



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 052

Year: 2018

Lead inspector: Linda Mc Guinness

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Sorcha Homes Ltd
Registered Capacity:	Four young people
Dates of Inspection:	4th and 5th of April 2018
Registration Status:	Registered from the 6th of December 2015 to the 6th of December 2018
Inspection Team:	Linda Mc Guinness and Eileen Woods
Date Report Issued:	15th of May 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 on 6th of December 2009. At the time of this inspection the centre were in their fourth registration and were in year three of the cycle. The centre was registered without attached conditions from the 6th of December 2015 to the 6th of December 2018.

The centres purpose and function was to provide accommodation for up to four young people of both genders from age thirteen to seventeen years on admission. There were four young people on the register and three living in the centre at the time of this inspection. One young person was in the process of moving on and their bed was held open for a period of time. The centre will accommodate a young person less than thirteen years of age if this is assessed as a suitable placement and derogation to the purpose and function is in place. The team also provides outreach support to a number of young people who have moved on from the centre. Their model of care was described as being a therapeutic model of care which is informed by the Response Ability Pathways (RAP) system using Positive Behavioural Support (PBS). The model of care focuses on a number of key themes, primarily high quality care in a safe comfortable home, stability, a range of programmes and activities, repairing family relationships and the development of life skills. During inspection centre management informed the inspection team that they were moving to a new model of care (Welltree model) and that they had begun the process of training the entire team in this model. The transition to this new model of care was being led and supported by the consultant who devised the model. This model of care shares similar features to the model in operation with the added element of a focus on the measurements of outcomes.

The inspectors examined standard, 2 ‘management and staffing’ and standard 5 ‘planning for children and young people’ of the National Standards For Children’s Residential Centres (2001). This inspection was announced and took place on the 4th and 5th of April 2018

1.2 Methodology

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

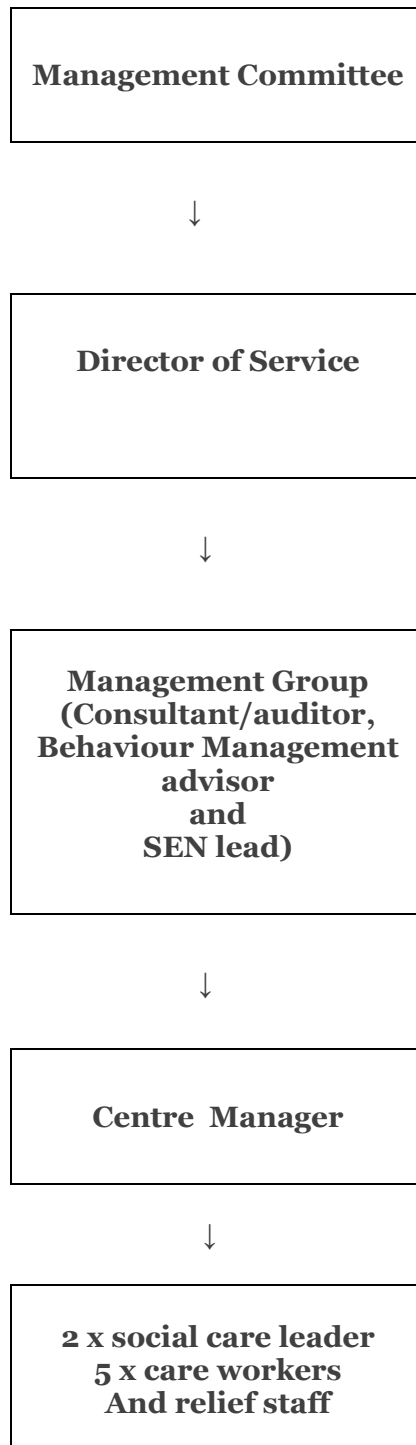
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) all of the care staff
 - b) the director of service
 - c) member of the management group
 - d) The social workers with responsibility for all three young people residing in the centre
- ◆ An examination of the centre's files and recording process including;
 - care files
 - daily log books
 - young person's booklet
 - staff personnel files
 - supervision records
 - handover book
 - maintenance log
 - training records
 - team meeting minutes
 - management meetings minutes
 - centre registers
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The Proprietor/Director
 - c) Four staff members
 - d) All young people were offered the opportunity to meet with inspectors. One took this opportunity and all young people completed questionnaires
 - e) The social workers with responsibility for three young people residing in the centre

- ◆ Observations of care practice routines and the staff/young person's interactions.
- ◆ One inspector attended the daily handover meeting
- ◆ Shared meals with young people and staff members

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 30th of April 2017. 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 of May 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 register this centre, ID Number: 052 without conditions from the 6th of December 2015 to 6th of December 2018 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

Management

The social care manager had a recognised qualification in social care and has been in post for the past five years. They had responsibility for overseeing the day to day operation of the centre and worked from Monday to Friday. There were two social care leaders in post whose role was to support the social care manager. There was no assigned deputy manager post.

