An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	**023**
Year:	**2018**
Lead inspector:	**Lorraine Egan**

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Registration and Inspection Report

Inspection Year:	**2018**
Name of Organisation:	**Fresh Start Ltd**
Registered Capacity:	**Two Young People**
Dates of Inspection:	**29th and 30th May 2018**
Registration Status:	**13th September 2016 to 13th September 2019**
Inspection Team:	**Lorraine Egan Eileen Woods**
Date Report Issued:	**21st September 2018**

Contents

1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 13th of September 2013. At the time of this inspection the centre were in their second registration and were in year two of the cycle. The centre moved to a new address from the 8th September 2017 and is registered under this address as of that date.

The centre's purpose and function was to accommodate two young people of both genders from age 13 to 17 years on admission. At the time of inspection, there was one young person residing at this centre and was placed under Article 56 of EC Regulation 2201/2003. Their model of care was described as providing medium to long term care placements with therapeutic interventions to support the placements.

The inspectors examined standards 2 'management and staffing', 5 'planning for children and young people' and 7 'safeguarding and child protection' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 29th and 30th of May 2018.

1.2 Methodology

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

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

- An examination of the questionnaires completed by:

a) Eleven of the care staff

- An examination of the centre's files and recording process.
  Administration files
  Care files
  Supervision records
  Personnel files
  Management meeting records
  Team meeting minutes
  Significant event notifications
  Centre Registers
  Maintenance log
  House meeting book
  Handover book

- 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

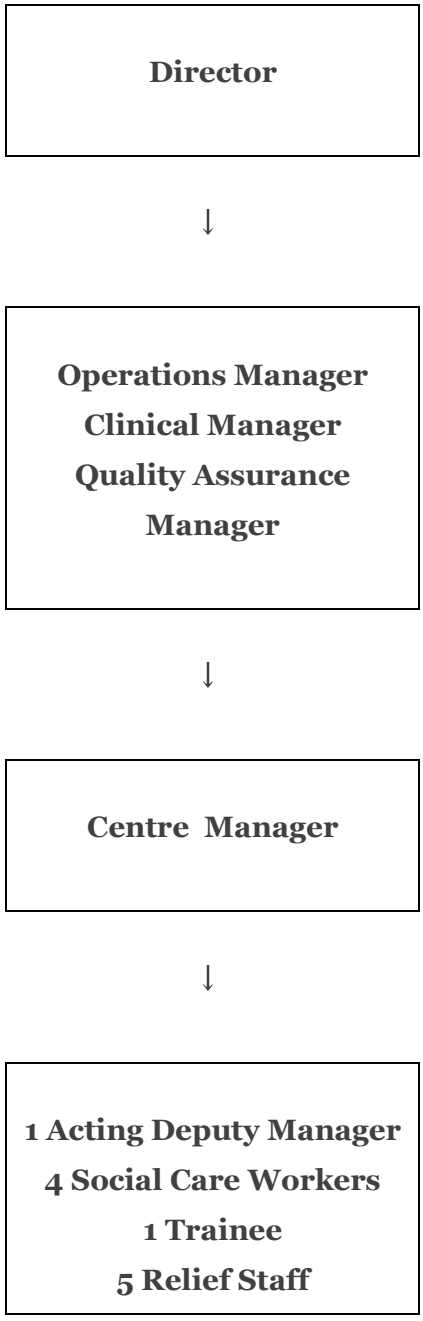
  a) The centre manager
  b) The operations manager
  c) Three staff members including the acting deputy manager
  d) One social worker with responsibility for one young person
  e) One young person

- Observations of care practice routines and the staff/young person's interactions.
- Attended team meeting with clinical input

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work department on the 27th July 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 10th September 2018 and the inspection service received evidence of the issues addressed, including a copy of the centre's child safeguarding statement which had been reviewed by the Child Safeguarding Statement Compliance Unit who had deemed it to be in compliance.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to continue to register this centre, ID Number: 023 without conditions from the 13th September 2016 to the 13th September 2019 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Notification of Significant Events

The centre has a prompt notification procedure in place where significant events were reported to the relevant professionals in a timely manner. The supervising social worker for the young person stated that they were satisfied with the process of notification to them and found the content to be very informative.

