



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 122

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Positive Care Ltd
Registered Capacity:	Four young people
Type of Inspection:	Announced themed inspection
Date of Inspection:	08th, 09th, 10th and 11th June
Registration Status:	Registered from 18th of November 2019 to the 18th of November 2022
Inspection Team:	Lorna Wogan Paschal McMahon
Date Report Issued:	5th October 2021

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is operating in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going 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 its first registration in November 2016. At the time of this inspection the centre were in their second registration and were in year two of the cycle. The centre was registered without attached conditions from the 18th November 2019 to the 18th November 2022.

The centre provided medium to long-term residential care for four children (male and female) aged seven to eleven years on admission. The model of care was based on theoretical approaches that underpin the care delivery system and was based on four pillars: entry, stabilisation, planning and support and exit. The centre's treatment model also focused on four key domains of healing: safety, emotional management, loss and future (SELF). The therapeutic programme endeavoured to teach the children to think differently about their problems, help them to understand their behaviour and support them to learn healthy alternatives. This centre had a particular emphasis on the development of relationships with the children and applied a positive behaviour approach to address behaviours of concern. There were three young people living in the centre at the time of the inspection. There was a derogation granted for one of the children in placement as they were over twelve years of age which was outside the age range of their purpose and function.

The centre was previously inspected in September 2020 and the inspectors found that the three required actions following this inspection were met.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2, 3.3
5: Leadership, Governance and Management	5.2
6: Responsive workforce	6.1, 6.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with

children and each other and discussed the effectiveness of the care provided. They conducted interviews via teleconference with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the 08th September 2021 and to the relevant social work departments on the 08th September 2021. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 22nd September 2021. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with 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: 122 without attached conditions from the 18th November 2019 to the 18th November 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17 Records

Theme 2: Effective Care and Support

Standard 2.2 - Each child receives care and support based on their individual needs in order to maximise their personal development.

The centre had a range of policies and procedures in place to support care planning and placement planning processes. Two of the three young people in the centre had an up-to-date care plan document on file. The care plan for one of these children was not updated by the social worker following the most recent statutory review as there were no significant changes to the care plan following the previous review. The care plan for one child in placement was outstanding, however there was evidence that the centre manager and the regional manager had escalated this matter appropriately and in line with centre policy. The inspectors found evidence that all the children in placement were reviewed in line with the timeframes set out in the legislation and as required in compliance with the *National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or Custody of the Health Service Executive*. There was also evidence of regular working group meetings to identify and plan an appropriate through-care placement for the child who was subject to derogation. A record of discussions and key decisions of statutory reviews and planning meetings were maintained by the centre staff on the individual care files.

There was an up-to-date placement plan developed for each child. Placement plans were developed by the keyworkers in conjunction with the centre manager. The placement plans set out the goals to be achieved over a three-month period. The inspectors found that key work goals were linked to the placement plans and the care plans. The placement plan goals were reviewed monthly by the centre manager in conjunction with the key workers. Targeted aspects of key work were identified each month that were undertaken by key workers and individual members of the team. The placement plans were subject to review at both team meetings and in staff supervision. There was evidence on file that social workers received a copy of the placement plan and were provided with the opportunity to contribute to the plan. The centre staff also completed monthly progress reports in relation to the children's placement that were forwarded to the social workers. The inspectors found the placement plans to be comprehensive active working documents that outlined the

children's issues, their individual needs and the supports identified to implement the goals of the overall care plan. There was also evidence of robust oversight of the placement plan and of individual key working by the centre manager and the regional manager.

However, for one of the children the inspectors found that the care plan and the placement plan were not aligned in relation to the long-term placement needs and the child's therapeutic plan. The centre manager had communicated their views in relation to the child's therapeutic needs to the social work department and had actively sought clarity in relation to the outcome of a specialist assessment that had been undertaken six months previously. The social work team leader acknowledged to the inspectors that delays in receiving this report had impacted on the care planning process for this child. The team leader informed the inspector that the assessment report was recently received by the social work department and the social work team leader planned to meet with the centre manager and key staff in the residential centre to inform them of the findings of the assessment and clarify the care plan going forward for this child. The inspectors found that the centre manager was a strong advocate for the children in placement and was proactive to ensure the tasks and goals identified at the care planning meetings were completed and the child's needs were met. This was also confirmed in interviews with external professionals. The centre manager had contacted EPIC as an independent advocate for the child to ensure their voice was heard in the care and placement planning processes. The centre manager had appropriately highlighted their concerns to the relevant professionals in relation to the child's behavioural presentation and therapeutic needs as identified by the centre manager and staff team.

