



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 112

Year: 2018

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Dates of Inspection:	25th and 26th of April 2018
Registration Status:	Registered without attached conditions from the 17th of May 2016 to the 17th of May 2019
Inspection Team:	Lorraine Egan Sharon McLoughlin
Date Report Issued:	30th of July 2018

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1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in May 2016. At the time of this inspection the centre were in their first registration and were in year two of the cycle. The centre was registered with conditions from the 17th of May 2016 to the 17th of May 2019. The condition being that the centre must comply with and fully implement the CAPA ‘the corrective and preventative action’ plan submitted in response to the inspection conducted in June 2017.

The centre’s purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as supportive and therapeutic and operates under the STEM (Systemic Therapeutic Engagement Model) model of care.

The inspectors examined standards 2 ‘management and staffing’, 5 ‘planning for children and young people’ and aspects of 6 ‘care of young people’ of the National Standards For Children’s Residential Centres (2001). This inspection was announced and took place on the 25th and 26th of April 2018.

1.2 Methodology

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

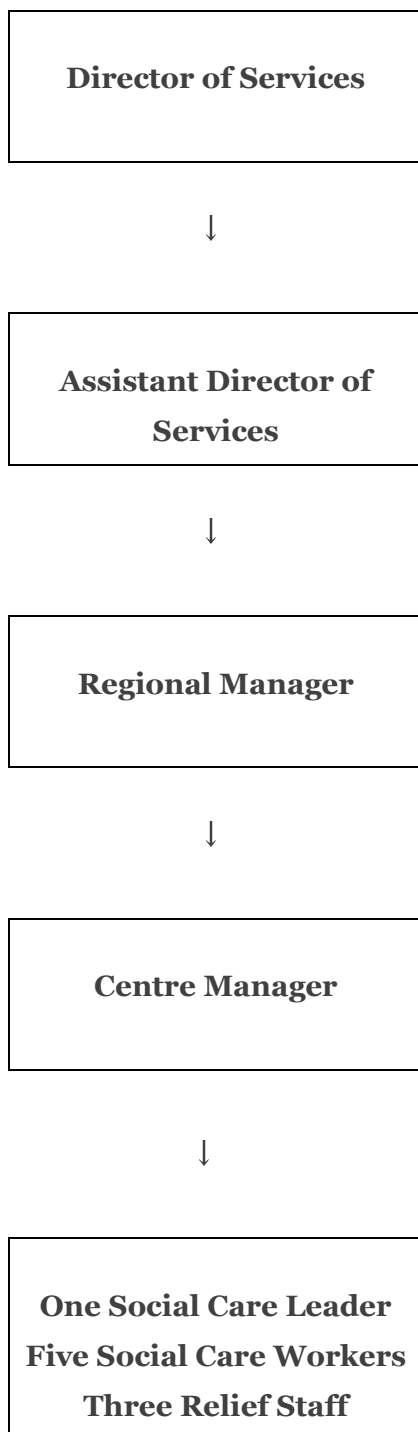
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Acting Social Care Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Six of the care staff (including one team leader)
 - b) One of the two young people residing in the centre
 - c) One social worker with responsibility for one young person residing in the centre.
 - d) Other professionals e.g. One social worker for one young person who had been discharged from the centre.
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ 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
 - Young peoples' register
 - Maintenance log
- ◆ 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 (acting position)
 - b) The regional manager
 - c) Three staff members including one social care team leader
 - d) One social worker with responsibility for one young person
 - e) One young person
 - f) Two parents of two young people

- ◆ Observations of care practice routines and the staff /young person's interactions.
- ◆ Attended handover meeting.

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, regional manager, director of services and the relevant social work departments on the 22nd June 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 2nd July 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to continue to register this centre, ID Number: 112 without attached conditions from the 17th of May 2016 to the 17th of May 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

Register

The centre register was reviewed and contained all details of young people admitted and discharged from the centre. The register was complete and in line with regulatory requirements and the National Standards for Children's Residential Centres, 2001. The inspectors noted evidence of senior and centre management oversight.