Administrative files

Inspectors reviewed the administrative files and saw evidence of oversight by the centre manager. They were found to be well organised and maintained and also facilitated effective management and accountability. They were stored securely in line with the Freedom of Information Act, 1997. Inspectors did note however, that some aspects within the significant events register were incomplete. This related to the 'sent to' section of the predetermined areas of the register where the information was not fully recorded for some significant events. While centre records were reviewed by both the centre management and the quality assurance manager, there was an absence of oversight by the clinical manager and the operations manager.

3.2.2 Practices that met the required standard in some respect only

Management

The manager of the centre has been in their current position since 2008. They had a recognised qualification in social care and were experienced for this role. They used this experience and professional knowledge in residential care to support planning within the centre and respond to the young person on placement. Inspectors found at interview and through observation at the team meeting, that the manager had a good understanding of the young people and had developed positive relationships

with them. The centre manger reported to both the clinical manager and operations manager, however, they received formal supervision from the operations manager. During interview, the manager stated that management meetings occurred monthly with peer support being provided as part of its function. Inspectors reviewed minutes of these meetings and found that they included agenda items that related to clinical management and operational practices within the centre such as referral to clinical services, scheduling of training, monthly checklists and recruitment. Actions to be completed were outlined on the template used, however, the follow-up in respect of these were not consistently recorded. Inspectors found that the centre manager had read and signed records including care files, key work reports and daily logs. There was also evidence of guidance notes from the manger on the daily logs folder where staff were encouraged to increase the amount of content recorded by them and to use analysis in how they document information about young people. The manager had responsibility for supervision of the care team and had received appropriate training to do so. The manager attended handover and team meetings also.

As part of the auditing process for the centre, a quality assurance and practice manager was recently appointed to the organisation. This manager had oversight of the quality assurance function within the centre but worked jointly with the centre manager in this regard. Inspectors saw evidence of a monthly monitoring checklist which was populated by the centre manager and forwarded to quality assurance. These audit reports contained quantitative data, some of which included; number of incidents, restraints, accidents, care plans, individual crisis management plans, placement plans, complaints and training. This was followed by a monitoring visit by the quality assurance manager and inspectors saw evidence that external oversight was conducted on the centre files by them. A report was subsequently issued by the quality assurance manager, where their findings were outlined, including any outstanding actions they had identified for the centre manager to address. Inspectors found the auditing process was clear, easy to read, with both the checklist and audit linked together so that any gaps highlighted were tracked and addressed. While this area of governance is an improvement from a previous inspection in relation to the assignment of a named person with responsibility for the auditing processes of the centre, there remains a deficit in terms of external oversight by clinical and operations management on centre files as per the previous inspection report. Inspectors recommend that external governance must be reviewed to consider the role clinical and operations management have in the oversight of centre files and how that can be linked to their role in the overall governance of the centre.

Register

The centre has a register of admissions and discharges in place for 2018 but did not make any reference to previous registers that have been maintained by the centre before this time. Centre management must reference all previous registers that have been in place so as to meet all regulatory requirements and the National Standards for Children's Residential Centres, 2001. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Staffing

The centre has a staff team consisting of a full time social care manager, five full time social care workers; one of these was in an acting deputy manager capacity at the time of inspection and two part time social care workers. There was also five relief staff on the panel. Currently, there is one young person on placement in the centre, therefore this staff ratio is sufficient. However, staff numbers would be required to increase when new admissions are accepted. Inspectors saw that there was a mix of experienced and new staff on the centre roster. There has been a recruitment process under way in the centre and at interview, the manager stated that they are endeavouring to provide stability to the care team and are therefore recruiting new staff on a gradual basis. There are no social care leaders appointed in the centre, however, there are six staff currently qualified to social care leader level. One staff is unqualified but is under-going an appropriate degree programme and is due to complete in December 2018.

Inspectors reviewed a sample of personnel files and observed that there were up-to-date Garda vetting in place for staff including police checks where appropriate. All personnel files sampled had three references verified. There were also C.Vs or application forms on file for each care staff, however there were gaps in the employment history for one staff member. Inspectors found that for another staff member there was no verification of their qualification on file and commencement dates for a number of staff were not clear. The manager must ensure that all staff member's qualifications are verified and that this action is concluded prior to staff members commencing work. Any gaps in employment history for staff should be followed-up by the service at interview stage.

