



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 049

Year: 2017

Lead Inspector: Eileen Woods

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

Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Daffodil Care Ltd
Registered Capacity:	Four young people
Dates of Inspection:	28 & 29th January 2017
Registration Status:	Registered from 5th March 2016 to 5th March 2019
Inspection Team:	Eileen Woods Mary Flaherty
Date Report Issued:	13/04/2017

Contents

1. Foreword	4
1.1 Methodology	
1.2 Organisational Structure	
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.2 Management and Staffing	
3.4 Children’s Rights	
3.5 Planning for Children and Young People	
3.6 Care of Young People	
4. Action Plan	25

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 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. This inspection was unannounced and took place over the following dates the 28th and 29th January 2017. This was a review of the centres compliance with the agreed action plan submitted following inspection in March 2016. This is a specialist semi independent centre with four self contained apartments and additional shared common areas. The centre accommodates sixteen to eighteen year olds of mixed gender.

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

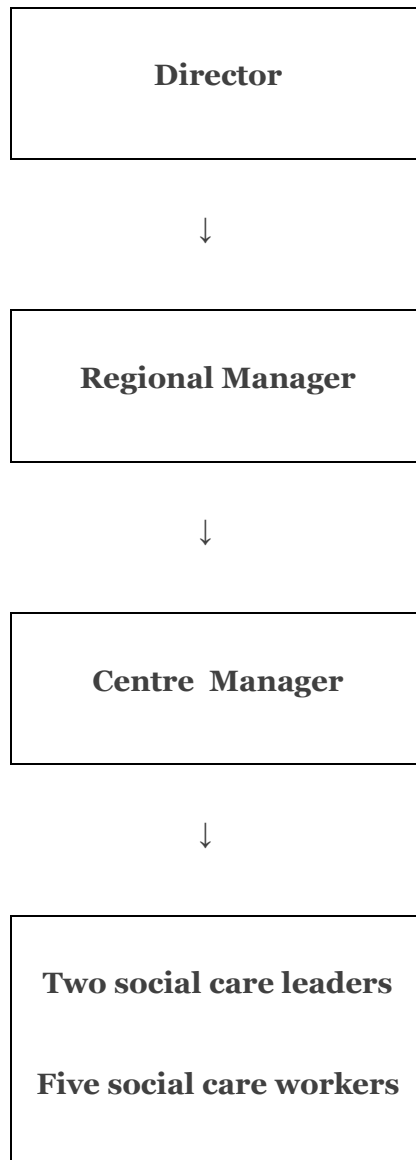
- ◆ An examination of the findings and action plan from the 2016 inspection and 2016 monitoring report.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) The regional manager
 - c) A brief conversation with two of the young people
 - d) A social care leader
 - e) The social workers for two young people
 - f) One Guardian Ad Litum

- ◆ Some 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 operating 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 continues, without a condition attached, registered from the 5th March 2017 to the 5th March 2019, this cycle of registration commenced on the 5th of March 2016. A condition has been removed from the registration status of this centre.

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

Management

At the time of the last inspection specific issues related to governance of complaints, management of consultation and provision of internal supervision and oversight were identified. A condition was attached to the registration and an action plan was agreed by the management to be completed within twelve months. Inspectors found that agreed actions and arrangements have been implemented at the centre by the manager and by the external management structures. Inspectors found that the manager has a strong ownership of the programme and a commitment to its implementation. The evidence supported that there was a greater understanding of tasks related to governance and to care practices and that strengths and areas identified for improvement were more clearly defined.

Since the last inspection the manager has remained the same, they have two team leaders one of whom was new (October 2016), there is a new regional manager (July 2016) and the company have expanded their internal auditing system, introduced in early 2016, by appointing a director of quality assurance.

The manager has been completing weekly service reports and central to these reports are supervisions, training, HR matters, referrals, outreach and an oversight of significant event patterns. There was evidence of follow up and formal outreach with young people who had formerly complained about aspects of the service and were now reflecting on this from another perspective. The relationship maintained with the centre through the formal outreach work was positive for those who received it. The manager noted that staff and management had taken some learning from the events that had taken place and incorporated this into daily interactions in the area of respect for young people views but that in effect the programme remains the same

and is in their view successful. Inspector's caution that aspects raised during inspection be kept account of and tracked consistently through internal auditing arrangements.