3.2.2 Practices that met the required standard in some respect only

Training and development

Inspectors found that a training programme was provided by the organisation for care staff which was sourced externally and funded by the organisation. Induction training was conducted over a two day period and included; supervision role, report writing, policies and procedures, significant event notification procedures, and behaviour management. Core training consisted of; a recognised behaviour management programme, first aid, manual handling, fire safety, Children First E-learning programme, systemic therapeutic engagement model, (STEM), safe administration of medication and drug awareness. A review of staff files found that some of the team had received ancillary training that supported them in their role as social care leader such as professional supervision training and auditing of residential care services training.

From the files sampled, inspectors saw evidence to show that the majority of the core training was in date with the exception of fire safety for one staff member. The acting social care manager confirmed that this is scheduled for May 2018. The child protection training completed by staff was the Children First E-learning programme 'Introduction to Children First' provided by Tusla, the Child and Family Agency. The

ancillary Children First training undertaken by staff was not up-to-date with the revised Children First; National Guidance for the Protection and Welfare of Children 2017 and Children First Act 2015. Centre management must source child protection training for all staff based on the updated Children First Guidance.

Management

The centre manager who had been in position for six months had vacated their post two and a half weeks prior to inspection. One of the two social care team leaders, who interviewed for the interim manager role, was currently acting in this post. They had also applied for the full time appointment which had been advertised by the service. This change of management had been duly notified to the registration and inspection service.

The regional manager at interview told inspectors that the previous centre manager had not received the support by the service they required appropriate to their role and function. This was due to unforeseen absences at regional management level. The regional manager stated that this lack of assistance impacted on the governance of the centre and that some of these deficits had now been identified through regular audits and were currently being addressed by external management. Inspectors saw some evidence to support this, where a number of significant event notifications that had not been notified to social work and monitoring were picked up by an external oversight audit and were then subsequently forwarded to the appropriate professionals. Staff at interview commented that communication had been inadequate with centre management but that this has been rectified with the appointment of the new acting manager.

The current acting manager had been working in the centre since it commenced operations in 2016 and was appropriately qualified and experienced to hold the post. There was a clear organisational structure in place and external oversight was evident on centre records including a regular quality assurance audit. From records examined, there was a deficit in oversight by the centre manager on most files including the young person's files, supervision records, personnel files and centre registers. The centre manager must ensure robust oversight of registers and other centre records.

Inspectors observed a centre audit template dated from the 15th February 2018 to 23rd April 2018. This focused on risk registers, rosters, sanctions register, individual crisis management plans, care plans and staff supervision files. There were

recommendations recorded for immediate review of some records to be undertaken by the social care leaders and the regional manager. However, the audit lacked clarity on whether the actions had been completed or not and there was also an absence of timelines allocated to the actions specified. Senior management must ensure that the centre's auditing tool is reviewed so that there is evidence to show that all deficits are addressed in order to guarantee robust governance.

During interview, the acting centre manager informed inspectors that management meetings occurred weekly in the centre. These were chaired by the previous centre manager. Inspectors saw evidence of these meetings being recorded on file but they were in place on a fortnightly basis. A weekly service and governance report was also observed and had been prepared by the current acting manager covering areas such as; significant events, sick leave, management and team meetings, young people's meetings, staff training, shift evaluations and plan for the week. Also on record were weekly reports submitted by the previous centre manager. However there were gaps in these weekly submissions.

Monthly regional manager meetings were in place and attended by the centre managers and chaired by the regional manager. Inspectors saw evidence of a record of these minutes between October 2017 and March 2018. There were no minutes on file for November 2017 or April 2018. The records of the minutes reviewed focused on areas such as young people's issues, training needs, recruitment and completion of case file audits with identified gaps. While some of these areas were discussed in detail, inspectors found that there was not enough attention given to issues such as child protection, care practices, governance and practice recommendations. Inspectors recommend that these areas are included as agenda items for each monthly meeting.

