



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

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 107

Year: 2017

Lead inspector: Sinead Diggin

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Pathways Ireland
Registered Capacity:	Four young people
Dates of Inspection:	20th, 21st & 28th June 2017
Registration Status:	Registered with attached condition 30th November 2015 – 30th November 2018
Inspection Team:	Sinead Diggin Mary Flaherty
Date Report Issued:	9th August 2017

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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 Methodology

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was announced and took place over the following dates, 20th, 21st & 28th June 2017.

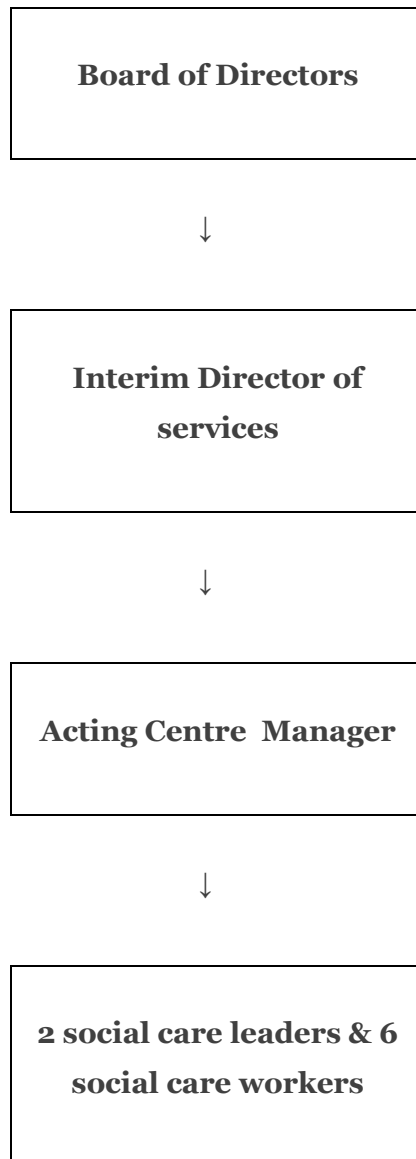
The report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Four of the care staff
 - b) One social worker with responsibility for young person/people residing in the centre.
 - c) Other professionals e.g. General Practitioner's and therapists.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to have a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The previous director of service
 - c) The interim director of service
 - d) One social care leader
 - e) One social care worker
 - f) Two social workers
 - g) One young person
- ◆ 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

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centre's and the Department of Health and Children's National Standards for Children's Residential Centre's 2001.

The findings of this report and assessment of the submitted action plan on the 2nd August 2017, found that the centre is not in full compliance with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5, Care Practices and Operational Policies.

As such it is the decision of the Child and Family Agency to register this centre with an attached condition pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. The condition is as follows:

- 1) The registered capacity of the centre will be reduced to two young people for a period of 3 months to be reviewed in November 2017. The condition will remain until such time the service can demonstrate that governance and oversight in the centre is more effective and that appropriate care and operational practices are in place having regard for the children residing in the centre and the nature of their need.

The period of registration being from the 30th November 2015 to 30th November 2018.

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 is registered to provide medium to long term care for four young people, aged between 13 and 17 years on admission. Since the centre was last inspected in 2016, two young people had been placed and were living in the centre at the time of this inspection. Centre management maintains a register of young people placed at the centre. The register contained the young person's name, date of birth, date of admission and discharge and details of the allocated social worker and the names and addresses of birth parents of the young people placed, as required. The inspectors noted there was evidence of management oversight across the register as both the centre manager and services director had periodically signed the register. A copy of the register is maintained centrally by Tusla, Child and Family Agency.

Supervision and support

The centre has a supervision policy which states that supervision is to take place every six to eight weeks and inspectors found this to be the case. There were supervision contracts on file and topics discussed included the young people, key working, training, current issues for the team and inspectors found evidence on some files of time given to assist staff on how to complete paperwork, an example being risk assessments. The acting manager and two social care leaders who have completed supervision training provide the staff team with supervision. Inspectors view that in best practice; there should be no more than two supervisors. There is a relatively small team and given the changes in management both internal and external staff need clear direction to ensure appropriate and consistent care practices are in place.

