



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

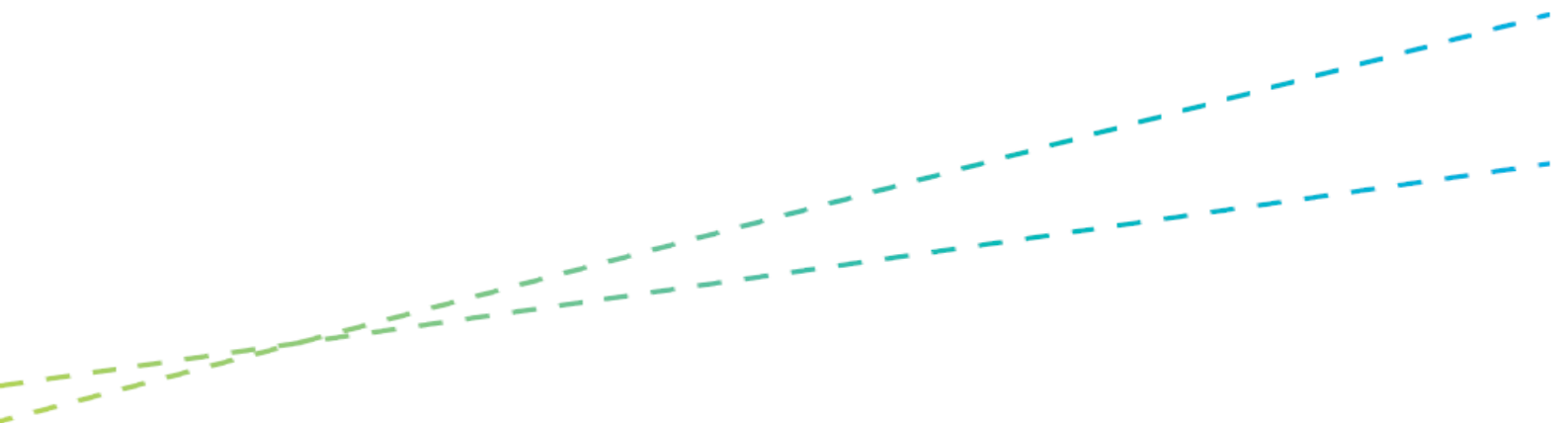
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 097

Year: 2017

Lead inspector: Michael McGuigan

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Positive Care Ltd
Registered Capacity:	4 young people
Dates of Inspection:	19th and 20th of September 2017
Registration Status:	22nd of December 2017 to 22nd of December 2020
Inspection Team:	Michael McGuigan Eileen Woods
Date Report Issued:	27th of November 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

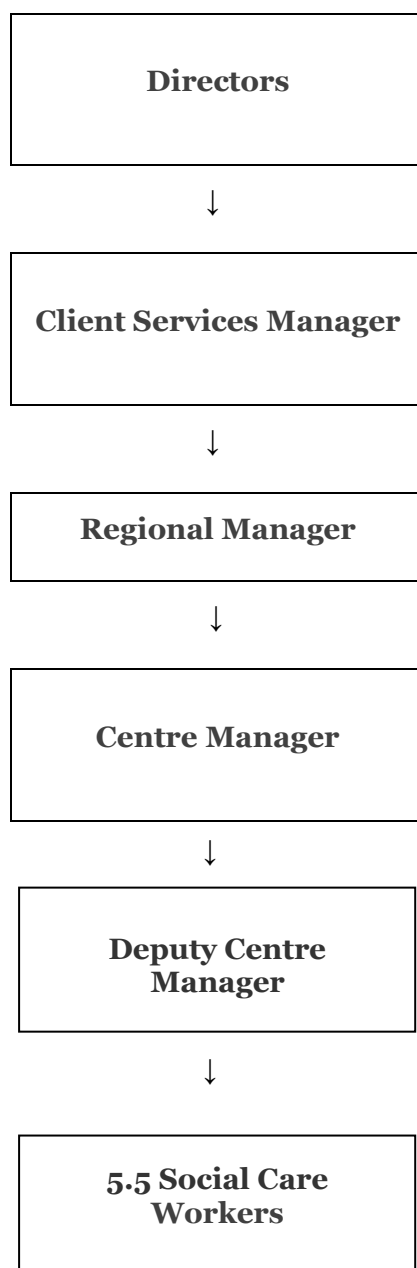
This report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was an announced thematic inspection that covered a sample of a number of standards and took place on the 19th and 20th of September 2017. This report is based on a range of inspection techniques and data including:

- ◆ An examination of the questionnaires completed by five of the social care staff
- ◆ An examination of the questionnaires completed by four of the young people
- ◆ An examination of the most recent report from the Registration and Inspection Service
- ◆ An examination of the centre's policy and procedure document
- ◆ An examination of specific sections of the young people's files and recording processes in the centre
- ◆ An examination of a sample of staff personnel files and supervision records
- ◆ Attendance at a shift handover meeting
- ◆ 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 acting centre manager
 - b) The acting deputy manager
 - c) One staff member
 - d) The regional manager
 - e) Three social workers for the young people residing in the centre
 - f) The lead inspector from the registration and inspection service with responsibility for this organisation.
- ◆ Observations of care practice routines and the staff/young person's interactions

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children’s Residential Centres and in line with its registration. As such the registration of this centre remains 22nd December 2017 to 22nd December 2020.