There was a clear management structure in place. Since the last inspection of this centre an external consultant/auditor based in the UK has been employed on a part time basis and was scheduled to visit the centre every four weeks. Inspectors found that there were records of 8 of these meetings between January 2017 and February 2018 which is outside the stated timeframes. This person recommended that a management group be established to oversee the work of this and other associated centres and this has since been established. The social care manager reported directly to the director of social care who sits on this management group. Inspectors found that there were now mechanisms in place for assessing the quality of care and outcomes for young people in the centre and also that more effective governance was being provided since the implementation of these changes.

There was a quality assurance system in place whereby the consultant visited the centre and used a set template to audit young people's care and placement plans, individual crisis management plans, risk assessments and centre systems. While these audits were detailed and issues were identified for improvement inspectors did note one area that had not been picked up during the audit processes.

Review of records showed that the consultant had conducted 10 audits since their appointment in late 2016. These audits focused on a number of areas including leadership and management, staffing, training and development, safeguarding,

records, planning for and consultation with young people, behaviour management, health and safety, physical premises, policy implementation and outcomes for young people. There was a clear system which detailed evidence of review under the appropriate sections. Recommendations were noted where deficits were identified or improvements were suggested. While it was evident that the recommendations and actions required were discussed within the centre manager's supervision and in management meetings however it was difficult to track completion of the actions and inspectors recommend that a specific action plan is generated to evidence completion of required actions.

The director of service has a regular presence in the centre, meets young people and staff members and reads daily log books and young people's care files. The director and social care manager meet informally during these visits. Inspectors recommend that recommendations or direction given by director on foot of these visits are recorded.

From review of questionnaires submitted and from interview with the centre manager they identified mechanisms that were in place to ensure that the service was operating in accordance with the agreed policies and procedures to provide best quality of care provision. There was evidence that the manager had oversight of the records, attended handover meetings and had oversight in respect of implementation of young people's plans. They had oversight of all significant events prior to them being notified to relevant persons. Observations of inspectors and records reviewed reflected that the social care manager spent time with young people and attended professional strategy meetings if required.

The social care manager had completed training in 'auditing children's centres' and had read the young people's individual records and had signed these on a consistent basis to evidence their oversight. Inspectors found however, that the centre manager had signed the daily log books of young people but had not picked up on some issues in respect of nutrition that was incongruent with their placement plan.

It would be beneficial if these issues were picked up and addressed with staff during handover meetings to ensure daily implementation of agreed placement planning goals.

Management group meetings were scheduled to take place each month and were attended by the director of service, social care managers and the training officer for the organisation. At the time of this inspection monthly reports were compiled by the

centre manager for the management group replacing previous fortnightly reports. This was found to be meeting the needs of the service. Inspectors reviewed minutes of the management meetings and found that the records reflected attention to issues including placement planning, review of significant events, governance and auditing, HR issues, physical premises, training, on call arrangements, clinical input to young people's care, health and safety and team work.

It was evident that there was a focus on service development and improvement. Inspectors were provided with records of exit interviews for both staff members and young people.

Inspectors picked up an issue relating to staff vetting and disclosures on the returned forms. The social care manager informed inspectors that they intended on applying for renewed vetting for some staff members and would update inspection services following this process. This is further discussed under the staffing section of this report.

Register

During this inspection, the centre register was reviewed and found to be complete and in line with regulatory requirements and the National Standards for Children's Residential Centres, 2001. The register contained details of young people, their admission dates and information on their parents and social workers. 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 centre had policies in relation to risk assessments, significant events, missing in care and complaints. There was a system in place to record and notify the Child and Family Agency of all significant events relating to young people living in the centre. There was clear guidance to the staff team in relation to what constituted a significant event and how to manage and report these. There was evidence of direction from the centre manager to improve recording processes which was also noted in staff supervision where necessary. Supplementary training was provided if required. There was significant event review group in place under the umbrella of the joint management group which encompassed two 'sister centres'.