There was evidence of the implementation of the updated model of care being tracked at management and team level with a focus on positives; this was also evident in the case management and plans for the young people.

The detail recorded in the weekly reports highlights the episodic nature of the engagement by various groups of young people and their potential to sometimes link in with each other in risk taking behaviour. There was tracking of this in the manager's records and the team awareness of the challenges of how to best work with this at times hard to reach group was evident in some of the records. This remains an area of challenge in the programme delivery and is discussed further under Standard Five suitable placements and admissions.

Monthly regional manager meetings are held consistently and minutes are circulated to all managers. The regional meeting assists in reviewing the patterns of young people influencing each other in perpetuating risk taking behaviours. Inspectors found the records of the meeting demonstrated a good review of the factors involved and how this can potentially be disrupted to allow positive change. The team, their training, supervision, monthly case management meetings and consistency are named as the main influencing factors. This remains an area of challenge for the team.

Inspectors also found that the weekly service reports, the monthly significant event review groups and monthly regional meetings related well to each other and are consistent in maintaining a focus on the work at the centre and improving this. The management folder contained evidence of regular contact between the regional manager and the centre manager and also with head office.

There was a clear pattern of support for the manager as well as expectations maintained regarding expected standards in care provision. There was evidence of improvements in accountability at all levels and this is still a developing process. Oncall support is provided on a rota basis by senior staff and the social care leaders have specific tasks internally to support the manager. The manager outlined new areas of focus being implemented in particular the rapid completion of placement plans and identification of goals. This was evidenced on the three files reviewed.

There was evidence of ongoing improvements to the property, for example a new heating and boiler system has been installed making a noticeable difference to the warmth in the centre.

Register

The register of young people was found to be well maintained and was up to date. A record of the young people living at this centre is centrally maintained by the Child and Family Agency in compliance with the relevant regulation.

Notification of Significant Events

The centre has a high level of significant event reports, this was noted at the last monitoring and inspection visits and in the reports. This continues to be the case depending on the combinations of young people as well as their individual profiles. The incident reports are sent in a timely manner to the appropriate parties and the social workers were happy in general with the standard of reporting. They also stated that they found the text alert system helpful and that this allowed for them to contact the centre in advance of the written report if they wished.

Monthly significant event reviews are carried out, and this also highlighted a high level of significant events taking place at the centre particularly when the centre full or nearly full capacity of four young people. Inspectors found evidence of tracking of this with an emphasis on the use of the established internal systems related to staff, the model of care and the sanctions. The rota has been adapted at times and the regional manager stated that previous dynamics are aimed to be avoided through team awareness and training. This has proven to be limited at times in impacting on patterns if the suitability of placements and combinations of peers is not also tracked with this.

The therapeutic model has been linked to the significant event review as a means of intervention.

Staffing

The staff team is comprised of seven, five social care workers and two social care leaders, four of whom are new since the last inspection in March 2016. The manager outlined that the four staff that left did so for movement within the company and to other jobs. Exit interviews were offered and not always taken up by those leaving. There is double cover daily including overnight and an additional staff is allocated

daily for a period of time if deemed necessary. Those completing outreach work are not taken from the team on duty.

The manager noted and records show that engagement can be episodic and relationships built at individual pace with some young people, the quality of that can vary and some young people actively avoid engagement at times. The team do work in the apartments with the young people and mainly engage with them in the communal kitchen and living room. They work to meet the needs of the group but this can be negatively impacted on when the centre is busy and the young people are focused on each other and outside the centre. Support is provided by the manager when the group dynamics have proven challenging.

There was evidence of inductions for new staff on their personnel files and a sample of the vetting confirmed compliance with the requirements of the Department of Health and Children circular 1995.

Training and development

Staff records confirm that training has taken place in behaviour management, Children's First, health and safety, fire safety, occupational first aid and drug and alcohol awareness. Anti-bullying training had been scheduled and is due to be rebooked. The manager has a pre booked schedule of training in place for up to the end of 2017. Some additional training and consultation is conducted at team meetings for specific issues arising. The company does not have a clinical consultant available to staff internally but have stated that a named psychologist can be contracted depending on need and upon request.

3.2.2 Practices that met the required standard in some respect only

Supervision and support

Team meetings are held weekly and the minutes confirm good attendance and structure within these. The meetings also incorporated internal training relevant to resident young people and external training, for example from a drug treatment group. The meeting minutes contained evidence of consistent efforts to disrupt negative patterns or negative group patterns between the young people. Daily handovers are completed and recorded.