Induction training was provided for all newly recruited staff, however, from the records reviewed by inspectors, it was not apparent which specific training had been completed by staff as part of the induction process. The centre stated, post

inspection, that the induction training record is filed in the individual supervision files. There was evidence of oversight by the centre manager on personnel files.

Supervision and support

The centre manager and the acting deputy manager have both been trained in a recognised supervision model. The manager provided supervision to the core staff team and there was a plan in place for the acting deputy manager to provide sessions for new care staff. The centre manager receives supervision from the operations manager.

The organisation's policy sets the frequency for supervision at between four and six weeks. Inspectors observed from a review of a sample of the records that some staff members were not receiving supervision within the policy's timeframe. The centre manager stated that this deficit is currently being addressed and there was evidence on file to show that recently recruited staff had received supervision on a more frequent basis which was in line with the centre's supervision policy.

There was disparity in the quality of the discussions being recorded on the supervision template for some sessions. For some staff members, there was an absence of a review for the previous session's goals and agreed actions. However, in respect of recent supervision sessions, evidence was observed of good guidance being recorded on care practice and performance. There was also a focus on placement planning and training and a strong emphasis on positive care strategies in place for one young person which showed significant commitment from staff. Centre management must ensure that the supervision process includes a review of set goals with a tracking of assigned actions from previous sessions for all supervisees. All discussions must be recorded.

The centre manager stated at interview that team meetings took place every two weeks with clinical input being provided at every second meeting by a consultant psychiatrist. Inspectors reviewed minutes of these meetings between February and May 2018 inclusive and found that some of them took place on a monthly basis only. Attendance at the meetings were mandatory but it was observed that there was poor attendance at some, with only one staff member present for one meeting in March 2018. The manager told inspectors that there was a difficulty with staff attendance due to a variety of factors including; staff rosters, the fact that the meetings were mostly held off-site and also because of the scheduling of mandatory training on the same dates. Centre management must ensure that team meetings take place in line

with centre policy and that all care staff are supported to attend meetings regularly so that there is consistency in the provision of care between all team members.

The records of the team meeting minutes showed that discussion on young people occurred under the headings of placement plan review; clinical update; education; security; diet; weekly plans; child protection concerns. However, there was very little detail of the content of the discussions in relation to placement plans, key working, or the progression of long term goals. There was also an absence of discussion in respect of decisions made and who had responsibility for tasks and actions agreed. There was no evidence in the minutes of any strategies being implemented with young people from the recurring clinical guidance provided.

One inspector attended the team meeting and observed a high standard of clinical direction from the consulting psychiatrist. While there was comprehensive input and discussion on the young person by some of the staff team present, there was a deficit in the dialogue and analysis regarding the specific application of this guidance into concrete plans for care practices with the young person. It was not clear to inspectors how the suggested strategies were going to be reflected in a planned way to the work being done in the centre. Inspectors recommend that senior and centre management review the methods used in the application of the clinical guidance provided, so that there is a clear link to care practices implemented by care staff with the young person. All staff should have an opportunity to participate in clinical support.

Inspectors observed a template which was in use to record the minutes of the clinical input. It contained feedback from previous meetings with updates and outcomes stated clearly. It also included an assignment of responsibilities to a named person with the discussion on the young person recorded.

From the handover records reviewed, inspectors found a structured template in place detailing various systems checklists including; car checks, significant event monitoring forms, significant factors contributing to incidents, actions taken by the care team to address specific tasks agreed. Some of the actions included Individual Crisis Management Plans (ICMP), weekly and daily planning, accessing arrangements and tasks for young people to complete for the day. Inspectors noted that staff's first names only were recorded on the template. All names should be recorded in full.

Training and development

The centre had a training programme in place for staff and centre management used a training tracker to identify both the team's training needs and sessions that have and have not being completed. A copy of the training audit was supplied to inspectors. A calendar of available training was also issued to staff to facilitate access as needed. A review of the centre training records was done and inspectors observed that the core training included; manual handling, therapeutic crisis intervention (TCI), first aid, fire safety and Tusla's Children First E-Learning Programme. There was evidence to show that a number of the staff team had not completed core training in first aid, the Children First E-Learning Programme and TCI. This gap in TCI training should be addressed without delay. TCI cannot be used as the stated model of physical intervention within a centre unless all staff are trained in this model. For one staff member there was an absence of a training record on their file. During an interview with the manager, they stated that the deficits were noted and any outstanding training was now scheduled and currently taking place.