There are daily handovers in which the acting manager is generally present. Handover books displayed that a plan for the day is made and who will be responsible for tasks to complete. Team meetings are held weekly. One inspector was present for a team meeting and found that the young people were discussed in detail which included planning for the week ahead and staff put forward ideas of what may work well for the young people.

Training and development

The inspectors reviewed a sample of staff personnel files and found that all staff had completed the required core training which included Therapeutic Crisis Intervention, First Aid, Fire safety and 'Children's First National Guidance for the Protection and Welfare of Children' 2011. From reviewing questionnaires, inspectors noted that staff identified additional training that would be beneficial to the team such as substance misuse, mental health and sexual health and relationships. As these topics relate to some of the current issues within the centre, inspectors recommend that this training is provided by the organisation. Inspectors raised this with the interim service director during the onsite inspection and a training needs analysis was completed by management and a copy of this was provided to the inspectors on the final day of inspection. Inspectors noted that substance misuse training has been requested by the interim service director.

3.2.2 Practices that met the required standard in some respect only

Staffing

The centre has a compliment of eight full time staff and the organisation also retains a panel of relief staff. At the time of this inspection there were two staff on shift each day. Due to staff illness and changes within the organisation relief staff had been covering the Rota of some of the full time core staff. All staff had a relevant qualification and experience of working in residential care. The acting manager is also on site daily from 9-5pm to support the staff on shift. The manager and social care leaders for all centers share the on call service at weekends. A sample of the staff personnel files including Garda vetting documents were reviewed by the inspectors and all but one was found to be in compliance with the requirements. From review of one personnel file, the inspectors found that whilst it contained three references that were verified, a reference had not been obtained from the staff members previous

employers as required. The centre manager at this time fail to verbally verify this reference and senior management acknowledge that this was an oversight on their part.

Staff interviewed displayed knowledge of their model of care, being relationship based. Some staff did find the changes in management difficult but did not see this as having an impact on the young people in the centre. Supervision records reflected that working with new relief staff can put pressure on core staff to manage challenging behaviour as well as ensuring that all paperwork was completed.

3.2.3 Practices that did not meet the required standard

Management

The inspectors noted there had been significant changes in the management of this centre and also within the organisation's management in the past six months:

The centre manager was appointed to their post in February 2016. Due to unforeseen circumstances they are on extended leave at the time of the inspection. A social care leader was appointed as deputy manager on 29/5/17. Due to the emergency leave of the centre manager, they were then appointed as acting social care manager on 30/5/17.

The current acting manager has the relevant qualification required and has previously worked in another centre run by this organisation as a social care worker for over three years. They were then appointed social care leader in this centre and have been working in this centre for approximately eight months.

A significant change in management in recent months was having an impact on the oversight and governance of the centre. Inspectors found deficits regarding the appropriate reporting of information and with staff practices and there was no evidence these had been identified or addressed appropriately. There were two formal complaints. There were two formal complaints recorded on the register that had been forwarded to the social workers. The register did not reflect evidence that the matters were addressed appropriately and or brought to a conclusion. Inspectors identified that these issues had not been identified by the manager or external manager in the course of their governance duties. The inspectors reviewed the physical restraint register for 2016 and 2017 and found that this was not fully completed and did not detail if these incidents were reviewed, and by whom.

Whilst there was evidence of external manager's signatures across case files and centre registers deficits in reporting and practices had not been noted by the managers so therefore the quality of the oversight must be questioned.

From review of the individual care files, team meetings minutes and from interview with staff members and young people resident in the centre, it was evident the changes in staffing and management were having an impact on both the consistency of care being provided to the young people and the ability of the staff team to identify and manage risk taking and inappropriate behaviours.

Given the issues that have been raised above, the Inspectors are not satisfied that the centre is in compliance with the Child Care (Standards in Children's Residential Centers) Regulations, 1996, Part III, Article 5 on care practices and operational policies.

Notification of Significant Events

The centre has a system of reporting significant events however inspectors review of paperwork found that there was a level of under-reporting of significant information within the centre and this presented as a substantial risk for young people placed. In interview with social workers, they confirmed that they do receive significant event notifications but were unaware of some of the incidents when asked by inspectors.