Supervision for the core team is conducted by the manager on average every six weeks and case management of key working is completed by the social care leaders

on a monthly basis. The social care leaders also complete supervision of the relief staff and the new social care leader is awaiting training in the provision of supervision.

The manager has increased the regularity of supervision sessions during 2016 for staff. Improvements were noted in the focus on the timing, focus on the model of care and the support and training for staff. There was also a good focus on new admissions and planning for allocation of key workers. Areas that still require attention is evidence of a focus on placement planning, agreeing and reviewing of actions and follow up from session to session. The handwritten notes were not easy to read and did not record the level of detail mentioned as taking place. The regional manager relies on feedback from the manager on the supervision of staff but should audit the written records also from time to time.

The manager has received consistent, regular supervision from the regional manager, this is on average every six weeks and is central to the effective support of the manager. The content was relevant to development within the management role and the development of the centre.

The staff have contracts of employment and probationary periods are observed as part of that. There is an employee assistance programme in place for staff support.

3.2.3 Practices that did not meet the required standard in full

Administrative files

Inspectors reviewed the young peoples' files and the administrative paperwork at the centre. Inspectors found that they had to request many items that either had not been filed or had not been printed for the file. It was also found that the use of cut and paste and copy and paste, noted at the time of the last inspection, is still being used by staff. This continues to result in one young person's name being in another's document and calls into question the seeming individualisation of the plans. The team must desist from this practice.

When inspectors received the requested documents for review for some were undated, unsigned and one had a missing from care report for another young person stapled to the back of it. The majority of the centres registers were found to be well maintained and overseen by internal and external management.

There was not uniform evidence of the manager's oversight of all registers but there was of external management oversight. There is a combined folder of child protection standard reporting forms, these should be archived with each young person's file once completed and a record kept in a register of the person, date, to whom and what outcome, in brief, for data purposes. Similarly fire registers

provided to inspectors had not been updated consistently and these must be well maintained and tracked by management. Staff signing their records consistently remains an issue requiring tracking also.

3.2.4 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 21, Register.***

The centre have 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

- The centre manager and regional manager must ensure that the records maintained of supervision are clearly recorded and contain evidence of attention to placement plans, decisions and actions including follow up.
- The regional manager must read the written records of supervision from time to time.
- Staff must stop the use of cut and paste and copy and paste between young people's records. Signing, dating and filing must be completed in a timely manner.
- Management must consistently track all records and registers and address the changes regarding maintenance of a child protection reporting register.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Complaints

The register of complaints contains no entries since the February 2016, these complaints were the subject of significant review by both monitors and inspectors in their separate roles at that time. Action and reflection had taken place since then according to the manager and the regional manager. A staff member new to the centre after this process was also aware of the contents of the reports and the follow up from these with regards to complaints.

The register of informal complaints contained entries for the intervening period, matters entered onto this register were dealt with through the daily logs and inspectors found evidence that these matters were promptly addressed. The young people's views regarding the outcomes are not noted in the register. The informal complaints related mainly to locking of communal areas at night and to being supervised by staff at specific times. These matters related to behaviour management issues arising within the group that were resident at the time and staff efforts to disrupt negative linking in within the group.

There is still some use of the term grievance and the team should utilise the term informal complaint.

3.4.2 Practices that met the required standard in some respect only

Consultation

The young person's voice is recorded in the weekly and monthly reports. In key documents such as the placement plan, risk assessments and practice guidelines the young person's input or knowledge of the plan is not accounted for to the same standard. The monthly placement plan did though display evidence of the engagement with the young person and the progress in their plan and this is positive to see.

A record is maintained of young people's meetings, the aim is to have a meeting weekly, in the period from September 2016 to January 2017 there was little record of engagement in the meetings due to young people being absent, refusing to engage or on one occasion leaving the meeting during a discussion around house rules with a previous group. The record suggests that other efforts need to be made to conduct a central consultation process with the young people. Staff need to vary their efforts and approach or cross reference if they have brought this up in daily logs or key work sessions. There are no manager's comments on the young people's meeting record and it is timely for this approach to be reviewed and consultation efforts audited to inform the best approach with this often hard to reach group. Effective consultation has significant value with this age group.

