



**An Ghníomhaireacht um  
Leanaí agus an Teaghlach**  
Child and Family Agency

## **Registration and Inspection Service**

### **Children's Residential Centre**

**Centre ID number: 036**

**Year: 2017**

**Lead inspector: Noreen Bourke**

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

## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Compass Child and Family Services</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Dates of Inspection:</b>	<b>18<sup>th</sup> and 19<sup>th</sup> of July 2017</b>
<b>Registration Status:</b>	<b>Registered from the 4<sup>th</sup> of November 2016 to the 4<sup>th</sup> of November 2019</b>
<b>Inspection Team:</b>	<b>Noreen Bourke Lorraine O'Brien</b>
<b>Date Report Issued:</b>	<b>October 2017</b>

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## 1. Foreword

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

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

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

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

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

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

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

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

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

## 1.1 Methodology

Compass Child and Family Services were set up in December 2012. The centre was first registered on the 4<sup>th</sup> November 2013 to provide care to three young people of mixed gender aged 13 to 17 years. The centre was last inspected on the 25<sup>th</sup>, 26<sup>th</sup> and the 27<sup>th</sup> of October 2016. An action plan was devised to address recommendations following the inspection and all issues identified were met in full at that time.

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 on-going operation of the centre in line with its registration. The inspection was announced and took place on the 18<sup>th</sup> and the 19<sup>th</sup> of July 2017. The focus of the inspection was to test the application of Standards 1, 2, 4, and 5, of the National Standards for Children's Residential Centres (2001): Statement of Purpose and Function, Management and Staffing and Children's Rights and Planning for Children and Young People.

At the time of the inspection the service had changed from that of a private provider to a voluntary service with charitable status. A board of directors was in place to oversee the work of the service and the chief executive officer was new to the role.

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

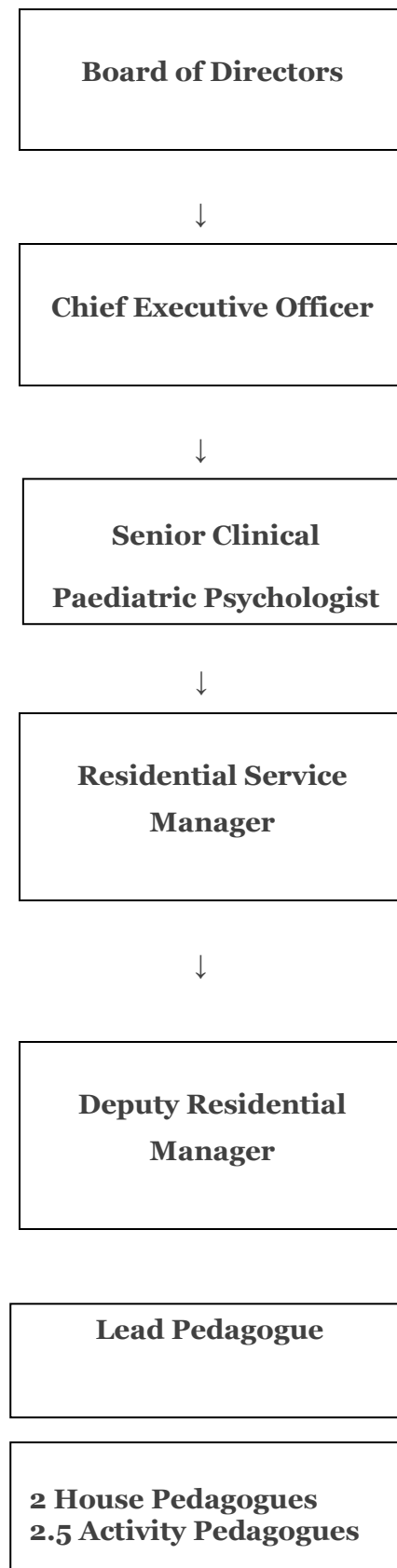
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) Two children residing in the centre
  - b) The social workers with responsibility for children residing in the centre.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively

- a) The chief executive officer
  - b) The centre management
  - c) Two staff
  - d) Met with two social workers
  - e) Met with two children who were resident in the centre
  - f) Telephone interviews with two parents of the young people
  - g) Guardian ad Litem
  - h) Reviewed a sample of care files, supervision notes, daily records, house meetings, team meetings, management meetings, staff personnel files.
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

## 1.2 Organisational Structure





## 2. Findings with regard to registration matters

The draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 21<sup>st</sup> of August 2017 and the centre manager returned the report with a completed action plan within two weeks on the 4<sup>th</sup> September 2017. The inspection service sought evidence of the issues being realised in practice and the relevant information was promptly provided.