A register of significant events was maintained for the purpose of oversight by the manager in the centre. Inspectors noted there were 180 entries on the register relating to the current group of young people but that most of these were relating to absences for one of the older young people resident in the centre. There was evidence

of oversight by the social care manager, the external consultant and the director of service on this register.

Inspectors found that all notifications took place promptly and social workers who were interviewed confirmed that they were satisfied with how incidents were notified and managed. Inspectors noted one anomaly with a recent incident which was not recorded as a significant event and was not notified to either social worker. It is important that social workers are made aware of all incidents which may impact negatively on their young person. Centre management and the team must remain alert to possible negative impacts of young people on each other.

All significant events were being reviewed by the behaviour management coordinator and the consultant. Inspectors found that there was an effective feedback loop from the behaviour management co-ordinator and the significant event review group (SERG) to the social care team.

Supervision and support

The centre had a policy on supervision which stated that staff should be supervised at intervals not exceeding four to six weeks. Inspectors reviewed a sample of six staff supervision records and found that it was taking place within this timeframe. Each file had a supervision contract which set out expectations of each participant. It was evident on all files that there was a focus on young people's placement plans however inspectors note that this was often recorded as a narrative and would benefit with more emphasis being placed on the 'how' relating to specific actions. There was evidence that the manager gave feedback on staff performance and the sessions were reflective in nature with a focus on the strengths and positives. There was attention paid to team dynamics and evidence of follow up from previous sessions. Inspectors note that while there was a template to record the process under different headings, the section relating to the agenda was often not completed. There was a lack of clarity relating to what each person brought to the supervision process. Where the social care manager noted aspects of care practice that could be improved there was good evidence of the discussions and what was required.

The social care manager was supervised by the consultant and inspectors found that there was evidence of seven sessions in 2017 which was slightly outside the timeframe stated in the policy. Three sessions have taken place to date in 2018 which was back on track to meet the required timeframes. The supervision to the manager evidenced a review and discussion of all young people, staffing and HR issues, staff induction and training, feedback from auditing processes, role of social care leaders. As with

the staff supervision there was no evidence that both parties brought items to the agenda for the supervision process and inspectors recommend that this is included to evidence the two-way process more effectively.

Inspectors found that the social care manager had oversight of the social care leader's supervision of the relief workers. One supervisor had not yet completed supervision training and this should happen as a matter of priority.

Staff meetings took place twice per month and review of the records showed a detailed focus on the care provision to young people and also included outreach work with young people who had moved on from the centre. The records showed direction from management in respect of care practice and report writing. Consistency and approaches with young people were reflected upon in some detail. Safety plans and behaviour support plans were drawn up and reviewed when necessary. The social worker for one young person had attended the team meeting to provide information and guidance shortly after they had moved in to the centre. Attendance at team meetings was high and a focus on professional development was evident as well as the move to the new model of care.

One inspector attended the handover meetings and found it to be an effective forum for communication and planning.

Training and development

There was a policy in place in relation to staff training and this sees each staff member complete a training audit upon their employment which outlines a plan to address their specific training needs. The policy stated that the organisation would encourage and facilitate unqualified members of the staff team to attain the relevant qualification. There was a commitment to review each worker's training and learning needs on a regular basis, to provide mandatory training and release staff to attend all relevant training. Staff training and development was built into the appraisal process which was evident on some of the staff files reviewed by inspectors.

As mentioned previously in this report the centre was in the process of moving to a new model of care and all the team had received some training in this model which was to continue into the coming months. This training was being provided by a specialist from the UK who visited the centre and provided team and individual sessions.

All staff members had received training in a recognised model of behaviour management to include the use of restraint if required. Inspectors note that this training is provided by the in-house specialist for this model. It was not evident on all the staff files when they had completed the updated training and it is recommended that they receive a certificate of attendance or hold the exam result on their file. The staff team was encouraged to attend relevant conferences, short courses and seminars. Review of supervision records evidenced a regular focus on training and professional development. The staff team had received supplementary training in support of their work with young people to include; managing self-harm, suicide prevention, response abilities pathways (RAP), attachment, youth mental health training and LGBT awareness.

There was a policy in respect of safeguarding and child protection and this states all staff will be trained in 'Children First: National Guidance for the Protection and Welfare of Children'. While all files reviewed showed that all staff had received safeguarding and child protection training two had not yet completed the online training in revised 'Children First: National Guidance for the Protection and Welfare of Children' 2017 which is provided by the Child and Family Agency. The social care manager must inform inspectors when this has been completed.

