since the 1<sup>st</sup> of March. This will be reviewed on a monthly basis by Centre Manager and Quality Assurance manager.</p> <p>Child Protection register has been put in place outlining all correspondence and contact in relation to the CPN and the outcome of the matter. This will be reviewed on a monthly basis by the management team.</p> <p>Child Protection register has been put in place outlining all correspondence and contact in relation to the CPN and any outcomes pertaining to the matter. Deputy manager to update the Child Protection register after completion of Standard Report form and review register on a weekly basis.</p>

	<p>The centre manager must ensure the complaints register is kept up to date and all complaints and their outcomes are duly signed off by the centre management to evidence their oversight.</p> <p>The centre manager must ensure strategy meetings take place promptly following the notification of child protection concerns and/ concerns for the impact of young people's behaviours on each other.</p> <p>Centre management and staff team members to revise child protection training and training on the management of complaints to ensure that the care team are aware of the separate and distinct processes to manage both.</p>	<p>A complaint register was in place was at time of inspection however the substantive information was recorded on the young person's individual file. This was in line with recommendations from previous inspections. New Beginnings have noted the preference of the current inspectors and have recorded the substantive information on the register, cross referencing with the young person's individual file. This practice is in place since the 1<sup>st</sup> of March and will continue on an on-going basis.</p> <p>This is a matter for the Child and Family agency social worker. A strategy meeting to discuss practice in relation to same going forward will be scheduled for all current social workers by the 30<sup>th</sup> of June.</p> <p>All staff are currently trained in child protection with the exception of 2 relief and 1 full time staff. All staff to be retrained by August 2017. During induction all staff are informed of the management of complaints and allegations. This is also clearly outlined in the policies and procedures.</p>	<p>The centre manager to ensure that all complaints and relevant information regarding young people are evidenced in the complaints register. The centre manager to review this on a monthly basis.</p> <p>Social worker notified as soon as possible. Strategy meetings to be held as soon as possible to discuss child protection concerns and the impact on young person. It is anticipated that agreement will be reached for these meetings to occur within 3 days.</p> <p>All staff to be retrained in Child Protection by August 2017. Training has been scheduled on the 7<sup>th</sup> of June, for all staff, on the management of complaints.</p>
--	--	---	--