From the findings of this report and the assessment of the submitted action plan the registration service deem that the centre was fully operating in adherence to the regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration.

As such the registration of this centre remains registered without conditions from the **4<sup>th</sup> of November 2016 to the 4<sup>th</sup> of November 2019.**

## 3. Analysis of Findings

### 3.1 Purpose and Function

#### **Standard**

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

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

A statement of purpose and function was evident in writing and appropriately described the centre as providing care to three children from the age of 13 years to 17 years on admission, on a medium to long term basis. One child was under 12 years of age. To allow for the admission of children under the age of 12 years the centre was granted an order of derogation by the National Registration Committee. The inspectors found that the placement had been granted permission based on a risk impact assessment that it was suitable to place younger child in the centre.

The centre specialised in providing a programme of care for children who had attachment issues and complex emotional needs. Programmes of care specific to each child were devised by staff and were made available to the inspectors. The primary focus of the work with the children is to understand their patterns of attachment. The role of the social pedagogue practitioner was to develop positive and trusting relationships with the children. Through the understanding of relationships and attachment the children are enabled to co-construct more successful relationships in their life and this forms the basis of the therapeutic approach offered by the centre. The inspectors found evidence that the therapeutic aspect of the programme was overseen by a senior clinical psychologist who worked part time for the service.

The statement of purpose and function was reviewed annually by the residential service manager and was updated in February 2016. The inspectors were provided with copies of the statement that were in a form that was accessible to the young people, families, supervising social workers and any other person with a legitimate interest in the work of the centre.

The inspectors found through interviews with care staff that they were confident in describing the purpose and function of the centre. The management and adults who worked with the children and their social workers had a good understanding of the

centre's purpose and function and of the model of care being provided. The inspectors found that the statement of purpose and function was reflected in the day to day operations of the centre.

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

None identified.

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

None identified.

## **3.2 Management and Staffing**

### ***Standard***

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

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

#### **Management**

The centre was managed by an appropriately qualified person with a number of years' experience of working in residential care. The inspectors found that the centre manager and senior management team had systems in place to satisfy themselves that appropriate and suitable care practices and operational policies were in place. The chief executive officer was line manager to the centre manager and clinical psychologist. The chief executive officer, the services manager (centre manager) and deputy residential service manager (deputy centre manager) met monthly as an external management tool to review and monitor overall practices within the centres. The inspectors reviewed the recorded minutes of these meetings and they evidenced that the management team addressed and reviewed significant event reports, placement plans, and issues arising for the children.

At the time of the inspection the service had recently undergone a number of changes. The service changed from being a private provider to that of a voluntary service with charitable status and the work of the service was now overseen by a board of directors. Change had also taken place within the management structure of the service. The chief executive officer was new to the role having transferred within the service. Their role was to oversee the development of the service and they had

responsibility for the management of the day to day operational activities. They were supported in their role by the services manager (designated centre manager) the deputy residential service manager (deputy centre manager) and the senior clinical psychologist. The chief executive officer was accountable to the board of directors. The role of the board of directors was to ensure that the service meets the needs of the children. As the board were newly formed the inspection service would review their effectiveness at the next inspection.

The overall governance within the centre was further enhanced and was evident in the work of the deputy residential service manager who had taken on the role of quality assurance for the centre. Their work was guided by the centre's adherence to maintaining the National Standards for Children's Residential Services (2001) and in adhering to their purpose and function and model of care. The quality assurance process included a review of the connection between the care plans and the individual placement plans. The focus of the review was on the realisation of the objectives of the care plans in the daily life of the centre. The process also set out and established clarity of roles and responsibility for the lead pedagogue and the activity and house pedagogues. Within the definition of roles specific work targets were set out for staff when undertaking individual work with the children. The inspectors found that the management team overseen the work of the pedagogues that was evidenced in the daily recoding and key work system operated by the service and was of good quality.