Notification of Significant Events

The centre has a system in place to notify all significant events to the relevant people. One social worker interviewed by inspectors confirmed that they received written notification of significant events. However, from reviewing a cross-section of significant event notifications (SEN), there was evidence to show that notifications for a specific period of time had not been forwarded to the allocated social worker or the lead inspector. The regional manager confirmed that these gaps have been identified by an internal audit where a total of ten SENs had not been notified to either the lead inspector or the young person's social worker. These significant event notifications have now been notified retrospectively. All are entered into the centre's

dedicated significant event register and there was evidence of oversight by the director of services, the director of quality assurance, the regional manager and the centre manager.

There is a formal system in place to review significant events. This is conducted at a regional level for all of the service's centres. Inspectors saw evidence of these meetings taking place on a monthly basis. However, there was no evidence on file to show that there was a formal feedback mechanism in place for the centre's team to reflect and learn from each incident referred at the monthly review group.

The significant event review process must be revised to include formal feedback from the review group to the staff team so as to inform analysis of incidents and help give direction on care practices and behaviour patterns and management within the centre.

Staffing

The centre's core staff team consists of a full time acting social care manager, one social care leader and five social care workers. The roster is also supported by three relief staff. The majority of the staff were in their positions for nearly two years since the centre opened and were growing and developing as a consistent team. However, from the time of the announcement of this inspection to the onsite visit, the person in the position of centre manager had changed. They had been in that role for approximately six months and were replaced by one of the social care leaders who were currently in an acting capacity. Staff stated during interview and that they experienced a stable core team who supported each other through their work in the centre. They commented that they were not negatively affected by the change in centre management and they believed there was no adverse impact on the young people on placement. One young person interviewed said that they got on well with the staff group in general and was looked after and cared for within the centre.

From a review of a sample of personnel files, the records reviewed contained a copy of their qualifications which were verified for two out of three staff and there was evidence of verbal references checks for two staff. No reference was present on file for one staff member's most recent employment. Inspectors observed that employment gaps existed on one CV where a number of years were not accounted for. One staff member did not hold a relevant social care qualification but had many years' experience in the social care area and had attended supplementary training in support of their role in the centre. Garda vetting was in place and in date and there was evidence of formal induction done over a two day period. Centre management

must ensure that vetting practises are in accordance with the requirements of the National Standards for Children’s Residential Centres and the Children First Act 2015.

Administrative files

Despite evidence to show external oversight of administrative files the inspectors found that some of the paperwork was not well maintained. The hand written records were not legible, a number of pages from the risk register files were loose and torn apart and it was unclear as to the purpose of the record being maintained. The system for the way risk is recorded must be reviewed by management so that the specific risk is identified.

The regional manager informed inspectors that there is adequate funding and financial arrangements in place for the operation of the centre and to meet the needs of the young people. All administrative files must be well organised and maintained. There must be oversight of centre administrative files to ensure recording standards reach a satisfactory level.

3.2.3 Practices that did not meet the required standard

Supervision and support

The centre has supervision policies and procedures in place. Supervision of all full time staff is conducted by the acting manager with the social care leader providing supervision to relief staff. The acting centre manager was supervised by the regional manager. The acting manager received professional supervision training.

Inspectors examined a sample of supervision records and found that staff members did not receive supervision in line with best practice timeframes or with organisational policy. The supervision agreement stated that the frequency was set between four and six weeks but evidence showed that there were significant deficits in supervision provision. In some cases, sessions had not taken place for a nine month period. There were also irregular supervisors for staff members. The provision of supervision varied between the director of quality assurance, the assistant director of services, the regional manager and the social care leader. Centre management must ensure that supervision is provided within the time frames set out in the organisation’s policy and that consistency of delivery is maintained by the appointed supervisor.