Administrative files

Inspectors found some good practice around this with records being easy to access and that they facilitated effective planning and accountability. Some files had an excess of records held within them and had become cumbersome. Inspectors recommend a system of review and archiving to ensure that files are maintained in good condition.

Inspectors found that the social care manager had followed up with team members following review of records where improvements were required. Most deficits identified in audits by the consultant were promptly rectified although it was not easy to track the actions as they were not recorded in one place as noted above. Files were kept securely and there was evidence of oversight of financial management systems and records.

3.2.2 Practices that met the required standard in some respect only

Staffing

Inspectors found that the centre had adequate levels of staff to fulfil its purpose and function. There were seven full time equivalent posts with two staff members sharing one line on the roster. There were two social care leaders either of whom stood in for

the manager during periods of annual leave. There were defined roles for the social care leaders which included leadership, provision of supervision, managing rostering arrangements and other responsibilities such as wage returns and health and safety. The social care manager has oversight of all recruitment and initial vetting for prospective employees. Social care leaders have verified references in the past. There was evidence that all staff had received induction training to include shadow shifts and a set induction agenda which took approximately two weeks to complete.

Inspectors reviewed a sample of six personnel files including relief workers recently employed. Some issues were noted on review of vetting for a small number of staff and there was no accompanying risk assessment relating to the issues. The social care manager informed inspectors that they intended to renew Garda vetting for these people as they had indicated that there was an error relating to the information on file. This must be notified to the registration and inspection service upon completion. If an issue arises during vetting there must be a risk assessment to ensure that the issue has no bearing on the person's designated role or possible impact on young people.

All staff files reviewed had evidence of verified reference. One staff member had no verification of qualification on file and the social care manager wrote to the lead inspector following the inspection and confirmed that this was now on file. The majority of the core staff team had a degree in social care as required and one social care leader had a degree in a related field. Two relief staff appointed in 2017 had social science degree qualifications from a business school. This qualification did not have a practical aspect to the course as requires in the approved social care degree. Management must ensure that this has an appropriate focus in staff supervision. Inspectors interviewed a number of the staff team during inspection and reviewed returned questionnaires. They described the basics of the new model of care and how it will be beneficial to planning for young people. They all felt supported by management and felt that the new auditing process was beneficial to the service. They outlined how the social care manager provides feedback from centre audits. They felt that there was open and honest communication amongst the team and that there was a commitment to providing good quality care to young people.

3.2.3 Practices that did not meet the required standard

None identified

3.2.4 Regulation Based Requirements

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

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

Required Action

- Centre management must ensure that if issues arise through vetting that there must be a risk assessment to ensure that the issue has no bearing on the person's designated role or possible impact on young people.
- Centre management must ensure that each supervision session has an agenda on record and there must be a better record of specific actions required to address issues relating to young people's plans.
- Centre management must ensure that records of refresher training are evident on staff files in respect of mandatory training
- Centre management must ensure that all the staff team complete the Child and Family Agency on-line training in respect of the 2017 revised version of 'Children First: National Guidance for the Protection and Welfare of Children'

3.5 Planning for Children and Young People

Standard

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

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

There were three young people living in the centre at the time of this inspection, one of which was under 13 years of age upon admission to the centre and as such, there had been derogation to the purpose and function for the centre at that time. There was a policy in place outlining the admission process to the centre and each young person had a planned transition.

Inspectors interviewed and received questionnaires from the social workers of all young people living in the centre and they concurred with the centre manager that the placement was suitable and meeting the needs for their allocated young person. All confirmed that social work departments had been involved in collective and impact risk assessments when the most recent young person was due to move in to the centre. There was a professionals meeting in August 2017 to consider the 'matching' of placements and the young person moved in to the centre in early October 2017. Review of the records showed that there was a plan of action to manage any issues of concern which arose from these processes. These actions were intended to protect the youngest child from possible abuse from peers in line with the national standards for children's residential centres 2001.

There was an age appropriate booklet which provided all necessary information about the placement and the young person who spoke with inspectors confirmed that they understood the reason for their placement in the centre however they would like a return to foster care and this should remain a priority.

Contact with families

There was evidence that the team made arrangements to support family access and to help young people manage emotions relating to this through keyworking. There were good records of family contact and for some young people they made their own visiting arrangements with family members when there were no issues of risk. Families were invited to join in celebrations such as birthdays or special occasions in the house. One young person had indicated to inspectors that they would like more family access and had been communicating this to their social worker. While there was evidence that the social work department had held family welfare conferences and were trying to support relationships building and positive parenting there was no up to date care plan on file with specifics about family access as required.