The inspectors found that the children were supported by the staff to participate in their statutory review meetings. Where the children declined to participate in the review meeting forums there was evidence the staff ascertained their views and advocated on their behalf. Inspectors found that communication with the children was child centred and appropriate given their age and level of understanding. There was evidence that key workers had positive relationships with the children and there was significant key work completed with them to help them understand and manage their feelings. Staff also talked to the children about their care plan and how they would help and support them in their placement and in their life going forward. Where parents were involved in their child's life there was evidence that the centre manager and key staff informed the parents about the goals of the placement and their children's progress.

Two of the three children had access to identified external supports and appropriate specialist services. As previously stated, the social work department were awaiting a specialist report prior to identify and secure therapeutic supports for one of the children. The centre manager had raised their concerns about the delay to secure external supports for this child. In the interim a newly appointed behaviour specialist from within the service had developed a behaviour support plan for staff to implement with the child. There was appropriate consultation and agreement with the social work department in relation to the implementation of this plan.

Communication with three of the four social workers for the children in placement was good. There were communications issues with one social work department and this was further exacerbated by two changes in social work personnel since the child's admission to the centre and the delays in ascertaining the findings of the assessment report. The inspectors found that this impacted on the continuity of care and adherence to the care and placement plan for the child and this was recognised by all professionals involved in their care.

All three children met with inspectors and confirmed that they were happy living in the centre and they informed the inspectors that staff were caring and helped them in lots of areas of their lives. Inspectors observed warm caring interactions between the staff and the children during the inspection process. Interactions with the children and language used by staff to help the children understand significant issues in their lives was observed to be child friendly and appropriate based on their age and level of understanding. Social workers interviewed were satisfied the children were making progress in their placement and the staff provided effective care to support the children's overall wellbeing and development.

Compliance with Regulation	
Regulations met	Regulation 5 Regulation 17
Regulations not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Action Required

- None

Regulation 16 – Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

Inspectors found that the children in placement experienced care and support that promoted positive behaviour. The centre records and interviews with staff and the children evidenced a care approach that promoted consistency, dignity, positive reinforcement and structure. The staff knew the children well and were attuned to their needs, their base line behaviour and potential triggers. As found in a previous inspection there was evidence of a positive approach to the management of behaviour based on children's rights, best practice and in line with the centre's behaviour management policy and model of care. Staff had a good understanding of the impact of separation, loss, abuse and early childhood trauma on the children in placement. Staff had a good insight into the children's behaviours and were supported to manage behaviours that challenged by external professionals, the crisis intervention trainer, the service's psychologist and the newly appointed behaviour support therapist. All staff were appropriately trained in a recognised crisis intervention model to support high-risk behaviours. Physical interventions were occasionally employed to support behaviour and agreed interventions were set out in the individual crisis management plans. Physical restraint interventions were refreshed with the staff team in April 2021. The team had also recently received training on the care framework and in the implementation of the therapeutic plans. Staff understood the possible underlying causes of behaviours of concern and responded to challenging behaviour in a positive manner. There were individual crisis management plans (ICMP) in place to assist and support the management of behaviour and these were regularly reviewed, updated and discussed at handover meetings. Inspectors found evidence of targeted work with young people to support them to understand their behaviour and to learn new coping skills. The staff interviewed were attuned to the children's emotional and behavioural presentation as well as their mental health and emotional vulnerabilities. The approach to promoting positive behaviour was based on incentives, rewards, positive reinforcement and was not reliant on the use of sanctions. The staff provided the opportunity for the children to reflect on what was going on for them and provided them with practical and emotional supports to de-escalate their behaviour.

The therapeutic plans in place provided guidance on repairing the relationship and providing the children with coping strategies. The therapeutic plans were reviewed every six months or sooner where required. The in-service psychologist requested feedback from the centre manager and staff on the effectiveness of the plans. Social workers that were interviewed by the inspectors stated that the team had the skills required to support young people to manage their challenging behaviour and confirmed that the children in placement were making good progress.

There was evidence the staff team implemented the guidance and direction provided by the centre manager, external experts and therapists in the management of behaviours that challenged. There was evidence of adaptation of responses and of the behaviour management approach where required. There was good oversight and review of the approach to management the children's presenting behaviours at handover meetings, team meetings and in formal supervision. The inspectors found there was evidence of consistency of approach and good cohesion between the behaviour management approach, the therapeutic approach and the goals of the placement plans.