Further, the inspectors were also concerned about the under-reporting of the impact of the young people's behaviours on one young person currently. The inspectors found that not all incidents were recorded appropriately as a significant event. Evidence on individual care files for young people displayed that behaviours including suspected solvent misuse in the centre, incidents of protracted aggression and threatening behaviour and one young person consistently stating they were in fear of another resident had not been reported as significant events. From reviewing staff questionnaires and interviews conducted, not all staff were clear and consistent in their answers about what should be notified as a significant event.

The interim services director advised the inspector that systems to improve the review of significant events and oversight across same are in the early stages of development. The inspectors reviewed minutes of team meetings for the previous months and did not find evidence where learning from the significant event review processes was discussed at team meetings. Given the issues that have been raised above, the inspectors are not satisfied that the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article

16, notification of significant events. Inspector's view that all centre paperwork must be reviewed and any significant events to be notified retrospectively

Administrative files

The centers administration records for the young people include care files, daily records for the young people, registers, and individual and key working records. The manager had consistently signed off on records completed by the care team however there was no commentary noted that addressed issues on care practices by centre staff. From review of both young people's case files and daily logs, inspectors found evidence where a young person had consistently expressed their dissatisfaction with aspects of the service, dissatisfaction with their family contact and this had not been reported as a complaint and processed appropriately.

Inspectors identified issues across various records including significant conversations, individual works and key-working records and registers. The register of complaints had evidence of the manager's and services director's signature but issues had not been processed appropriately or resolved. There were in excess of thirty 'informal complaints' recorded on the complaints register, and the majority of these were made by one young person who expressed dissatisfaction with their experience of care and that their voice was not being heard regarding matters. There was no evidence that the placing social work team were aware of the level of dissatisfaction that the young person had expressed.

The manager oversees the centre budget which is reviewed weekly in the centre and petty cash is recorded. The centre manager stated that the budget was adequate for the purpose and function of the service.

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 6, Paragraph 2, Change of Person in Charge -Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***

The centre has not 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 16, Notification of Significant Events.

Required Action

- The interim service director must ensure that all significant events are identified and notified to the relevant persons in a timely manner.
- Centre management and senior management must continue to monitor the quality of all unit records, incident records and decisions taken by staff and take appropriate action to remedy deficiencies and to safeguard the interests of young people placed.
- A training needs analysis must be consistently updated by management to ensure that staff receive all the necessary training which will enable them to gain knowledge and further skills to aid them in their work with the young people.

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

Access to information

The centre has a policy on access to information and there is also information on this in the young person's booklet. One young person confirmed to inspectors that they could read their daily records and had done so once but was not something they were really interested in.

3.4.2 Practices that met the required standard in some respect only

Consultation

Young person's meetings are held before team meetings. If young people don't take part in these meetings, then key workers or staff will engage with the young people individually to ensure their requests are included in any meetings concerning them. There was evidence that young people had been consulted regarding activities that may be of interest to them and in planning for the week ahead. There are contact details for EPIC (empowering young people in care) and one young person confirmed that an advocate from EPIC had visited the centre. As stated earlier in this report young people did not always feel that they were heard in issues relating to their care in the centre.

3.4.3 Practices that did not meet the required standard

Complaints

The centre has a detailed policy on the complaints and the procedure to be followed in the event of any complaint made. Staff questionnaires and interviews conducted evidenced that while staff could identify the policy on complaints, they were not as clear on what constituted formal verses an informal complaint. There is a register held in the centre and inspectors noted that up to forty complaints had been recorded. From reviewing these complaints two of which were formal and the rest deemed informal it was not clear if they were addressed and if the relevant social workers had been informed. Inspectors noted that some complaints deemed as informal should have been formal. Inspectors found that there was no evidence that management had looked for patterns in the complaints that had been made despite themes of dissatisfaction across aspects of care from both young people. Several complaints were made and were in relation to young people stating that they were not feeling safe in the centre, having to leave the centre on at least four occasions for their own safety. Inspectors asked a young person if they had ever made a complaint they stated that they had but nothing ever changed and they didn't feel like they were being listened to. Inspectors addressed the issue of complaints with management. They stated that they had read the register but had not seen them as formal complaints. The director of service had met with a young person in relation to two complaints and the young person confirmed this however this young person stated to inspectors that they felt nothing had changed. From a review of centre records and the young person's file, there was no evidence to support that any changes had

occurred for the young person. Both the interim services director and previous services director stated they had not picked up on the patterns of concerns arising and described this as a deficit in their oversight. Management must review the complaints register to ensure that all complaints have been addressed with an outcome recorded.