The manager stated that any ancillary training identified as being required by staff was sourced based on an individual needs assessment of the young person placed in the centre. The centre manager must ensure that all staff members complete core training and that deficits in its provision are addressed as soon as possible. Staff training records must be updated where training certificates are not on file and a copy forwarded to the registration and inspection team.

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 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

- Senior management must ensure that any follow-up from actions specified at management meetings are consistently recorded within the template used.
- Senior management must review their role in external oversight of centre files and consider how this oversight can be linked to their role in the overall governance of the centre.
- Centre management must reference all previous registers that have been in place so as to meet all regulatory requirements and the National Standards for Children's Residential Centres, 2001.
- The centre manager must ensure that all staff member's qualifications are verified and that this action is concluded prior to staff commencing work. Any gaps in employment history for staff should be followed-up at interview stage.
- The centre manager must ensure that the supervision process includes a review of set goals with a tracking of assigned actions noted from previous sessions for all supervisees. All discussions must be recorded.
- The centre manager must ensure that team meetings take place in line with centre policy and that all care staff are supported to attend meetings regularly so that there is consistency in the provision of care between all team members.
- Senior and centre management must review the methods used in the application of the clinical guidance provided so that there is a clear link to care practices implemented by care staff with young people.
- The centre manager must ensure that all staff members complete core training and that deficits in its provision are addressed. Gaps in TCI training should be addressed without delay. Staff training records must be updated where training certificates are not on file.

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

Suitable placements and admissions

There is an admissions policy in the centre which outlines the referrals and admissions procedure. Referrals are considered on the basis of a risk assessment on the young person and an impact risk assessment on the current young people within the centre. Decisions on whether to advance a placement are made following discussions between the operations manager, the clinical manager and the centre manager with consultation taking place also with the referring social worker. Further up-to-date information is sought throughout the process if needed. The operations manager at interview stated that the final decision on whether a referral is accepted or not is made by the centre manager. They said that they would like to see improvements in the area of communication with the placement team regarding timelines required by them for admissions and also to receive more input from the organisation's clinical team. They stated that the way information is currently co-ordinated was quite challenging.

Inspectors reviewed records in relation to admissions of young people to the centre and found that there was detailed information on file in respect of the placement. There was evidence of consultation with social workers, centre management, and psychologist regarding the impact risk assessment for one young person but it was not clear who received a copy of this.

The centre manager stated at interview that even though the placement process is thorough and all information is gathered in relation to suitability when making decisions on admissions, this doesn't always prevent placement breakdown. They stated that it was difficult to identify if the centre's process worked or not, as, despite its full implementation in respect of one young person, an unplanned discharge had

occurred suddenly. While there was a full review completed by the operations and clinical team, the centre manager said it was still unclear as to why the placement broke down. The operations manager stated that the reasons for the breakdown were mostly associated with external factors to the centre.

When interviewed, the young person stated that, before they were placed at the centre, they were not informed of the period of time they would be living there. On review of the young person's care files, inspectors observed the absence of specified timeframes for their placement from the social work department.

The centre manager and the social worker were satisfied that the placement was suitable for the young person and the social worker stated that the young person had already made significant progress since their admission to the centre. The allocated social worker for the young person said that the placement need would be medium term for the moment but this would be reviewed within a six month period when the long term goals would be considered at the next review. The young person is placed under Article 56 of Council Regulation (EC) 2201/2003 (Brussels's 11 Bis). The derogation placement was granted for a period of six months.

Contact with families

Care files reviewed by inspectors demonstrated that family contact was supported and facilitated by the care team. Staff at interview evidenced that family access was an important element of the young person's placement. The centre accepted admissions from all parts of Ireland and therefore regular visits from family members to the centre can be restricted, however, staff had facilitated contact on a consistent basis and arrangements were put in place to support this through the supervising social worker.

For one young person, as part of the pre admission process, their parents both had an opportunity to visit the centre before placement began. The supervising social worker for one young person told inspectors that the team have been very supportive in encouraging and maintaining family contact for them. The care files demonstrated that the staff team maintain well written records of contact with family members and they are signed and co-signed by the centre manager. The young person told inspectors that they see family members once a month and can make phone calls regularly during the week.