Inspectors also observed that there were a number of different supervision templates being used and there was an absence in the recording of discussions and reflections on the young person's placement plans, key-working sessions and staff care practice. For one staff member, there was no review of the issues identified for improvement at previous supervision sessions and there was a lack of goals identified for their future work plan. There were also inconsistencies in recording of actions completed by staff or tasks that were assigned and agreed. When interviewed, the regional manager stated that the templates were currently being reviewed and one specific format will be implemented going forward

Despite evidence to show external oversight on supervision files, a protracted time-lag existed in deficiencies being detected. Inspectors reviewed the centre audit and saw evidence of external oversight which highlighted the absence of regular supervision with staff. The acting manager commented that gaps did exist in the supervision files and the audits had identified these and supplementary supervision had commenced for staff as a consequence of the audit. There was discrepancy from care staff at interview in relation to the regularity of supervision session. Some commented that recurrent, timely supervision was taking place and others stated that this was not the case but that consistent scheduling had recently being implemented by the acting manager. Centre management must ensure that supervision records clearly reflect discussions and decisions reached with follow-up evident at each session in relation to the planning of care for young people. A consistent supervision template must be developed and implemented for all care staff and a copy provided to the inspection service when completed.

Staff team meeting minutes were reviewed by inspectors and it was observed that team meetings are held fortnightly with good attendance by the staff team. The acting manager told inspectors that these meetings are mandatory. There was a clear agenda in place with records of discussions happening including review and reflection of practice for each young person. There was a link to placement plans, goals and key working. Individual absence management plans and individual crisis management plans were discussed and updated. There was oversight by external management.

One inspector was present for the handover meeting. This meeting was attended by staff going off shift and those coming on duty. The recently appointed acting manager was also present. There was a completed daily report of each young person which was read and discussed by staff. This included details on events of the previous day such

as; education, activities, personal care, medication, number of significant events, family contact and any discussions with young person. This process was child focused and showed evidence of good interaction between staff and the young person. The shift plan for the day was discussed with direction and guidance given by the acting manager on specific tasks to be completed.

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

- Centre management must source child protection training for all staff based on the updated Children First Guidance.
- Centre manager must ensure robust oversight of registers and other centre records.
- Senior management must ensure that the centre's auditing tool is reviewed so that there is evidence to show that all deficits are addressed in order to guarantee robust governance.
- Senior management must ensure that the significant event review process is revised to include formal feedback from the review group to the staff team so as to inform analysis of incidents and help give direction on care practices and behaviour patterns and management within the centre.
- Centre management must ensure that vetting practices are in accordance with the requirements of the National Standards for Children's Residential Centres and the Children First Act 2015.
- Centre Management must ensure that the system for the way risk is recorded is reviewed so that specific risks are identified.

- Centre management must ensure that all files are well organised and maintained and there is oversight of centre administrative files to ensure recording standards reach a satisfactory level.
- Centre management must ensure that supervision is provided within the time frames set out in the organisation’s policy and that consistency of delivery is maintained by the appointed supervisor. Supervision records must clearly reflect discussions and decisions reached with follow-up evident at each session in relation to the planning of care for young people. A consistent supervision template must be developed and implemented for all care staff and a copy provided to the inspection service when completed.

3.5 Planning for Children and Young People

Standard

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

3.5.1 Practices that met the required standard in full

Contact with families

There was good evidence of involvement with family and through interviews with the staff team they showed an understanding that the young people’s family are an important part of their lives. Both young people’s parents commented that the young person is encouraged and facilitated to visit family members and family members can come to the centre if and when they wish to visit. They also confirmed that the young person can phone them privately at any stage and the young people are encouraged by staff to keep in touch. One young person interviewed said they were brought on access visits to family members as much as they like. Each young person is dropped by staff using the centre car to their families for access.

The team updated family members on issues relating to the young person. Parents of both young people said they were happy with the communication from the staff team

and they felt informed about what was happening in the young person's life. They were also encouraged where appropriate to attend review and planning meetings.

Children's case and care records

Inspectors found that the files were well organised and up-to-date. Case and care records were kept in a confidential manner and files contained required information. There was evidence of oversight by external management across the files. The records showed dates of when quality assurance personnel visited and reviewed centre documentation.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The centre has an admissions policy which outlines the referral and admissions process. The centre has a registered capacity for four young people of both genders aged between thirteen and seventeen years. It is a short to medium term residential centre. At the time of inspection there were two young people living in the centre and only one was present during the inspectors visit. The regional manager, acting centre manager and a social worker for one young person were all satisfied that the current placements were suitable and meeting the needs of the young people.