The young people who met briefly with inspectors said that they were finding it difficult to come to terms with the financial programme at the centre. Inspectors confirmed with the social workers that the programme including finance had been fully explained in advance and that they were aware of the young people's feelings about this now that they live at the centre. Attending a course or a part time job is the only means by which they can in effect substantially increase their personal finances. The regional manager and staff also named that this is a recurring theme with young people but that it is fully accounted for as part of the programme. There was though an appreciation of how much young people can struggle with the financial realities facing them.

The social workers for the young people stated that they have in the past and intend to continue to consult the young people regarding their care plans. In particular they are liaising with the aftercare workers to ensure that this is given specific focus for the aftercare planning. One social worker had written to a young person who did not choose to speak with them.

3.4.3 Practices that did not meet the required standard

None identified

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

Required Action

- Centre management must conduct a review of the young people's meeting process and audit avenues of consultation to ensure ongoing relevance.

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

Social work visits were reviewed for two young people and both had received visits at the centre in accordance with the recommended timeframes. Aftercare workers were also visiting at the centre. The young people are from other parts of the country, a significant distance from the centre, and one is due to lose their allocated social worker shortly. The outgoing social worker stated their intention to advocate for a replacement without delay. Inspectors recommend that a new social worker be assigned and that regular visits continue given the vulnerable nature of the placements.

Emotional and specialist support

The young people are assigned key workers and case managers upon admission and this is planned for in advance. The case management meetings demonstrated review of actions and outcomes on a practical level but also with regard to building relationships and providing an emotionally stabilising environment with a professional approach to supporting young people in transition. External professionals noted that they found the team "positive" and "respectful" about the young people and that there was an underlying therapeutic element to their work. There are professionals meetings, referral to community drugs projects, community counselling and local support networks. The social workers and a Guardian ad Litem

clarified that external therapeutic input was awaiting confirmation for one young person. A child and adolescent mental health service from a young person's area of origin was overseeing prescriptions and advice regarding administration of medication also.

Preparation for leaving care

There was evidence of a graded programme of independent living skills that is implemented on an individualised basis, this includes a finance package. The progression of this is measured against factors including engagement, safety, capacity and views of the young people. The professionals that inspectors spoke with highlighted that the programme as described to the young people was then implemented in the promised way and that in their experience this was essential to building the trust that they felt was key to engaging the different young people in question. The programme involves a gradually expanding access to money for shopping and moves from supervised spending to vouchers to cash. This is flexible and can revert or progress as the situation demands. The provision of the apartment and the private living space this provides is a key element of the programme and the apartments are well resourced and maintained. Young people can personalise the space and acquire items for independent living during their stay.

The emotional support and learning aspect of the programme is provided by the high staffing levels of two and on occasion three staff available daily, two of whom sleepover nightly. A manager is present daily and the regional manager visits on average once a week. The work on young people's files related to personal safety, reduction in risk, addressing drugs and alcohol which along with education and training are a focus from the outset. The team have acquired experience in this area of work with often resistant and at times chaotic groups of young people whose immediate need is sometimes for stabilisation and finding motivation once settled. Inspectors found evidence of all of these factors being taken account of. In this way the whole programme at the centre is a preparation for leaving care programme that offers an opportunity to young people. The centre need to focus on finding a way of measuring these outcomes to see what is being achieved in this core purpose of the project. The manager stated that an outcomes framework is being looked at by the director and that the centre conducts a short term review of outcomes when involved in formal outreach with some of the young people who have left.

Discharges

A review of the four discharges completed from March of 2016 highlighted that two moved to planned aftercare placements in which they still resided and two moved out not in accordance with their original plan due to behaviours or clash with the staff and programme on offer. One of the latter two young people has maintained contact with the centre and has reportedly discussed the events surrounding their discharge.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The process for referrals has been under review by the service during the period between the 2016 and 2017 inspections. Inspectors were told that the management have focused on the relationship between the model and the referrals process. The regional managers review the referrals and liaise with the centre manager, the manager informed inspectors that consideration of suitability is given first at the centre and if the referral is not deemed suitable then the preadmission risk assessment process is not initiated. The files reviewed by the inspectors did not contain copies of the full referral information.

For the two young people recently admitted to the project there were pre admission and impact risk assessments completed for young people incoming and those residing there. According to these a number of the young people have similar risk taking profiles with potential to merge and magnify each other's difficulties.

Inspectors recommend that further development is undertaken in how placements are considered and admissions paced for this specialised project and that this be an ongoing focus of development. Twice in 2016, in combinations of different young people, the team have reported significant struggles in maintaining placements and engagements in the centre.