Supervision and visiting of young people

Inspectors reviewed contact sheets for social work visits to the centre to meet with the young person placed and found that there were two visits recorded, one of these being at the time of admission. Records also showed that visits took place at venues external to the centre. One visit was between the young person and the social work team leader. There were also records on file of phone contact with the young person and also email communication between the supervising social worker and the care team. From interview with the young person's previous social worker and information held on file in the centre, inspectors found that the young person was meeting with their social worker within the required statutory timeframes.

Preparation for leaving care

The young person in placement in the centre was under the age of sixteen. From a review of the files for a young person who had left the centre, inspectors saw evidence of them being supported for leaving care. As part of the placement planning the young person was being facilitated in developing independent living skills for transition from the centre.

Discharges

The organisation has a written policy in place outlining the discharge process for young people when they formally move on from the centre. There was also an emergency discharge policy that included procedures to be followed when discharges were unplanned. A short time before the inspection took place, an unplanned discharge had occurred. Both the centre manager and the deputy manager stated that a post crisis session was completed with the clinical manager in respect of the emergency discharge and a review took place of the decisions and the incidents that happened leading up to the time of the discharge. Outreach work by the care team was continuing with the young person until such time as a new admission is accepted by the centre. Inspectors did not observe the 'end of placement' report on file for the young person, however inspectors saw evidence post inspection, that this was completed by the centre manager at the time of discharge.

Aftercare

There was evidence through review of the files that a referral for access to an aftercare worker had been made by the social work department for one young person

who no longer lived at the centre. This was completed within the specified time frame for appointment.

Children's case and care records

Inspectors found the care files for each young person to be maintained confidentially and securely by the centre. Care records facilitated ease of access and were clear and well written. There was evidence on file of core documents being requested by staff for a recent admission to the centre. There was a copy of a birth cert and care order on file for one young person. There was evidence that files were read and signed by centre management and the staff team.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Inspectors reviewed records for both the young person who was currently living in the centre and the young person who had recently being discharged. It was found that there was a care plan in place for the young person who had recently being discharged from the centre. The care plan contained details relating to the young person's social history, family relationships, living skills, education and psychological and emotional needs. The most recent child in care review took place in March 2018 and inspectors observed the report on file. The placement plan on file addressed the needs of the young person in terms of their psychological, emotional and social needs and also outlined short and long term goals with interventions noted. The most recent placement plan was dated April 2018 and they were created on a monthly basis. The young person had been discharged at the beginning of May 2018.

There was no care plan on file for the young person currently on placement in the centre. The young person had been on placement in the centre since April 9th 2018. Inspectors saw evidence that care staff had communicated via email a number of times with the supervising social worker, requesting a copy of the care plan along with the young person's birth cert and a copy of their care order.

The social worker stated post inspection that, they thought a current care plan was now in place and that it had been forwarded to the centre. They also stated that a care plan review had happened since the inspection had been conducted and that a medium term plan had been implemented from this review.

Inspectors saw evidence of a comprehensive needs assessment completed by the centre for the young person currently living there over a six week period. This incorporated; general presentation, interactions, clinical, family relationships, educational, physical health and environment. The document outlined specific needs that were linked to each section of the assessment along with the actions to be taken followed by short and long term goals to be implemented. The centre manager stated that this needs assessment informed the placement plan. It was not clear who this document had been shared with but the manager stated that it would be forwarded to the clinical team for their consideration and input. The supervising social worker confirmed at interview that they had also received a copy of the assessment. There was a record on file of specific specialist assessments that needed to be completed for the young person which included psychological and educational assessments. The supervising social worker when interviewed said that funding will be provided for this through their department.

There was no placement plan on file for the young person, however, the centre manager stated that the needs assessment was completed in advance of a placement plan being drawn up and that the placement plan was due to happen imminently. The supervising social worker stated at interview that they had received a placement plan from the centre since the inspection was conducted.

Inspectors found that key-working was completed on areas to include: emotional well-being, educational needs and physical health which were congruent with the needs assessment. Inspectors found no evidence of key working records reflecting the clinical or therapeutic supports provided for care staff through the clinical team meetings and psychologist's guidance. There must be stronger cohesion between the clinical guidance and key working in the day to day practices with young people. Centre management must review how clinical input can be used to inform key working on a practical basis.