Supervision and visiting of young people

There was evidence that young people were meeting their social workers regularly and that they were meeting their statutory obligations in this regard. One young person emailed their own social worker directly. In returned questionnaires to the inspection service, young people responded that they wished social workers would respond to them more promptly. There were records kept of all social work visits and communication with the centre

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.

Inspectors interviewed the supervising social workers for all three young people currently residing in the centre. One social worker acknowledged the delay in sending an up to date care plan to the centre. All social workers indicated that they met the young people in line with their statutory obligations and consulted with them about aspects of their care. Each social worker informed inspectors that the placement was suitable, meeting the needs of their young person and that they were making progress. Social workers confirmed that they received prompt notifications of significant events concerning their young person and that they were invited to professional and strategy meetings. One social worker had in the past raised staff inconsistencies with the centre management at a multi-disciplinary meeting and informed inspectors that they were happy that their concerns were taken on board

and addressed. They also were satisfied that a recent allegation a young person had made about a staff member had been addressed robustly and action had been taken.

Emotional and specialist support

The staff team showed a good awareness of the emotional need of the young people and had a good understanding of the ethos of the centre. Two of the young people had declined direct specialist support but a forensic psychologist was paid for between the centre and the Child and Family Agency to support the team in their work with one of the young people. This young person has now requested counselling and an appropriate referral had been made and was due to commence at the time of this inspection. A specialist referral has been made in respect of another young person however if there was undue delay there was agreement that this would be resourced privately if necessary.

Preparation for leaving care

Two young people in the centre were over 16 years old and their plans had an appropriate focus on preparation for leaving care. One young person had a court appointed aftercare worker at 16 years and had recently met with them. There was evidence that an aftercare needs assessment had been completed in consultation between the young person and their keyworker. There was an appropriate focus on the skills and support necessary for moving on from care.

The other young person will be allocated an aftercare worker at 17 years and aftercare planning was to be built into the next child in care review. There was already an emphasis and focus on the development of independent living skills in the placement plan and through keyworking. The team use the pathways model and there was evidence of practical and other supports and guidance in respect of preparation for independent living.

Discharges

All recent discharges from the centre had taken place in a planned manner and one young person had moved to a supported living arrangement but their placement in the centre was to be kept open for a period. This young person was availing of outreach work and was in regular communication with their keyworker and the staff team in support of the transition. There was evidence that the team collated photos and memories of young people's time in the centre to give to them.

Aftercare

The centre had a policy in respect of preparation for leaving care and aftercare which had an aim of assisting each young person to leave the centre in a manner that reduces the likelihood of homelessness and social exclusion. This policy was very evident in practice and the staff team was still providing support to a number of young people who had moved on from the centre and required additional support. There were records of all outreach contacts. Young people often return to visit the centre and maintain contact with staff members and friends there if it is considered appropriate. There are arrangements in place for the return of young people's files and case records to the supervising social work departments after a period.

Children's case and care records

With the exception of an up to date care plan for one young person and an admission to care document for another inspectors found that files were well maintained and contained all relevant information. The centre manager indicated that they would source these documents as a matter of priority. There was evidence that the social care manager gave guidance and direction to staff in respect of report writing and that this was a focus in the supervision records reviewed by inspectors. There was a system in place for archiving of records. There was evidence on the records that the young people's views were sought in respect of their placement plans/safety plans.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Two of the three young people living in the centre had up to date care plans however upon review of the files it was evident that care plans often took a considerable period (6 months in one case and 1 year in another) to be sent to the centre following child in care review meetings. Social work minutes of statutory child in care review meetings were not always on the file and often there were notes by the child care workers or centre manager but these were not the official minutes and were not signed by social workers. There was evidence that these had been requested by the team on a number of occasions.

The care plan for the most recent young person admitted to the centre was relating to a previous placement. The care plan had been requested from the social work department. During interview they indicated that they were aware of the delay due to resource issues in the office and would ensure that a care plan was provided at the earliest opportunity. Each young person's placement plan should be drawn up from a detailed care plan which has been agreed by all relevant professionals in the statutory review processes.

Young people had attended their planning meetings and there was evidence on consultation with them through keyworking and individual work.

Young people's placement plans were derived from care plan review meetings and where a care plan had not been provided the placement plan was drawn up from the notes the centre took at the child in care review meeting. The most recent placement plans on file were dated March 2018. Young people were afforded the opportunity to have input to their placement plan and some chose to do and signed their agreement with the plan. Placement plans were detailed and had a strong focus on social skills, routines and sleep patterns, drug and alcohol use, sexual health, family, bullying, loss, education, nutrition, and the development of independent living skills where appropriate. Actions were identified for both young people and staff members to follow through. Where required, placement plans fed into risk assessments and safety plans, for example, relating to one young person who had been frequently missing from care.