Since the last inspection, two placement breakdowns occurred. There were inconsistent views given by the regional manager and the acting centre manger regarding the suitability of placements to the centre. The regional manager stated at interview that from the pre-admission risk assessments conducted, that they had been satisfied that the admissions were suitable and that the placements would meet the needs of the young people. The acting centre manager stated that the admissions had not been suitable and that they were endeavouring to learn from this and match the needs of the young person more appropriately. The acting manager stated that the process could be improved by the staff team being part of the impact risk assessment.

A review of records showed that there was adequate information available prior to placements. There was evidence on file of a pre-admission collective risk assessment being done for both young people. Inspectors observed that social workers were consulted as part of this process. However, the regional manager and the acting centre manager stated that the staff team were not involved in the assessment of

young people as part of this process. Inspectors recommend that regional management involves the staff team in the pre-admission risk assessment process for all future referrals.

There was evidence on file to show that information from a pre-admission risk assessment was not used to inform safety plans or develop robust risk management plans for one admission. The regional manager at interview stated that they and the social workers were satisfied that they had considered the information available to them at the time from the pre-admission risk assessment and made a determination that the placement could be safely managed so that the impact on other young people would be low. One of the social workers for one young person in placement at the centre stated that while a collective risk assessment did occur, there was no paper assessment completed, but numerous meetings were held between the relevant professionals. They said that there was an absence of information on any specific risk that had potential to impact on the young person at the pre-admission phase and were initially satisfied with the safety plan in place within the centre. Inspectors recommend that regional and centre management must review their pre-admission risk assessment process to include all known and potential risks that will impact on admissions within the centre. In this way detailed risk management plans can be devised to assist staff to manage behaviours of concern.

Statutory care planning and review

Care plans were in place for both young people. The care plans contained details relating to the young people's social history, family relationships, goals were identified to be addressed with the young people such as health, education and independence. Parent's views were discussed and considered for one young person. From the files examined the young people had been consulted in the preparation of the care plan and their statutory review. Inspectors saw evidence on record of an email from the care team to the supervising social worker for one young person requesting their statutory review minutes. There was evidence to show that for one young person the only signatory on the care plan was the social workers and one care plan contained no signatures. The Child and Family Agency social work department for one of the young people must supply updated statutory review minutes.

The care plans on file were supported by placement plans and one of these was created for one young person for a six month time period. Inspectors found that the placement plans for each young person listed goals for growth from the care plan and noted who was responsible for the implementation of these goals and if there were

completed or not. However, inspectors observed that some of these goals and tasks could benefit from being more specific in relation to how they were going to be achieved as it was not clear if the goals were being attained or not. One young person's placement plan was reviewed on a monthly basis and had evidence of discussion with the young person of their views and outlined their goals for each month. The placement plans reflected the model of care that was practiced within the centre. Inspectors recommend that the placement plans must be reviewed so that the implementation of each goal can be tracked in the centre records and through the supervision process.

There was evidence of key working taking place with the young people in respect of issues such as sexual health, independent living skills, and education. Inspectors observed minutes of case management meetings to discuss the placement plan and to ensure that all key working tasks for the month have been completed. There were also weekly reports and individual work reports in place and the template had sections divided into areas such as education, emotional support, daily counselling and independent living. There was oversight of placement plans and key-working records and weekly reports by the centre manager and the external quality assurance audit.

Supervision and visiting of young people

Inspectors reviewed the records of social work visits to the centre and found that there was one entry for a visit by one social worker between the 16th July 2017 and 12th April 2018. These records did not show if social workers had regularly visited the young people at alternative venues or not. However, inspectors saw evidence from one social worker's completed questionnaire that they had visited the young person at the centre on three occasions within a four month period. This social worker said they were also endeavouring to do monthly visits to meet the young person at the education placement where they attended. Inspectors observed an email record on the young person's file from the social care leader to their social worker, requesting them to visit the young person at the centre. When interviewed this young person said they would welcome more visits from their social worker and would also expect better phone communication from them. Inspectors recommend that supervising social workers must visit the centre to meet with young people within their home environment.