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.

There was evidence of good communication between the centre and the social work team with background information being provided for the young person placed there prior to referral. There was a recent reassignment of social worker for one young person and that social worker had received a handover from the previous supervising social worker in respect of the case.

The previous social worker stated that they were more appropriate to partake in the interview with inspectors as they had been involved with the young person between the admission period and up to the time of the inspection. The placing social worker stated that they had been aware that the centre had not received a care plan since the admission concluded but that this had now being addressed and had been forwarded to the centre manager. They also stated that a review of the care plan had also taken place since the inspection was completed. The social worker stated that they did not get an opportunity to read care files when they visited the centre.

The supervising social worker was happy with the care being provided by the team and had received the needs assessment and placement plan from the centre manager after the inspection had been completed. They stated that both documents were very comprehensive. They also received significant event notifications in a timely way and stated that they were very informative. They did not provide formal comments or guidance on the notifications of significant events but contacted the centre by phone if there was a need for further discussion and clarification in relation to any issue or incident.

Emotional and specialist support

There was evidence from the daily logs and from interviews with some of the staff that they demonstrated an understanding of the emotional needs of the young people. There was a focus on positive role modelling and active listening and humour. However, for some care staff interviewed, there was an absence of understanding of the complex needs of young people on placement and how they could be addressed through specialist supports and placement planning.

Inspectors, in their review of the care files noted a difference in the way clinical advice was reflected in their interventions with both young people. The young person who had recently been discharged had participated in specialist services. There was an individual therapeutic plan completed and on record and it was apparent that the young person had engaged with the intervention provided and that their opinion was facilitated. A psychological and emotional needs' assessment was also completed a

number of years previously but the young person had refused to engage in an up-to-date assessment offered by the centre. This was a good example of clinical support informing the work being carried out by the centre with the young person.
In respect of the young person who was currently living in the centre there was an absence of access for them to specialists' services currently. At the time of inspection, the social work department had not approved funding for this provision. There were no clinical contact records on file for April or May 2018. Inspectors observed on their files that specific assessments were identified as being required in order to confirm certain diagnosis for the young person. The centre manager stated that the young person will be facilitated to complete any required assessments.

As stated above, one inspector had observed the provision of clinical consultation and advice to staff during a clinical review meeting. Some evidence of the recommendations from this guidance was reflected in the care files of the young person who had recently been discharged. This was observed through their placement plans and key-working records; however, this was not apparent in the key-working sessions for the young person currently on placement. Staff, also had access to ancillary clinical supports through the provision of workshops and meetings by specialist professionals. Inspectors saw evidence of this resource being reflected through the completion of risk assessments and behaviour management plans for the young person recently discharged. Inspectors noted that specialists' training resources that were on file for use by the care team had included the name of one of the young people throughout the pack. Inspectors recommend that this be removed from the record.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 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 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 supervising social worker must ensure that a care plan is prepared for the young person placed in the centre as soon as practicable.
- Centre management must review how clinical input can be used to inform key working on a practical basis.
- The supervising social worker must ensure that they get an opportunity to visit the centre to read the young people's records from time to time as required.
- The centre manager must ensure that the young person is linked into any specialist services they may require as early as possible.

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

There were written child safeguarding policies and procedures in place within the centre, however, inspectors observed a copy of the policy and noted that they were not updated in line with Children First; National Guidance for the Protection and Welfare of Children 2017. From the previous inspection report, management were required to revise areas such as lone working, safe touch and professional practice procedures. These guidelines were absent from the child safeguarding policy submitted to the registration and inspection team. Some of the good safeguarding practices that were in place at the time of inspection included: Garda vetting, recruitment and selection of staff, private access and communication by young people to social workers, on-going training, dealing with complaints and supervision.

There was also an implementation of risk management practices in respect of young people including risk assessments and safety plans and strategies in place to manage behaviours that could cause harm to other young people placed at the centre. One of the supervising social workers interviewed stated that they were satisfied that the centre had robust safeguarding mechanisms and practices in place for the young person placed there. Some staff members at interview did not display a good knowledge of the centre's child safeguarding procedures. The manager must ensure that the centre's child safeguarding policy is updated and in line with Children First; National Guidance for the Protection and Welfare of Children, 2017 and includes all required procedures including safe practice guidelines for work between staff and young people including one-to-one contact.