Individual key working was maintained on the individual files and there was evidence of reflective discussions with the children, helping to explore with them their 'big feelings' and how they might use safer ways to recognise these feelings and let the adults support them at such times. The centre manager and staff communicated openly and honestly with the children in relation to behaviour that challenges and behaviour that is respectful of the rights of others.

Staff had a clear understanding of their role to support the children's behaviour and were provided with comprehensive information about the children and their presenting issues in the individual risk management plans and behaviour support plans.

There was regular monitoring of behaviour that challenged through the significant event review meetings, oversight of significant event reports by managers, reviews of significant events in team meetings and in formal supervision. There was evidence that the significant event review group took place to review incidents and interventions and learning outcomes and feedback from these forums were communicated to the staff team. The crisis intervention trainer and the in-service psychologist were also involved in incident reviews as they related to behaviour management. Inspectors found evidence that the centre manager, regional manager and where appropriate the centre's behaviour management trainer appraised the

centre's approach to managing behaviour, commented on the quality of interventions and approaches and identified learning outcomes. The centre's approach to managing behaviour was regularly audited by the centre manager, the external manager and the service's quality assurance auditors. Auditing reports were reviewed by the inspectors and evidenced the governance and oversight of this area of practice with action plans to address identified deficits and/or practice recommendations.

The three children interviewed by the inspectors had an awareness of bullying and stated that there was no incidence of bullying in the centre. They all stated that staff and key workers had spoken to them about bullying that may occur both within the centre and in the wider community. All children stated they would tell the staff if they experienced bullying. There was evidence in key working that bullying was a topic discussed with the children both in formal sessions and in house meetings and other community forums.

There was a written policy in relation to the use of restrictive procedures which inspectors found was understood by the staff team. The team did not rely on restrictive procedures to support behaviour that challenged. Physical restraint interventions and door monitors were the only restrictive interventions employed by the team. There was evidence that staff talked with the children about restrictive procedures and their requirement or necessity at the in-house community meetings. There was evidence that restrictive procedures were subject to weekly reviews and were agreed in consultation with the allocated social worker. Where restrictive procedures were agreed this was reflected in the children's risk management plans.

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

The inspectors found that incidents were effectively identified, managed and reviewed in a timely manner and outcomes of such reviews informed practice going forward. There was an open culture in the centre and staff and children interviewed informed the inspectors that the centre manager was approachable and accessible to them. Staff stated that the team reflected on their practice and were confident to provide feedback to each other or challenge poor practice if required. There was evidence that the children were confident to raise concerns they had with staff. Staff interviewed by the inspectors were familiar with the whistleblowing policy. The inspectors found that this policy was used effectively and appropriately to raise issues about staff practice that were responded to in a prompt manner by the manager.

There was evidence the staff team had recently reviewed the centres staff code of conduct and the whistleblowing policy at a team meeting. An open culture was created by ensuring the children were familiar with the centre's complaints procedure and there was a strong focus to encourage the children to use their voice and have their voice heard. The children participated in community meetings at least once a week and could call a meeting if they had an issue or a concern. The children were also visited by advocates from a national advocacy group for children in care and they were aware they could contact this service if required.

There were opportunities for the children, their families and social workers to provide feedback on the care provided and to identify areas for improvement.

There was a written policy and appropriate guidelines in place regarding the recording and notification of significant events in the lives of the children in placement. There was good communication with social workers in relation to significant events and all social workers were satisfied they were notified of incidents in a timely manner. There was evidence of good practice in relation to the notification and review of significant events. The inspectors found that significant event reports were written to a good professional standard. All significant events were reviewed by the centre manager and the regional manager and inspectors found that these reviews provided commentary on the staff interventions and management of the event and/or issues identified for further action. The centre records evidenced that significant events were reviewed at team meetings, handover meetings, in staff supervision and at management meetings. A register of all significant events was maintained to facilitate tracking of such events to identify patterns or trends in relation to specific incidents. The social workers interviewed were satisfied that all significant events were communicated to them in a timely manner.

There was evidence that individual crisis management plans were reviewed after incidents, risk assessments were updated and individual work identified to be undertaken with the young people. Significant event review group (SERG) meetings were convened to review incidents with high-risk rating or where there was a pattern of concerns arising for the children. Feedback to the team from this group was provided by the centre manager. Debriefing of staff was also undertaken by the centre manager in supervision and learning outcomes following debriefings was shared as appropriate at team meetings.