## **Register**

The centre register was maintained by the centre manager that recorded all young people who lived in the centre since it opened. The inspectors found that the admission and discharge details of residents were accurately recorded. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

## **Notification of Significant Events**

The inspector found that a written policy and appropriate guidelines were in place regarding the recording and notification of significant events. The centre maintained a register of all significant event reports and all incidents were reported to the relevant people within a prompt timeframe. Records of significant event reports were stored on the children's individual files. When it was deemed necessary issues that arose for the children in the significant event reports were discussed with the children at their house meetings. These issues included how they lived together as a

group and how at times their behaviour impacted on each other. The inspectors found that significant event reports were reviewed by the care team at their team meetings and where necessary they were further reviewed at the child in care review meetings. This helped support staff to further support the child in placement and in particular behaviours that challenged and emotional issues that arose for the children. The inspectors found that it also allowed for a further review of the therapeutic programme of care within the placement and of how this was to be delivered using the resources of the service.

## **Staffing**

The deployment of staff was sufficient to meet the needs of the two residents and fulfil the centres purpose and function. There were adequate numbers of staff on duty at key times, they were qualified and the inspectors found evidence that they could communicate effectively with children. There was a balance of experienced to inexperienced staff on the team to carry out their duties. It was evident to the inspectors from interviews with the placing social workers, the children and their parents and through the observation of practice that the staff were committed to achieving positive outcomes for the children. They had good relationships with the children and the ability to appropriately respond to them. The inspectors examined the staff personnel files and were satisfied that all staff members had been appropriately vetted prior to taking up employment in the centre. Garda vetting and police checks from other jurisdictions were evident on the files. Three references were on file for each staff member that was verified by the organisation.

The lead house pedagogue was due to leave the service in the coming weeks. The placing social workers or the children were not aware of this impending change. Clear communication with all relevant parties in relation to significant staff changes is fundamental given the specific relationship based model of care operated by the service and the importance placed on the role of lead pedagogue by the service. The inspectors require that any future changes to the core staff team are notified in writing to the placing social workers and the lead inspector with responsibility for the centre.

## **Supervision and support**

There was a supervision policy in place and staff supervision contracts were signed and dated. The team received regular supervision; sessions occurred every 4-6 weeks. The chief executive officer supervised the services manager and the clinical

psychologist. The services manager supervised the deputy residential service manager. The deputy residential service manager supervised the house pedagogues and activity pedagogues. The inspectors found that there was evidence in the records reviewed of an effective link between supervision and the implementation of the individual placement plans of the children.

The inspectors discussed with the chief executive officer their role in the supervision of the clinical psychologist. The chief executive officer stated that supervision was operational based and was not of a clinical supervision nature as they did not have the required qualification to oversee the clinical supervision of the psychologist. The chief executive officer clarified that the organisation did not have a system in place where a clinical supervisor satisfied the board of directors that the clinical interventions provided by the clinical psychologist on behalf of the organisation were in adherence with best practice in that field. The inspectors require that the psychologist receives external clinical supervision to ensure accountability of their clinical work with the young people in the service and evidence is provided periodically to the board of directors that the psychologist is practicing within best practice guidelines.

There was evidence that team meetings were undertaken on a regular basis and a structured handover meeting took place each day. The inspectors found that these meetings contributed to the placement planning process and promote consistency amongst the staff team.

### **Training and development**

The inspectors found that the service placed a strong emphasis on training and on-going development of the team. The service had an effective on-going training and development programme to ensure that all staff had the core necessary training in Children First 2011, behaviour management, fire safety and first aid. The inspectors found that the staff interviewed were familiar with the core principles of attachment theory and of the principles of the centres model of care. There was evidence of a clear link to practice in the context of the model of care and individual work done with the children.

### **Administrative files**

The care records for the children were examined and the inspectors found that the recordings were of a good standard and were maintained in a manner that facilitated

effective management and accountability. The format was accessible for the purpose of inspection and there was evidence that the care files were routinely audited by management to monitor the quality of the records, incident records and decisions taken by staff. There was evidence that the deputy residential service manager who had taken on the role of quality assurance for the centre had systems in place to monitor decisions taken by staff and to identify and remedy any deficiencies in order to safeguard the interests of the young people and the staff.

The inspectors found that the service had sufficient financial resources to care for the young person and to provide recreational and educational programmes; which was verified by staff interviewed.

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

None identified.

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

None identified.

### **3.2.4 Regulation Based Requirements**

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

### **Required Action**

- The residential service manager must inform the placing social workers and the lead inspector with responsibility for the centre of all changes to the core staff team within the centre.
- The inspectors require that evidence of the psychologist's external clinical supervision is provided periodically to the board of directors to ensure accountability of their clinical work with the young people in the service and evidence that the psychologist is practicing within best practice guidelines.