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.

The centre was provided with sufficient background information in relation to each young person prior to referral to the centre. Supervising social workers had prepared a care plan and child in care review meetings were taking place. There was evidence that their social workers had consulted with the young people for preparation of the care plan and review meetings in order for their voices to be heard. The acting centre management and staff interviewed indicated that there were positive working relationships with each supervising social worker.

Inspectors received questionnaires from social workers but inspectors were only able to interview one young person's social worker on placement at the centre as one social worker did not make themselves available for interview. The social worker interviewed indicated they were satisfied with the young person's placement and had observed a positive difference in the young person and believed they were making good progress. They believed that the placement was suitable to meet their needs. They said they received significant event notifications in a timely manner. However, inspectors saw no evidence of social workers reviewing care files for the young people. Inspectors recommend that supervising social workers view young people's records when visiting them in the centre.

Emotional and specialist support

Inspectors reviewed the care files for the young people but it was not clear from the placement plans if they were engaged in specialist services or not. However, the acting centre manager confirmed that one of the young people was attending counselling. This was also substantiated by the young person's supervising social worker. At interview, some staff did not demonstrate a good awareness of the emotional and psychological needs of the young people's wellbeing and had difficulty in identifying specific needs of the young people that would benefit from specialist support. Inspectors did not see evidence of how specialist supports were identified in their review of placement plans or key working sessions.

Inspectors noted from reading the care files that a specific risk assessment for one young person had not been reviewed and consequently the findings were not considered or reflected in the placement plan or in the work of the staff team with the young person. Inspectors recommend that placement plans and key working sessions reflect the specialist services that the young people have access to and that the findings and recommendations of specialist professionals in relation to specific risks are reflected in the work of the centre. Given the nature of the risks involved, the supervising social worker must review the findings from the risk assessment for the young person.

Preparation for leaving care

In preparation for leaving care a needs assessment was completed and on file for both young people on placement at the centre. Specific areas had been identified where the young people needed support and assistance but there was no clear plan in place as to where the young people were transitioning to. For one of the young people, it was not apparent to inspectors if they had participated in the assessment with their keyworker or not as the young person had not signed the plan. Inspectors recommend that the centre manager ensures that young people actively participate in their needs assessment in preparation for leaving care and that a clear plan is put in place to support them with this transition.

Discharges

There was a policy in place of planned and unplanned discharges of young people from the centre. There had been two unplanned discharges from the centre since the last inspection and one of these had occurred very soon after admission. At interview, the regional manager stated to inspectors that the centre had observed a pattern of unplanned discharges and as a result, management had made the decision not to take new admissions to the centre at present. Inspectors were not made aware of any review that took place by the centre following these placement breakdowns. Inspectors recommend that regional and centre management must conduct a reflective review in relation to any unplanned discharges of young people from the centre.

3.5.3 Practices that did not meet the required standard

None

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

- Regional and centre management must review their pre-admission risk assessment process to include all known and potential risks that will impact on admissions within the centre.
- The Child and Family Agency social work department for one of the young people must supply updated statutory review minutes.
- Centre management must review the placement plans so that the implementation of each goal can be tracked in centre records and through the supervision process.
- Supervising social workers must ensure they visit the centre to meet with young people within their home environment and that they view young people's records when visiting them in the centre.
- The centre manager must ensure that the placement plans and key working sessions reflect the specialist services that the young people have access to.
- Regional and centre management must ensure that the findings and recommendations of specialist professionals in relation to specific risks are reflected in the work of the centre.

- The supervising social worker must review the findings from the specialist risk assessments for one young person.
- Regional and centre management must conduct a reflective review with regard to any unplanned discharges of young people from the centre.