Both social workers contacted for this inspection stated that they were satisfied that this was the most suitable option for their young people, had been fully briefed on the centre and accepted that certain risk factors would be ongoing but actively worked on by the team. Both young people's files contained evidence of communication pre admission but the records must improve to include the work done to brief the young people on the realities of the financial programme in particular. There were poor records of admissions procedures and follow up post admission in this regard.

The manager stated that the centre considers itself a good service for hard to reach young people and that the outcome they look for is an improvement in life skills but also it is hoped an improvement in emotional resilience. The management have

started to track and record outcomes for the young people and have been able to do so particularly where they complete formal aftercare outreach work.

Statutory care planning and review

Two files for recently admitted young people were reviewed and inspectors found that one young person had a child in care review scheduled to take place one month after their admission. The social worker and guardian ad litem noted that the therapeutic team involved were unable to attend and that the care plan will be circulated once the consultation on the therapeutic aspect of the plan is clarified. Similarly the aftercare plan also required updating as it referred to a different area of the country; the social worker explained that this will also be updated over the coming weeks. Copies of previous care plans and a previous aftercare plan were provided to the centre as part of the admission information

The second young person moved into the centre at the end of November 2016 and a care plan for this placement was not completed until the end of February 2017. The social worker stated that the delay was due to the need to ensure that all relevant parties were coordinated to be in attendance in particular family as well as the availability of a social work team leader. Therefore there were no dedicated care plans on file for this placement, for either of the most recently admitted young person, for inspectors to review.

Placement plans were found to have been developed without delay for all the young people and these were then reviewed monthly and updated. There is a wider review of the core placement plan at six months and/or when the care plan for the placement and aftercare plans are updated. The placement plans incorporated key working and team goals and were comprehensive. There was a consistent link between the case management meetings, the placement plans and the key working completed. The third young person had a good quality, detailed placement plan on file, this had also been reviewed monthly.

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.

One social worker was aware of need to review daily logs and intends to do so in due course. Both social workers interviewed noted that they had read monthly placement plans and significant event reports and were happy with these and that they were consistent with the promised programme. They had participated in the development of absence management and risk management plans and had sought to involve the young people in these also but with limited success. Both social workers were aware of items briefly noted by both young people to inspectors and had responded to these or were due to.

The social workers were happy with the placement, felt there had been positive developments for the young people and that although there were ongoing risk factors that there was a plan in place aimed to reduce these risks.

Two young people required a completed care plan for this placement and both had Guardian Ad Litum involvement and therefore court review, the reasons for the late development of the care plans has been accounted for prior. It was accepted that care plans need to be completed and forwarded to the centre as a matter of priority and that equally aftercare plans required updating with time as a pressing factor for the young people as they approach eighteen.

Aftercare

Two of the young people's files had aftercare plans relevant to previous aftercare arrangements and not this placement or part of the country. Neither aftercare plan had been updated by the end of February 2017 and both social workers stated that arrangements and dates were in place for these to be completed. Both the young people are from other regions and aftercare workers were travelling to meet them and the goal is to engage the young people to develop the aftercare plan with them. One Guardian Ad Litum stated that they were pursuing the timeframe towards completion of a new plan. Both social work departments were clear that the young people themselves needed to participate in the plan formation for the best outcomes.

The centre provide a specific outreach package post discharge if contracted to do and this is negotiated by the social work department with regional management. Staff are assigned to this outside of core rota hours and records are created for the social work departments involved.

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 not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

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

-Part V, Article 25and26, Care Plan Reviews

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 3and4, Consultation Re: Care Plan

-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

- Centre management must ensure that suitable referral information is maintained on file.
- Records of pre admissions and admissions meetings must be well maintained.
- Tusla, The Child and Family Agency social work departments involved must ensure that copies of both recent care plans are provided to the centre without delay.
- Tusla, The Child and Family Agency social work departments involved must ensure that aftercare plans are completed without further delay.

3.6 Care of Young People

Standard

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

3.6.1 Practices that met the required standard in full

Managing behaviour

The manager outlined a system of behaviour management based on implementing a new approach to that which a young person may have experienced prior in a care setting. The approach was described as meeting the young person where they are developmentally and emotionally at that specific time in their lives and that the team hold the core structure and rules of the programme whilst the young person adapts. The goal is to deliver consistently on what is promised from the outset, to build trust and then that the young person would reciprocate. The professionals interviewed all noted independently that this was their experience of the service in this early stage of the placement for both their young people. All felt that they had positive evidence of improvements for the young person.