### **3.4 Children's Rights**

#### ***Standard***

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

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

##### **Consultation**

The inspectors met with the children who spoke positively about their life in the centre. The children were provided with age appropriate written information describing all aspects of the centre and understood the reason for being in residential care. They were aware that meetings took place with staff, their social workers and family to look at their care plans. One of the children had an assigned Guardian ad Litem who visited the child and represented their views at review meetings. They confirmed to the inspectors that they met with the child before and after their review meetings to ascertain their view and to give them feedback from the meetings.

The children had a forum of house meetings where they could discuss their views and wishes. The inspectors reviewed the records of these meetings which evidenced that the children were able to raise issues. The records showed that in two cases one of the children raised an issue about the general décor of the house and wanting to make changes to some of the decoration. The inspectors found no evidence that feedback was given to the child or that their issues had been raised at the staff meeting. However, the child told the inspector that a member of staff had begun working with them in changing and decorating some aspect of their bedroom.

##### **Access to information**

The inspectors found that the children were properly informed of their right to access information and the daily recordings about them. The young people confirmed that they had received information on Empowering Young People in Care (EPIC) an advocacy group for young people in care, and that EPIC had visited the centre on one occasion.

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



## Complaints

There was a written complaints procedure in place and inspectors found that the centre manager and staff interviewed were aware of the procedure to follow. The inspectors reviewed the complaints register; there was one recorded complaint on file for this inspection period. The complaint evidenced that the child was able to raise an issue that was of concern to them. This complaint was discussed and further addressed within the context of the house meeting. Feedback was given to the child within a short timeframe. The inspectors found that there was a system in place to monitor the incidents and outcomes of all complaints as the detail and outcome of the complaint were recorded and reviewed by the centre manager.

One of the children was not aware of the complaint process. Given their age there may have been a lack of understanding of what constitutes a complaint which was an issue that needed to be further explored with the child and their keyworker.

### 3.4.3 Practices that did not meet the required standard

None identified.

### 3.4.4 Regulation Based Requirements

The Child and Family Agency had met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People*.

### Required Action

- The centre manager must ensure that where issues are raised by children in house meetings that there is a record of the centre manager and staff response including when and how an action or decision is made and that there is evidence of feedback given to children.
- The centre manager must ensure that young children are familiar with the process of how to make a complaint. This needs to be age appropriate to the child.

## 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**

The centre had a clear policy of admission to the centre. Referrals were accepted from the National Placement Team. A pre-admission risk assessment was undertaken by the management of the service in consultation with the placing social workers. It was followed by a pre-admission meeting to determine the ability of the service to meet the needs of the children and manage risks. The children were suitably placed and the centre manager confirmed that they received adequate background information on the children before admission. Consideration was given to placement mix and the suitability of the model of care to the assessed needs of the children.

The placing social workers were satisfied that the placements were suitable to meet the needs of the children. The social workers stated that they had seen an improvement in the overall wellbeing of the children as a result of their being in the placement. This was due to the positive interventions and in the consistency of care delivered by the adults who worked with the children. The care approach was based on warm affectionate relationships with the children. The adults understood the needs of the children and worked in close co-operation with the social workers in meeting the objectives of the care plans.

The children were provided with age appropriate written information describing all aspects of the centre. They were able to describe their experience regarding general rules within the house, bedtimes, and pocket money and of having friends visit. There was a structured programme in place which included boundaries and expectations about how everyone lived together.

All of the children had Individual Absent Management Plans and Individual Crisis Management Plans (ICMP) devised and the inspectors found evidence that they were reviewed and updated on a regular basis. The service had good systems in place to provide oversight of the risks posed to the children. These included an audit of the

young people's placements by the deputy residential service manager and weekly reports to the placing social workers.

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

The inspectors reviewed the care plans for the children. The care plans on file were up to date and outlined the aims and objectives of the placements. They provided clear actions required to promote the welfare, educational and health needs of the children. One child was aware of their care plan and of the reason for being in care. They were included in the development of the care plan. The second child in their response to the inspection service written questionnaire said that they were not aware of their care plan however, due to their age there may be a lack of understanding of what a formal care plan means. They understood why they were in care and there was evidence that the social worker and care staff had explained the care plan to the child.

The inspector found that care review meetings were organised in line with the statutory regulations. For the child under 12 years a monthly statutory review took place in compliance with the Child and Family Agency national policy for the placements of children aged 12 years and under in residential care. Centre staff submitted a written monthly report to the review.

The care plans were reviewed and updated to take account of the on-going needs of the children. The children had a good understanding of the care review process. They were supported by care staff and their social workers in preparing for the statutory child in care review meetings. One of the children attended their last review meeting and was part of the discussion at the meeting. The social worker confirmed that the parents of the child were invited to attend the review meetings and one parent attended some of the meetings.