Compliance with Regulation	
Regulation met	Regulation 16

Compliance with standards	
Practices met the required standard	Standard 3.2, 3.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Action Required

- None

Regulation 5 Care Practices and Operational Policies Regulation 6 (1 and 2) Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centered, safe and effective care and support.

Overall, the inspectors found that the centre had effective leadership, governance and management systems in place with clear lines of accountability. The governance structures were set out in the statement of purpose that was reviewed by the inspectors. However, the inspectors found that the centre's internal management structure required further strengthening as there was only one social care leader assigned to the centre and this staff member was on extended leave at the time of the inspection. The centre manager however attended the daily handover and assigned a staff member to lead each shift every day and this was recorded on the daily logs. The deputy manager also worked on shifts across the duty roster. The regional manager informed the inspectors that there were plans in place to strengthen the internal management structure and to ensure there were adequate hours to address the range of the administrative tasks required to further strengthen the internal governance system and oversight of centre records and staff practice. It was planned that from July 2021 the deputy manager would be assigned to full time administrative duties to further support oversight of centre records and provide additional leadership cover at weekends. There were also plans in place to increase the number of social care

leaders in the centre with two additional leadership roles to strengthen leadership, oversight and development of staff practice across the weekly rota.

The inspectors found there was a strong focus on the safety and welfare of the children in placement and this was evidenced in the centre records and led by the centre manager. Interviews with social workers and feedback from staff evidenced the centre manager provided strong leadership within the centre. The centre manager was based at the centre each week during normal office hours. They were clear about their role and responsibilities and were focused to ensure the centre provided good quality child centred care. There was evidence that the centre manager had dedicated time to develop team members and the skills set within the team. The centre manager had confidence in the external managers and reported they were accessible to them. The regional manager and the client services manager visited the centre and met with the children. The children interviewed were familiar with the external managers. The centre manager reported to a regional manager who was responsible for four centres in the region. They in turn reported to the client services manager. The client service manager, regional manager and centre manager met formally on a weekly basis. Risk management, incidents and reviews of incidents, shared learning, complaints and child protection, workforce planning, policies and procedures were standing items on the agenda of these meetings. There was an action plan recorded at the end of the meeting.

The registered provider and the client services manager liaised with Tusla's national private placement team in relation to placement contracts and procurement of services.

The centre's policies and procedures were updated in March 2020 and were subject to a full review every two years. The policies and procedures were previously reviewed in March 2020 and were developed in line with the relevant national standards. All staff were provided with training on policies and procedures during induction training and there was evidence staff were provided with refresher training.

The centre had risk management policies and procedures in place for the identification, assessment and management of risk. Staff had received training in the risk management framework and staff were effectively utilising the framework in practice in the centre. A risk matrix was used to calculate the level of the risk identified. Risks were escalated up through the management structure accordingly based on the calculated level of risk. There was oversight of the risk ratings on centre-based risk assessments by the external manager. Each child had an individual

risk management plan in place and these plans were reviewed at the daily handover meeting and at team meetings. Staff interviewed were familiar with the key risks for each of the children in placement. Risk registers were in place to facilitate tracking and management of risk.

There were arrangements in place to provide managerial cover when the centre manager took periods of leave. The deputy manager was assigned specific management duties when the centre manager was on leave and these were recorded in the centre. Where managerial responsibilities were delegated to other staff members a formal record of this was in place as required. The inspectors were informed about two separate outbreaks of Covid-19 in the centre over the past six months. Following interviews with staff and a review of the centre records the inspectors found these outbreaks were managed well and in line with public health guidelines. While the centre was in lockdown due to the Covid-19 outbreaks the centre manager was in daily contact with staff and undertook video calls with the children to ascertain their welfare and wellbeing.

Compliance with Regulation	
Regulation met	Regulation 6.2 Regulation 6.1 Regulation 5
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Action required

- The client services manager must ensure that there is an internal management structure in place appropriate to the size and purpose of the centre.

Regulations 6 Person in Charge

Regulation 7 Staffing

Theme 6: Responsive Workforce

Standard 6.1 - The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

The centre manager liaised with the regional manager in relation to the centre's staffing requirements. The centre secured additional staff from April to June 2021 when identified as a requirement for one of the children who was subsequently discharged from the centre. The inspectors found that workforce planning was discussed at weekly team meetings, management meetings and in meetings with HR personnel. A review of management records evidenced a general focus on workforce planning.