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

Required Action

- The centre management must provide training to the staff team on the complaints process, the difference between a complaint and an informal complaint and must ensure that staff are aware of the policy and operate in accordance with it.
- Centre management must ensure that all complaints are processed promptly and in line with the service's own policy on the management of complaints.

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

Preparation for leaving care

There are two young people in placement aged fourteen and fifteen years respectively. Inspectors found evidence that the young people placed there were being supported by the care team with regards to maintaining their living space,

cooking, shopping and budgeting and this was reflected in centre records. The inspectors found evidence that young people were encouraged to attend and participate in meetings to plan for their placement and future.

Discharges

The centre has a discharge policy and in the main aim for a planned discharge. There has been one discharge since the last inspection which was planned and allowed for a transitional period.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

This centre accepts referrals through the national placement team of the Child and Family Agency and can offer placements for up to four young people of mixed gender on a medium to long-term basis. There have been two admissions to the centre in the 10 months since the last inspection of the service.

During this process, the inspectors identified issues about the current situation in the centre and the impact of some of the behaviours on resident young people. It was also noted that the impact of these behaviours was being under-estimated in some instances by the care team and management and was not being notified to the inspection service or social workers. The inspectors found collective risk assessment on file completed by the allocated social workers prior to the admission of both young people and impact assessments were also on file. However, it was observed that the pre-admission assessments did not sufficiently detail how the impact of risk taking and inappropriate behaviours would be addressed. It was also noted that the detail contained in the referral information for one young person were not comprehensively included in the pre admission and impact risk assessment processes. The inspectors noted these issues had not been identified by internal or external management in the course of their governance duties.

Given the findings noted in this inspection process, inspectors contacted the allocated social workers for both of the young people placed requesting that they visit the centre to satisfy themselves as to the safety of the young people and the service being provided at present.

Contact with families

Family access is facilitated by the staff who transport and supervise family access if required. There was evidence that family members have visited young people in the centre and there is plenty of room to allow for privacy.

From review of the case file the inspectors noted that one young person has limited family contact and they have discussed their dissatisfaction with the current arrangements with staff members. In one significant conversation record, the inspectors noted that this young person had shared with staff how unhappy they were with the lack of contact with their family. In interview with social workers, it was clarified that this was sometimes due to other family commitments however this information was not recorded as a significant event or complaint and it was unclear how the young person's voice was comprehensively represented to their social worker in this instance.

Emotional and specialist support

At the time of inspection the young people were not involved in specialised services. One young person had been attending a specialised service in their last placement and it was recommended that they be given time to settle in to this placement before recommencing any specialist support. In interview with their social worker, they stated that this would be addressed at the next review in August of this year. The other young person had been attending a specialised service but had disengaged and refused to attend further appointments. Key working records displayed that staff showed awareness of the emotional needs of the young people and were trying to engage the young people in work around their identified needs. Inspectors found that management were unaware of services in the location of the centre which could be of support to the young people and to staff, in how best to support the young people with current issues in the centre. Management and staff should explore the relevant services required in the area to establish links and avail of advice and guidance in how best they can support the young people.

3.5.3 Practices that did not meet the required standard

Statutory care planning and review

The inspectors found that there were care plans in place for each of the young people placed. The care plan document for one young person contained limited detail on how the educational, social, emotional, behavioural and health needs of the young

person were to be addressed and comprehensively met. This young person's care plan contained five recommendations and inspectors noted that this did not fully reflect all issues detailed in their referring information. In a social work interview for the young person who had been unallocated for a three month period, the social worker was unaware of information in the young person's social history reports and was unaware that the care plan was not comprehensive and did not contain an assessment of the young person's needs or identify how they were to be met. Minutes of the most recent review meetings were not on file and the acting manager stated that there could sometimes be a delay in receiving these. The statutory care review meetings for both young people are due to take place in August 2017.

Placement plans were completed and held on file however, the inspectors found that these plans contained little detail for the completion of identified tasks and a date of review for same. The acting manager advised the inspectors that placement plans are completed after each child in care review meeting. From review of each young person's placement plan the inspectors noted it was difficult to ascertain how or if the young people had been consulted regarding the content and work set out in of some of the existing plans.

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.