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 centre has a policy of managing behaviour in place that includes sanctions and consequences for the young people. Inspectors reviewed the sanctions log and observed that sanctions were greatly reduced from the period between the 29th January 2018 and the dates of inspection. The acting centre manager stated at interview, that the use of sanctions within the centre had been reviewed and the changes that have been made as a result of this review had positive impacts on the behaviour of the young people. As a consequence there has been some reduction in the absences from the centre by the young people. The regional manager told inspectors that the centre was moving to a behaviour management framework that was more flexible in its approach with the young people and felt that this would meet their needs in a more constructive way. The supervising social worker for one young person told inspectors that the centre managed inappropriate behaviours well but the key issues that remained were pertaining to missing child from care which they will continue to consult and support care staff in the management of.

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

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>Centre management must source child protection training for all staff based on the updated Children First Guidance.</p> <p>Centre management must ensure robust oversight of registers and other centre records.</p>	<p>All staff have completed Tusla Children First online course as of the 13.4.18.</p> <p>In addition all staff has now completed updated child protection training certified and provided by Social Care Training Ireland.</p> <p>SCM has audited all registers in the centre and is satisfied that they are all up to date as of 28.6.18. SCM has daily oversight of all other records to ensure they are also to a high standard.</p>	<p>SCM will ensure any relevant courses are immediately brought to the attention of staff members and they are booked into complete same. Training plan and audit will be completed as a managerial task each week. Training requirements are a standing item on the agenda for all team meetings and Regional meetings.</p> <p>SCM to update registers and other centre documents on a daily basis and weekly basis. This will be overseen by Regional Manager who will complete audits on specific areas after each weekly visit to the centre. Quality Assurance will complete one full inspection each year with multiple themed audits and unannounced visits to ensure governance.</p>