A register of sanctions is maintained, the register contains reference to warnings issued as well as centre based or short term sanctions such as loss of activity or reverting to supervised spending of the independent living allowance. The register highlights that the scope of behaviours being sanctioned are at the upper end of risk and impact for example illegal substances on the unit, verbal abuse of staff, non observance of house rules. The reasons for the sanction and their effectiveness or not is not uniformly included in the register and this should be completed to allow for tracking of outcomes and adapting of strategies.

The warnings system was stated to have been clarified and staff were aware of its use, timeframes and recording compared to the previous visit by inspectors. Risk management plans were on file for the young people and were well developed and clear. They are updated and reviewed in accordance with new information and the social workers were aware of their contents. There are clear areas of risk ongoing for the young people and these are kept under review with the social work departments. The team are still pending completion of anti-bullying training committed to as part

of the action plan at the last inspection in 2016, it had to be deferred previously and it is important that it is completed once the opportunity presents.

3.6.2 Practices that met the required standard in some respect only

None identified.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

The additional criteria and relevant regulations pertaining to Standard Six were not examined as part of this inspection

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The centre manager and regional manager must ensure that the records maintained of supervision are clearly recorded and contain evidence of attention to placement plans, decisions and actions including follow up.</p> <p>The regional manager must read the written records of supervision from time to time.</p> <p>Staff must stop the use of cut and paste and copy and paste between young people's records. Signing, dating and filing must be completed in a timely manner.</p>	<p>A new supervision form has been designed and implemented. The new format allows additional space to ensure legible detailed recording of notes. The form is sectioned into subheadings to ensure areas such as placement plans are discussed and clear record of decision, actions and follow up recorded</p> <p>The new supervision forms have regional manager sign off section. Regional manager will review supervision notes on a regular basis.</p> <p>This practice will cease with immediate effect. The issue of cut and paste and filing will be brought up in the Team Meeting and discussed with the team. Case Managers and SCM will review all records prior to</p>	<p>The regional manager will oversee the roll out and implementation of this action.</p> <p>The regional manager will be reading records of supervision on a regular basis.</p> <p>Case management, centre auditing, internal and external management will oversee the files and recording.</p>

	Management must consistently track all records and registers and address the changes regarding maintenance of a child protection reporting register.	<p>filing. As part of the Case Management meetings a calendar of tasks will be drawn up to ensure filing will be completed in a timely manner.</p> <p>Changes identified by Inspectors regarding child protection registers have been implemented. As per recommendation reports are now archived with each young person's file and a record kept in a register</p>	The centre manager must ensure that they implement oversight of centre registers and records to a consistent standard.
3.4	Centre management must conduct a review of the young people's meeting process and audit avenues of consultation to ensure ongoing relevance.	A review of the young people's meeting has been completed by the Centre Manager in conjunction with the staff team. Following this review there were several changes and practices adopted. The new approaches will be reviewed weekly at team meetings to ensure ongoing relevance.	Approaches to consultation by young people will be tracked through the weekly team meetings.
3.5	Centre management must ensure that suitable referral information is maintained on file.	As part of the admission process the appointed key worker and case manager will construct the admission folder.	The centre manager will have oversight on this process to ensure all suitable referral information is maintained on file.

	<p>Records of pre admissions and admissions meetings must be well maintained.</p> <p>Tusla, The Child and Family Agency social work departments involved must ensure that copies of both recent care plans are provided to the centre without delay.</p> <p>Tusla, The Child and Family Agency social work departments involved must ensure that aftercare plans are completed without further delay.</p>	<p>Centre Manager will ensure both external and in-house minutes for all Pre-admission and admission meetings are maintained on young people files.</p> <p>Follow up conducted through interview with the relevant social workers and one guardian ad litem.</p> <p>Follow up conducted through interview with the relevant social workers and one guardian ad litem.</p>	<p>The manager has taken responsibility for ensuring these records are on file. It had been noted to inspectors as a positive process and was under represented on file at the time of the inspection.</p> <p>Social workers were aware of and had arrangements in place for care planning and for aftercare planning specific to each young person's individual needs and circumstances.</p>
--	---	---	---