Supervision and visiting of young people/ Social Work Role

Both young people have allocated social workers. One young person had only recently been allocated a social worker and while unallocated the social work team leader was overseeing the placement. The social work team leader had visited the centre to introduce the young person to their newly allocated social worker. The other young person also has an allocated child care worker from the placing social work area who visits the young person in the centre on a regular basis. Social workers for the two young people were interviewed as part of this inspection. They confirmed that they receive monthly reports but would not necessarily read centre paperwork when visiting the centre. As the social workers had not read the centre records they were not aware of the level of dissatisfaction in which one young person expresses

routinely in their placement. Social workers should read centre paperwork from time to time to ensure that appropriate care practices are in place for the young people.

Children's case and care records

The inspectors found that the young people's case files contained a copy of the care order, birth certificate and records of a completed medical upon their admission to the centre. During this inspection, it is noted that the centre management had signed documents across the individual as evidence of their oversight case files however as stated throughout this report, there were many deficits noted across same.

The inspectors found that the filing system in the centre needed to be reviewed as it did not facilitate ease of access to information. The inspectors found that the daily logs of one young person were bound in another young person's case file this could lead to a potential breach in data protection. The date of birth of one young person was recorded differently across their case file and this needs to be rectified.

Given the issues that have been raised above, the inspectors are not satisfied that the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 17 regarding centre records.

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 9, Access Arrangements

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

The centre has not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

Part III, Article 17, Records

Required Action

- The interim director of care services must ensure that pre-admission risk assessments adequately address how the staff will manage the impact of a young person's risk taking and outburst behaviours on other residents.
- The manager must review the placement planning processes in the centre to ensure that comprehensive placement plans are created for young people that detail the work undertaken with them.
- The social workers for each of the young people must visit the centre to ensure themselves that suitable care and operational practices are in place and that the placement of the young person in the centre continues to meet their needs and keep them safe.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<ul style="list-style-type: none"> The interim service director must ensure that all significant events are identified and notified to the relevant persons in a timely manner. 	<p>The Interim Service Director (ISD) and Compliance and Training Officer (CATO) will review SEN the policy with the Acting Centre Manager (ACM) and the care team on Tuesday 1st of August with particular attention:</p> <ul style="list-style-type: none"> Recognition of what constitutes an SEN. The procedures and oversight of SEN's including the roles of ACM, CATO and ISD. Relevant professionals to be notified. The timeframe in which to send out an SEN. Action Completed. 	<p>The Compliance and Training Officer (CATO) has now been included on to the notification list for additional oversight along with the Interim Service Director (ISD). This new procedure has been put in place since 17th of July 2017. Ensuring that there is a more robust review and response to SEN's that occur.</p> <p>Frequent reviews of SEN's by the ISD, CATO and ACM. This action will be rolled out to all Pathways Ireland Centre's. These reviews will take place in the Centre's, using the SEN Review format and logged in the SEN Review folders to ensure all SEN's are identified and notified promptly. The monthly SEN's reviews will continue with senior management.</p>