	<p>Senior management must ensure that the centre's auditing tool is reviewed so that there is evidence to show that all deficits are addressed to guarantee robust governance.</p> <p>Senior management must ensure that the significant event review process is revised to include formal feedback from the review group to the staff team so as to inform analysis of incidents and help give direction on care practices and behaviour patterns and management within the centre.</p> <p>Centre management must ensure that vetting practises are in accordance with the requirements of the National Standards For Children's Residential</p>	<p>Current auditing tool in use is EQA certified ISO 9001; 2015 auditing of residential centres. The auditing tool consists of one full centre audit, multiple themed audits with multiple unannounced visits with feedback, supervision, time frames for completion and action planning.</p> <p>As part of the revised Significant Event Review Group format, a staff member will attend along with the SCM. All relevant information pertaining to their centre will be recorded and feedback presented at the next staff team meeting/ handover. This information will guide the practice documents and will be immediately implemented. This practice is in place as of May 2018.</p> <p>All staff member's references from their most recent employers are now present on file. All staff members' personnel files hold 3 references which require verbal checks to be</p>	<p>The Quality Assurance department has completed its yearly schedule which encompasses all auditing visits. The most recent dates for full centre audit were 23.10.17. Themed audits were completed on 16.4.18, 30.4.18 and 27.6.18. In addition, the regional manager completes weekly audits on targeted areas and provides feedback with action plan and timeframes to the centre manager for completion.</p> <p>SERG meeting is part of the monthly regional management meeting structure. The outcomes of this meeting are used to formulate care planning. SERG response is a standing item on the team meeting agenda to ensure this topic is discussed regularly. The staff member in attendance at the SERG meeting will change regularly to support all staff members in their daily practice.</p> <p>The Organisational HR Department has completed all required pre- employment checks, including the processing of Garda vetting, references and qualification</p>
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	<p>Centres and the Children First Act 2015.</p> <p>Centre Management must ensure that the system for the way risk is recorded is reviewed so that specific risks are identified. Centre management must ensure that all files are well organised and maintained and there is oversight of centre administrative files to ensure recording standards reach a satisfactory level.</p> <p>Centre management must ensure that supervision is provided within the time frames set out in the organisation's policy and that consistency of delivery is maintained by the appointed supervisor.</p>	<p>completed by SCM's.</p> <p>Risk Register has been reviewed and discussed at team meeting on the 3.5.18 immediately following the inspection. Staff members have all been made aware that any risks recorded must be specific and directly relate to a theme on the significant events document. SCM will ensure that all entries are clear and legible.</p> <p>The centre manager has reviewed all files in the centre to ensure they are in good order and where required rebound completed on the 28.6.18.</p> <p>SCM has audited the register and is satisfied that all information is up to date as of 28.6.18.</p> <p>A six month supervision schedule has been completed and implemented for all full-time and relief SCWs as of May 2018. All staff has an appointed supervisor with a time allocation for completion of same in line with</p>	<p>verifications. SCM's have completed verbal reference checks to ensure that all vetting practices are in line with the National Standards.</p> <p>Risk assessments are a standing item on regional/in-house management meetings, team meetings and also on weekly Services Governance Report. SCM will complete an audit of the risk register each week to ensure required risks are documented appropriately. In addition, as part of the yearly auditing schedule, Quality Assurance and RM will complete review/audit of centre registers and administrative files to ensure satisfactory standards are maintained. The SCM to complete a monthly review of the administrative files to ensure recording standards are maintained at a satisfactory level.</p> <p>SCM has implemented a 6 month supervision schedule. As part of the yearly auditing, quality assurance and the regional manager will complete a review of supervision records to ensure they are in line with timeframes set</p>
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	<p>minutes.</p> <p>Centre management must review the placement plans so that the implementation of each goal can be tracked in centre records and through the supervision process.</p> <p>Supervising social workers must ensure they visit the centre to meet with young people within their home environment and that they view young people's records when visiting them in the centre.</p> <p>Centre management must ensure that the placement plans and key working sessions reflect the specialist services that the young people have access to.</p>	<p>from 16.7.18.</p> <p>SCM has conducted a review of all placement plans as of the 28.6.18. The revised supervision agenda has been adopted as of 28.6.18.</p> <p>The supervising social worker has visited the centre four times since admission of the young person to their placement. The Principal Social Worker has also visited the unit twice within that period. They have also read the logs and daily reports.</p> <p>SCM reviews the daily and weekly key-working reports to ensure that all contact with specialist services is both planned and supported by the team as part of the placement planning process.</p>	<p>Following child in care reviews, placement planning goals are identified forming the placement plan overview. The goals are then subdivided into monthly and weekly structure. Monthly case management meetings in conjunction with the supervision process will provide a structure for these goals to be tracked, reviewed and evaluated.</p> <p>The social worker will continue to visit the young person in their home environment and at other venues where appropriate. They will ensure to sign all records they have oversight of when visiting the centre.</p> <p>All contact with specialist services is recorded; outcomes will formulate goals on the placement plan. Key-working sessions will be scheduled with each young person following their attendance with such services to ensure their input is given.</p>
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	<p>Regional and centre management must ensure that the findings and recommendations of specialist professionals in relation to specific risks are reflected in the work of the centre.</p> <p>The supervising social worker must review the findings from the specialist risk assessments for one young person.</p> <p>Regional and centre management must conduct a reflective review with regard to any unplanned discharges of young people from the centre.</p>	<p>Centre management will review all specialist recommendations relating to young people and will ensure findings are reflected in current care practices- review to be completed by 14.07.18</p> <p>The social work team leader has received the risk assessments for one young person from the centre and has reviewed them. A signed copy of this review will be forwarded to the centre as of 13.7.18.</p> <p>A review of the centre discharges will be completed by the regional manager and the in-house management team on the 12.07.18. The outcomes will then be presented to the staff team and at a regional management meeting.</p>	<p>Centre management will ensure that following the review of the young person's referral information and on completion of the pre-admission risk assessment, that all specialist professional recommendations are noted and recorded. This information in conjunction with the care plan will be used to formulate the placement plan overview and in turn will guide the work completed by the staff team.</p> <p>The CAPA response from Tusla, the Child and Family Agency is adequate.</p> <p>As per best practice, following a discharge/move on of a young person, the centre management team will complete a reflective review of the placement and findings will be presented to the staff team and also at regional meetings.</p>
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