Inspectors noted that school attendance and healthy diet was a feature for young people in the centre and there was evidence of keyworking and individual work relating to both issues on all young people's files. Nonetheless, this had not translated into improved outcomes for young people in relation to either issue. Two young people who completed questionnaires for inspectors noted that staff could do more to get them to remain in education although they did accept responsibility for their non-attendance. One young person had received a computer in support of extra-curricular activities they were engaged in. This was to be directly related to their school attendance and focus on exams. Social care workers were not initially supportive of this measure and the social worker was not aware of this plan until it was already in place. All understood that this could be beneficial to the young person but that consistency and follow through would be important.

There was good evidence of keyworking and individual work on all files and where young people were open to it staff used tools/worksheets in support of this work. Keyworking was focused on both practical and emotional support. Placement plans were maintained well and were reviewed on a monthly basis. There was evidence of senior management oversight on the plans.

The centre manager informed inspectors that they would be reviewing placement plans with the consultant who was guiding the implementation of the new model of

care. The new model has a particular emphasis on future/hope, involving young people, small steps to achieve goals and a focus on measuring outcomes.

Strategy and professional meetings took place as required especially when new areas of concern or risk emerged. In the case of one young person these meetings were attended by a forensic psychologist who had been supporting the team.

3.5.3 Practices that did not meet the required standard

None identified

3.5.4 Regulation Based Requirements

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

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

-Part V, Article 25and26, Care Plan Reviews

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Actions

- Supervising social workers must ensure that up to date care plans are sent to the centre promptly following child in care review meetings
- Centre management must ensure that each young person's placement plan is drawn up from a detailed care plan which has been agreed by all relevant professionals through the statutory review processes.

4. Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	<p>Centre management must ensure that if minor issues arise through vetting there must be a risk assessment to ensure that the issue has no bearing on the person's designated role or possible impact on young people.</p> <p>Centre management must ensure that each supervision session has an agenda on record and there must be a better record of specific actions required to address issues relating to young people's plans.</p> <p>Centre management must ensure that records of refresher training are evident on staff files in respect of mandatory training.</p>	<p>Management will ensure that if issues arise through vetting, a thorough and robust risk assessment will take place with Manager to ensure that the issues will have no possible impact on the young people.</p> <p>Manager will ensure that all supervisions include a staff agenda every 4-6 weeks. Specific actions will also be recorded and addressed relating to the young people's plans.</p> <p>Since the inspection manager has placed signed refresher certificates on file for all staff members.</p>	<p>All staff members have been fully vetted in April 2018 (awaiting Garda clearances) Risk assessment procedures have been agreed with senior management.</p> <p>The agenda for supervision for each staff member will be set in advance and that staff are aware of the expectation to bring items for the agenda. Placement planning will be a set focus in supervision sessions.</p> <p>There is now a system in place to ensure certificates are supplied following training and these will be placed in staff training folder.</p>

	Centre management must ensure that all the staff team complete Child and Family Agency on-line training in respect of the 2017 revised version of Children First; National Guidance for the Protection and Welfare of Children.	The newly revised training commenced on the 4 th October 2017. Two staff members had who completed the online training in September 2017 have now completed this training.	All staff members are expected to complete the revised Children First; National Guidance for the Protection and Welfare of Children. This will form part of any induction for new staff members
3.5	<p>Supervising social workers and centre management must ensure that each young person's placement plan is drawn up from a detailed care plan which has been agreed by all relevant professionals through the statutory review process.</p> <p>Supervising social worker for one of the young people must ensure that up to date care plans are sent to the centre promptly following child in care review meetings.</p>	<p>Manager will ensure that young people's placement plans are drawn up from the care plan agreed by relevant professionals.</p> <p>Manager will request up to date care plans promptly following child in care review meetings.</p> <p>Social work department have held monthly child in care reviews for the young person from our area. Due to a significant backlog in typing up the minutes it has proven difficult to get the minutes sent out and the care plans updated in a timely manner. We are aware of this and we are working towards resolving this issue.</p>	<p>A placement plan meeting will be scheduled promptly following each child in care review meeting.</p> <p>Management will escalate to relevant persons if a care plan is not received within a reasonable timeframe</p> <p>Social work department gave no response to this section of the action plan</p>