	<ul style="list-style-type: none"> Centre management and senior management must continue to monitor the quality of all unit records, incident records and decisions taken by staff and take appropriate action to remedy deficiencies and to safeguard the interests of young people placed. 	<p>The ACM will ensure that a more robust review of case files is carried out daily in the unit with emphasis being placed on monitoring the quality of recording and to better identify areas requiring further action or reporting. The ISD and CATO will support the ACM through regular reviews and monitoring of case files also with any outstanding points noted to the ACM and appropriate follow up action or reporting undertaken. This action is completed and going.</p> <p>The CATO will visit the Centre on a weekly basis review paperwork and submit a report to the ACM and ISD with her findings. Appropriate action will be taken to remedy any deficiencies noted in the findings of these reports.</p>	<p>As well as SEN reviews, the CATO and ISD will audit YP case files to ensure that all SEN are identified and notified to all relevant professional. On – going.</p> <p>The CATO will visit the Centre on a weekly basis, review paperwork and submit a report to the ACM and ISD with her findings. Appropriate action will be taken to remedy any deficiencies noted in the findings of these reports. The weekly reports are filed in the centres and head office.</p> <p>The ISD reviews all SEN’s and complaints paperwork this will be evidenced on case files, through SEN reviews, and Centre audits. This will also ensure that decisions taken by staff are regularly reviewed and take appropriate action to remedy deficiencies</p>
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	<ul style="list-style-type: none"> A training needs analysis must be consistently updated by management to ensure that staff receive all the necessary training which will enable them to gain knowledge and further skills to aid them in their work with the young people. 	<p>This action started on the 11th of July – ongoing.</p> <p>A TNA will be conducted quarterly with the team and this will be used to inform Pathways training schedule for employees continued professional development. This action started Tuesday 01st of July 2017. This recommendation has been adapted and incorporated across all three Pathways Ireland Centres. Senior management will ensure that the TNA’s are reviewed at the management meeting and required training is sought and resourced for staff members.</p>	<p>Going forward when a young person is identified as a suitable referral to one of the centres, the Centre Managers and senior management will review behaviours of concern and identify and source training for the staff. This will ensure that staff receive all the necessary training which will enable them to gain knowledge and further skills to aid them in their work with the young people.</p>
<p>3.4</p>	<ul style="list-style-type: none"> The centre management must provide training to the staff team on the complaints process, and the difference between a formal complaint and an informal complaint and the procedures to follow. 	<p>Training regarding the complaints process and understanding the difference between a formal and informal complaint has taken on Tuesday the 1st of August. Training took place in the Centre with the care team and ACM facilitated by the ISD and CATO.</p> <p>Points covered in this training were:</p> <ul style="list-style-type: none"> Reviewed Pathways Ireland Complaints policy. 	<p>This training will be refreshed regularly with the team through team meetings and further formal training days as and when required.</p>

	<ul style="list-style-type: none"> Centre management must ensure that all complaints are processed promptly and in line with the service's own policy on the management of complaints. 	<ul style="list-style-type: none"> Case study of complaints by current YP were discussed and used to determine the difference between informal and formal complaints. A piece was completed to help the care team identify patterns in informal complaints and how to report these as SEN's. Procedures that the staff team follow in the event of an informal or formal complaint been made were clearly highlighted to the team. <p>The ACM and ISD have reviewed the complaints policy and will ensure that going forward prompt and accurate reporting of complaints will occur. The complaints policy has also been reviewed as part of the team meeting on Tuesday 01st of August to ensure staff are familiar with the procedure on complaints and to again ensure prompt reporting of same.</p>	<p>There will be weekly review of the complaints register by the ACM to ensure all responses have been processed and responded to promptly.</p> <p>All complaints will be reviewed and should a pattern arise that a YP is unhappy or is being impacted with a situation, then this will be escalated to an SEN.</p> <p>Going forward the ACM and senior</p>
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			management will review complaints in all Pathways Ireland centres in the monthly SEN reviews.
3.5	<ul style="list-style-type: none"> The interim director of care services must ensure that pre-admission risk assessments adequately address how the staff will manage the impact of young people's risk taking and inappropriate behaviours in the centre. The manager must review the placement planning processes in the centre to ensure that comprehensive placement plans are created for young people that detail the work undertaken with them. 	<p>The pre- admission risk assessment will be used to create a schedule of training for the staff team to better equip them to deal with the needs of the young people being placed. Appropriate safety plans and risk management plans will also be devised from the pre admission risk assessment with behavioural management strategies identified for all noted behaviours of concern noted at referral. These will also be reviewed and updated as and when required.</p> <p>The ACM and CATO reviewed the YP placement planning process on 26th of July 2017. Going forward all key-working and individual work completed with the YP in the centre will be clearly documented in the placement plans.</p> <p>The standard of reported will be quality assured by the ISD and CATO to ensure that</p>	<p>The ISD and ACM to complete the pre-admissions risk assessment to ensure that all behaviours of concern are addressed and appropriate measures are put in place to support the young person in their placement. As stated in the previous column safety plans and behaviour management plans will be devised and reviewed when required.</p> <p>Going forward placement plans will be reviewed on a regular basis by the ACM and audited on a quarterly basis by the CATO.</p> <p>This will ensure that all of the key-working and individual work completed with the YP in the centre will be clearly documented in the placement plan.</p>

	<ul style="list-style-type: none">• The social workers for each of the young people must visit the centre to ensure themselves that suitable care and operational practices are in place and that the placement of the young person in the centre continues to meet their needs and keep them safe.	this is happening.	
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