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.

3.7.3 Practices that did not meet the required standard

Child Protection

The centre had developed and submitted a child safeguarding statement (CSS) to inspectors which included a written assessment of risk. From a review of the CSS by inspectors, it did not meet their statutory obligations under the Children First Act 2015. Senior and centre management must revise the child safeguarding statement in order to meet statutory requirements.

From a review of staff files, inspectors observed that two of the staff team had not completed the Children First E-Learning Programme provided by Tusla, the Child and Family Agency. Also, the child protection training sourced by the centre for the team was not up-to-date with Children First National Guidance 2017 or the Children First Act 2015. Post inspection, the centre stated that Children First training had been scheduled for October and November 2018. The centre manager must ensure that all staff completes the Children First E-Learning Programme with the Child and Family Agency and supplementary child protection training must be in line with legislation and the national policy framework.

Required Action

- The centre manager must ensure that the centre's child safeguarding policy is updated and in line with Children First; National Guidance for the Protection and Welfare of Children 2017 and includes all required procedures including safe practice guidelines for work between staff and young people including one-to-one contact.
- Senior and centre management must revise the Child Safeguarding Statement (CSS) in order to meet statutory requirements under the Children First Act 2015.
- Centre management must ensure that all staff completes the Children First E-Learning Programme with the Child and Family Agency and supplementary child protection training must be in line with legislation and the national policy framework.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	Senior management must ensure that any follow-up from specified actions regarding the management meetings are consistently recorded within the template used.	Action plans are reviewed at the beginning of each management meeting. Only outstanding actions are included in the following month's action plan.	Senior management will ensure that any follow up from specific actions from management meetings are consistently recorded and will be issued to all managers on a monthly basis.
	Senior management must review their role in external oversight of centre files and how that can be linked to their role in the overall governance of the centre.	Senior management will review their roles and external oversight of the centre files by 30/09/2018 which will be forwarded to the Registration & Inspection service.	Corrective and Preventative Strategies on oversight of centre files will be determined following this review.
	Centre management must reference all previous registers that have been in place so as to meet all regulatory requirements and the National Standards for Children's Residential Centres, 2001.	Completed. All previous registers are referenced in the current house register.	All previous registers will be included in any new house register going forward. This will be monitored by the quality assurance and practice manager.

	The centre manager must ensure that all staff member's qualifications are verified and that this action is concluded prior to staff commencing work. Any gaps in employment history for staff should be followed-up at interview stage.	HR has written to staff members (as necessary) requesting a letter of verification from the college. Centre manager will follow up again to ensure that this information is on file be 30/10/2018. Any gaps in employment history shall be identified by management at interview selection – candidates will be required to satisfactory account for same and amend CV/application form accordingly.	Prior to all new staff members starting employment, qualification and references are verified. Staff files are reviewed and verified by the Operations Manager to ensure all relevant information is on file.
	The centre manager must ensure that the supervision process includes a review of set goals with a tracking of assigned actions noted from previous sessions for all supervisees. All discussions must be recorded.	Completed and on-going. Centre manager has reviewed goals (and recorded this) with immediate effect. New supervision forms have been devised and implemented from 01/08/2018 that will facilitate more accurate recordings of supervisions.	There is a new supervision form in place since 01/08/2018. This has been sent to the Inspector. The supervision process will be monitored by the quality assurance and practice manager via internal auditing systems for the service.
	The centre manager must ensure that team meetings take place in line with centre policy and that all care staff are supported to attend meetings regularly so that there is consistency in the provision of care between all team members.	Completed and on-going. Meetings have happened as per policy since June 2018. A schedule for Team Meeting/Clinical Meetings has been set out for the remainder of the year. All staff will be rostered to attend team meetings to ensure regular attendance.	A Schedule for Clinical Meetings (and team meetings) is in place for remainder of 2018. This will be monitored by the Quality Assurance and Practice Manager via internal auditing systems for the service.