The inspectors found that seven staff had moved on from the centre since the last inspection in September 2020. A core team of five staff and two relief staff remained consistent since the last inspection. Five staff had resigned from their posts, one staff had reverted to providing relief cover and one staff was promoted internally. The centre had two significant Covid-19 outbreaks that required additional staff to support the core team in line with the services Covid-19 staffing contingency plan. Accounting for staff changes due to resignations, promotion and additional staff to cover the agreed higher staff ratio for one child combined with the contingency plan to provide staff cover during times of Covid-19 infections this resulted in a large cohort of staff changes over the past nine months. Despite the best efforts of staff to minimise the impact of staff changes on the children there were a significant number of additional and new staff for the children to become familiar with over a nine-month period and this impacted on the continuity of care for the children in placement. At the time of the inspection the staff team had stabilised and the centre manager had confidence in the teams' skills and level of experience. The inspectors found there was a sufficient number of staff with the necessary competencies and experience to meet the needs of the three children currently in placement. A review of the rotas and interviews with staff evidenced there was not a culture or expectation that staff were required to cover double shifts due to staffing shortages. The centre manager planned to rota to ensure there were experienced staff on every shift.

Exit interviews were undertaken with staff that resigned from their posts and these exit interviews were reviewed by the inspectors. Shift patterns, pay scales and the challenging nature of the work were cited as reasons for resignation. Additionally, many positives of the work environment were identified such as training opportunities, good support, supervision and feedback from the centre manager, good communication between the staff and managers and a positive friendly work environment. There was evidence on the records that when staff were finding the work challenging and requested additional support this was responded to by the centre manager.

The centre manager was appropriately qualified and experienced to undertake to role and lead the team. There were twelve staff employed on the staff team. There were two of a panel of six relief staff that provided most of the relief cover thus providing consistency of care in this regard. Two staff members worked a twenty-four-hour shift and slept overnight in the centre. A third staff member worked from 8am to 12pm. The centre did not require waking night staff.

Seven of the twelve staff members on the team had the required social care qualification and four members of the team had a relevant/related qualification however one staff member who was employed in the centre for over three years was not qualified and was employed as a trainee social care worker. The role of trainee is not a recognised category of social care staff. There was evidence that the organisation had offered a range of supports to assist this staff member to attain a relevant qualification. It must remain a focus for management to ensure staff members are qualified to an appropriate level.

There were adequate on call arrangements in place to guide, support and direct staff out of office hours when a manager was not present on site. The centre manager provided on-call to staff during weekdays and on-call was provided on a rotational basis by managers across the region at weekends. Records of on-call interactions and decisions made were maintained for review and oversight purposes.

There was a policy and measures in place to promote staff retention and continuity of care for the children. Improved pay rates for staff on overnight duty, pension scheme, education assistance fund, team days, training opportunities, career progression and an employee assistance programme were measures in place to promote staff retention.

Standard 6.4 - Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

There was evidence of a strong focus on ongoing professional development for staff working in the centre. There was evidence that the organisation supported and promoted continuous and advanced training for staff. The centre manager and the deputy manager were both engaged in training at the time of the inspection. The centre manager had oversight of the team training requirements in collaboration with the services training department. All staff had a training and development plan in place that was reviewed in supervision and in annual performance reviews. All mandatory training and required refresher training were provided to staff. Staff had recently received training in the services care framework and specific training was sourced earlier in the year for the team in response to the presenting needs of one of the children. Policies and procedures were regularly reviewed at team meetings and staff were interviewed about knowledge and application of policies during auditing processes. There was a training needs analysis and a resourced training plan in place for the year ahead. Resources and support were provided to facilitate staff to attend supplementary external training.

There was a written policy on staff induction training. The centre manager completed induction training with staff prior to them commencing work in the centre. This was evidenced following a sample review of individual personnel files. A database was maintained to record and track all training and professional development.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 6.4
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Action required

- The registered proprietor must ensure that all staff members are appropriately qualified and staff are not recruited as trainee social care workers.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
2	N/A		
3	N/A		
5	The client services manager must ensure that there is an internal management structure in place appropriate to the size and purpose of the centre.	The client service manager had revisited the internal management in the centre, prior to receipt of inspection report. The internal management structure was strengthened to include two additional social care leaders.	The centre now has a unit manager, deputy manager, three social care leaders in addition to an out of hours on-call service. This will ensure there is always a member of the management team available to staff.
6	The registered proprietor must ensure that all staff members are appropriately qualified and staff are not recruited as trainee social care workers.	The organisation now has a recruitment policy to ensure all new staff members have appropriate qualifications at shortlisting stage. All serving staff members without relevant qualifications are being supported to secure same.	The recruitment policy ensures this cannot happen again.