At the time of the inspection the second child had not attended their review meetings and this was due to their young age. Prior to and after the meeting they were met by their social worker and Guardian ad Litem who explain to them the review process and their care plan. Going forward it is planned that they will attend part of the review meeting. The social worker had devised a child friendly and age appropriate review form for the child. It was designed to record and take account of the wishes of the child. While the child did not have an understanding of the formal care plan, they did have an understanding of their care pathway to include the possible length of stay

in their placement. This was explained to the child by their social worker as it was of significant importance to them.

The parents of one child confirmed to the inspector that they were invited to participate in the review process and were provided with a written copy of the care plan and the decisions of the statutory review meetings. The parent told the inspector that they were very happy with the care that their child was receiving at the centre. They confirmed that they were kept up to date regarding all aspect of their child's life to including their education, health, medical and assessment appointment. They further stated that they saw a big improvement in their child's overall wellbeing. The second parent of the child stated that they had no issue with the care that their child was receiving at the centre. However, they were not in agreement with the care plan which was being addressed by the social work department. Both young people's parents were afforded the opportunity of visiting the centre and there was evidence that one of the young people's parents had visited the centre.

For one young person a number of professional meetings took place outside of the statutory child in care review meetings. The purpose of these meetings was to review the therapeutic needs of the child. The meetings took account of the need to develop a therapeutic programme of care within the placement and how this was to be delivered using the resources of the service alongside that of an independent therapist.

Outside of these meetings the child had access to a range of specialist services including assessment. However there appeared to be some ambiguity regarding the findings of the assessments and of the recommendations contained within the reports. The psychologist attached to the service was currently undertaking a developmental assessment of the child. This assessment was to take account of the recommendation of previous assessment reports. It is important that there is clear oversight of the recommendations of such reports in respect of the work to be undertaken with the child and if it is deemed necessary that these recommendations are incorporated into the therapeutic programme of care within the placement.

### **Contact with families**

The inspectors found that the level of family contact was regularly reviewed by the centre manager and the supervising social workers. Supporting and facilitating contact with family members of the children was an integral part of the work undertaken by staff at the centre. Family access was supported where possible and

when it was in the best interest of the children. The social worker for one of the children was actively working to re-establish contact with the family for the child. There was evidence that the social worker and staff were working together to support the young person in their identity through reflective life story work. There was further evidence from the minutes of the child in care review meetings that family access for this child had improved since the last inspection in October 2016.

The parents for the second child confirmed to the inspector that family access was facilitated. Access was supported by staff and clear plans were made with the parents and child regarding access arrangements.

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

The inspectors found good evidence that the social workers currently assigned to the children were carrying out their roles and responsibilities in line with the regulations and standards. Records of visits by the social workers to the children were evidenced on the care files of the children. This was confirmed to the inspectors by the children.

#### ***Standard***

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

### **Social Work Role**

The children in placement had an allocated social worker. The centre manager confirmed that there was good communication between the placing social workers and the centre manager and that they received relevant background information on the children prior to the placement. The social worker for one of the children had devised and formatted progress reports and requested the centre complete this on a weekly basis. This was to allow them to have an overview of the child's placement. These reports now form part of the quality assurance within the centre and have been extended to include weekly reports for all of the children in placement.

The social workers interviewed were satisfied that the placements were meeting the needs of the children. There was evidence to support the work of the social workers in advancing the care plan for the children. They had good oversight of the children's placements. There was evidence of on-going work with the families of the children particularly around family access. Parents were involved in the review process and

ensuring that the therapeutic needs of the children were met. One child had raised an issue with their social worker regarding a previous care placement and were reassured that they were being listened to. A standard report form was submitted by the social worker in respect of the issue raised.

### **Preparation for leaving care**

The children in placement were not at an age for preparation for leaving care. However, the inspectors found evidence that staff assisted the children to learn practical life skills for example general household chores, personal hygiene skills and cooking.

### **Discharges**

There were no discharges from the centre in this inspection period.

### **Aftercare**

Referral to the statutory aftercare services was not applicable to any of the children in this centre at the time of this inspection.

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

The children's social workers confirmed that they maintain a permanent, private and secure record of the children's history and progress in accordance with the regulations.