	Senior and centre management must review the methods used in the application of the clinical guidance provided so that there is a clear link to care practices implemented by care staff with young people.	The Clinical Manager has reviewed the Clinical Service to provide a more robust multi-disciplinary review of the young people and to provide evidence of this clinical input and support. This came into effect in July 2018. (An overview of this has been attached for the Inspector).	Clinical interventions directing SCWs will be added to placement plans and feedback on outcomes will be reviewed monthly at MDT meetings. Evidence of this will includes minutes of MDT meetings and Placement plans being signed off by a member of the clinical team. Individual clinical interventions will be documented in young people's files as a report at least monthly.
	The centre manager must ensure that all staff members complete core training and that deficits in its provision are addressed. Gaps in TCI training must be addressed without delay.	All staff has completed TCI training between the 2nd – 5th of July and the 14th – 17th of August 2018. Training needs analysis has been forwarded to the training manager. Dates have been scheduled for First Aid, Manual Handling and Child protection and staff will attend these as necessary.	All new staff will complete Staff Development Training and TCI prior to commencing employment in the centre. A training needs analysis will be completed monthly and forwarded to the Training Manager highlighting if there are any gaps in Training. Compliance with training requirements will be monitored by the Quality Assurance and Practice Manager via internal auditing systems.

	Staff training records must be updated where training certificates are not on file.	Staff training records have been update and certificates are on file. Complete.	Centre Manager will review the Care Team Folder (and training records) on a monthly basis and ensure Certificates are added as necessary. This will be monitored by the Quality Assurance and Practice Manager via internal auditing systems.
3.5	The supervising social worker must ensure that a care plan is prepared for the young person placed in the centre as soon as practicable.	The social work department has forwarded a copy of the young person's care plan to the centre since June 2018.	On-going.

	Centre management must review how clinical input can be used to inform key working on a practical basis.	The Clinical Service was reviewed in July 2018. This will ensure there is a greater co-relation between the placement plan, key-working plan and interventions recommended by the Clinical Team. The key-working plan is developed based on the presenting issues and the interventions recommended by the Clinical Team.	The agenda for all MDT meetings is set as: 1. Review of previous meeting with feedback on clinical direction 2. Feedback on young person. 3. Review of placement plan. 4. Safeguarding issues The minutes of the previous meeting and the previous placement plan is then signed off by a member of the clinical team. Before the 6th of each month the manager is responsible for sending a new placement plan based on the recommendations from the MDT for the next month to the clinical team as confirmation.
	The supervising social worker must ensure that they get an opportunity to visit the centre to read the young people's records from time to time as required.	The newly appointed supervising social worker visited the centre on 4/9/18 to review the young person's files.	On-going.
	The centre manager must ensure that the young person is linked into any specialist services they may require as early as possible.	The Centre Manager and the Clinical Team have followed up with the supervising Social Worker regarding securing funding for necessary specialist service. Once funding is secured the specialist services will be engaged.	The Centre Manager and the Clinical Team will continue to liaise with the placing Social Work Department advocating for access to access to necessary specialist services for young people.

3.7	The centre manager must ensure that the centre's child safeguarding policy is updated and in line with Children First; National Guidance for the Protection and welfare of Children 2017 and includes all required procedures including safe practice guidelines for work between staff and young people including one-to-one contact. A copy must be forwarded to the registration and inspection team.	The safeguarding policy will be revised which will include all required procedures including safe practice guidelines for work between staff and young people including one to one contact. To be completed by November 30th, 2018. The policy will be forwarded to registration & Inspection service once completed.	The Safeguarding Policy will be reviewed annually or sooner if required, by the Clinical Manager.
	Senior and centre management must revise the Child Safeguarding Statement (CSS) in order to meet statutory requirements under the Children First Act 2015.	Completed. The Child Safeguarding Statement Compliance Unit (CSSCU) has confirmed that it is fully compliant.	The Child Safeguarding Statement will be reviewed and amended as necessary. It will be forward to CSSCU to ensure it is compliant.
	Centre management must ensure that all staff completes the Children First E-Learning Programme with the Child and Family Agency and supplementary child protection training must be in line with legislation and the national policy framework.	Completed. All staff has completed Children First E-Learning Programme. The training manager has provided dates for a more robust Children First training in line with relevant legislation and the national policy framework. Centre manager has informed the Training Manager of the staff that requires this training and requested training dates.	All new staff will be required to complete E-Learning during their Induction process. A training needs analysis will be completed monthly and forwarded to the Training Manager to ensure the delivery of Child Protection Training for all staff. This will be monitored by the Quality Assurance and Practice Manager.