A secure individual care file was also maintained for the children at the centre. The file contained all of the required statutory information. The recording systems were well maintained and structured to ensure effective organisation, placement planning and decision making. Individual key work was recorded on the file. There was evidence that the centre manager reviewed and provided oversight of care records. The deputy residential service manager provided quality assurance of all recording systems with the centre in their monthly audit of the centre.

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

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

The individual therapeutic needs of the children were assessed by the placing social workers in consultation with centre staff and by the psychologist working with the

staff team. Specific programmes of work were assigned to key workers to be undertaken with the children. The views of the placing social workers were that the children had responded positively to the therapeutic programme of care and there was evidence of positive outcomes in relation to the overall wellbeing of the children.

The centre manager in conjunction with the placing social workers ensured that the children had access to appropriate therapies when it was deemed to be in the interest of the child. These included engagement with the Child Adolescent and Mental Health Services and Early Community Intervention. The emotional needs and supports for the children were discussed at the child in care review meetings. If a child was identified as requiring further therapeutic interventions this was discussed at the review meetings.

The inspectors found that there were a number of assessments and recommendations from external specialist in relation to one child. From interviews with the social worker and the centre manager the inspectors found that all parties involved in the life of the child needed to have a clearer understanding of the recommendations of all assessment reports. There should be clear oversight of the recommendations of these reports in respect of the work to be undertaken with the child. All parties must be clear about who will deliver the therapeutic programme particularly in the context of the role of the care staff in supporting the delivery of the programme.

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

None identified.

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency had 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 had 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 social worker for one young person and the management of the centre must have a clear understanding of the recommendations from specialist reports and ensure a plan is in place for the delivery of an agreed therapeutic programme.



## 4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.1	The residential service manager must inform the placing social workers and the lead inspector with responsibility for the centre of all changes to the core staff team within the centre.	The services manager has reformed the process in which placing social workers and the lead inspector are informed of all changes to the core staff team within the centres.	A new process has been developed to inform external professionals (placing social workers, lead inspector, etc.) of changes to the core staff team (Activity, House & Lead Pedagogues) within the centres. Implementation Date: 25 <sup>th</sup> July 2017
3.2	The inspectors require that evidence of the psychologist's external clinical supervision is provided periodically to the board of directors to ensure accountability of their clinical work with the young people in the service and evidence that the psychologist is practicing within best practice guidelines.	A meeting took place on 29 <sup>th</sup> July between the CEO and senior clinical psychologist to discuss external clinical supervision that can be provided periodically to ensure accountability of their clinical work with young people in the service and evidence the psychologist is practising within best practice guidelines.	A new procedure has been developed to ensure the senior clinical psychologist receives external clinical supervision for the clinical work undertaken with the young people within the service periodically. Implementation Date: 29 <sup>th</sup> July 2017
3.3	The centre manager must ensure that where issues are raised by children in house meetings that there is a record of the centre manager and staff response including when and how an action or	The adults record all issues raised by the young people in house meetings on the house meeting document. These issues are brought to team meetings to further discuss and feedback is provided to the young people	An additional section has been added to the established house meeting documents to incorporate the follow up/outcome of issues discussed in team meetings, which will be completed by the adults given the feedback of

	decision is made and that there is evidence of feedback given to children.	after the team meeting and/or in a follow up house meeting by the adults.	any actions or decisions made, to young people. Implementation Date: 23 <sup>rd</sup> August 2017
<b>3.4</b>	The centre manager must ensure that young children are familiar with the process of how to make a complaint. This needs to be age appropriate to the child.	The organisation endeavours to ensure that all young people residing in its centres are fully informed and guided through the complaints procedure when they first arrive to the centre, in an age appropriate manner for individual children.	A specific piece of work will be completed with the young people in the centre in relation to 'how to make a complaint'. The complaints procedure will be discussed at the next team meeting for the centre. Implementation Date: 23 <sup>rd</sup> August 2017
<b>3.5</b>	The social worker for one young person and the management of the centre must have a clear understanding of the recommendations from specialist reports and ensure a plan is in place for the delivery of an agreed therapeutic programme.	The young person began their placement in the centre with a link to an array of support services that appeared to be ambivalent in the therapeutic programmes being offered. The organisation has sourced structured support services to promote the different needs of the young person since their admission to the centre is actively looking to develop and maintain individualised therapeutic programme for this young person.	The senior clinical psychologist within the organisation has begun a full psychological/development assessment of the young person and a report is due towards the end of 2017. This report will incorporate reports completed for the young person in past. The report will state recommendations/interventions on the therapeutic programme to best aid the development of the young person going forward. Implementation Date: August 2017