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

This centre has an acting manager who has been in post since February 2017 and is covering a maternity leave. This person has an appropriate social care qualification and their substantive post is as deputy manager in another centre. Inspectors noted that there was a defined organisational structure and the centre manager reported to the regional manager who in turn reported to the client services manager. The acting centre manager was preparing to handover to the returning centre manager and there was a period of induction planned by the organisation for them.

This centre also has a deputy manager, however, this person was also in an acting capacity and the post of social care leader was vacant. Inspectors reviewed a sample of supervisions carried out by the regional manager with the centre manager and noted that these were occurring regularly and contained discussions on the care of young people and operational matters such as staffing. The regional manager stated during interview that she completes frequent audits of the centre, including reviews of the care and administrative files, staff supervisions and health and safety issues. Inspectors reviewed a sample of these audits and found they were well structured and were designed to provide governance and oversight of the operations of the centre. Inspectors observed the regional manager's signature on documents, including key work reports and also observed from records they had visited the centre frequently in the previous months and met with the young people while there.

Inspectors observed that the acting manager had signed documents in the young people's care files and also regularly reviews and signs key work reports and the young people's daily logs. The organisation has a recording system that requires the centre manager to comment on the young person's daily logs and significant event notifications in respect of issues or progress with their placement and staff team care practice. Centre records also evidenced that the acting manager attends handovers

and child in care reviews, oversees team meetings and attends clinical and specialist meetings in relation to the young people. Attendance at a handover and a review of a sample of records for this forum evidenced that it was used for the planning of care for young people and the exchange of information among staff. From a review of the staff team meeting minutes inspectors found that these were also used for the planning of care and discussions on care practice and placement planning. However, it was noted that staff team meetings were only occurring monthly and that attendance among staff members was low at times.

Inspectors found that the systems in place supported good governance in the centre. Further, it was found that the centre manager was familiar with the operations of the centre and the needs of the young people as was the regional manager and that there was evidence of their oversight of operations and care practice.

Notification of Significant Events

The centre has a policy on significant events that provides details on who should be notified and what constitutes a significant event. Notifications from this centre are sent to social workers and also to the registration and inspection service where a lead inspector for the organisation reviews them. During interviews with social workers, they stated that they were satisfied that significant event notifications were forwarded in a timely manner and contained appropriate information. There was also evidence on the young people's care files that social workers responded to issues where necessary. During this inspection a review of a sample of significant event notifications was completed and these were found to contain appropriate information. As noted above inspectors also found evidence of centre manager and regional manager oversight on these documents and that quite often there was comment on staff members' practice and the interventions employed and the comments were used for staff learning.

Inspectors noted that the centre has a register to record the notification of significant events that includes details of the young people and the incident. This register has been signed to evidence review by both the regional manager and centre manager. However, while one off reviews of serious incidents have taken place, the organisation does not have a regular significant event review group that examines care practice and offers inputs on the interventions with young people. It is recommended that a review group is created.

Supervision and support

Inspectors were provided with a copy of the centre's supervision policy and noted that it contained appropriate information and direction for management and staff. Supervisions for full staff time in the centre are carried out by the centre manager while the deputy manager supervises one staff member who is in a trainee position.

As part of the on-site inspection process, inspectors reviewed a sample of supervision records for four staff members. It was observed that supervisions for staff were being conducted within the required time frames and that the records reflected discussions on placement planning, care practice and the general planning of care for young people. However, it was observed that the complaint made in relation to one staff member was not discussed with them in supervision and this should have occurred. This complaint was discussed with the staff at a meeting and with the social work department and was deemed to be unfounded. Further issues in relation to the complaints made by young people in the centre are discussed in subsequent sections of this report.

Training and development

During this inspection the training files for staff members were reviewed and inspectors noted that staff had received core training in fire safety, first aid and Children First: National Guidance for the Protection and Welfare of Children, 2011. It was also observed that staff had received supplementary training in manual handling, key working, drug awareness and safe talk and that training in therapeutic crisis intervention was up-to-date for staff members.

3.2.2 Practices that met the required standard in some respect only

Register

During this inspection, the centre register was reviewed and inspectors observed this was a hardback book and contained details of young people, their admission and discharge dates and information on move on placements. However, inspectors found that the register was untidy and illegible in places and recording practices in this respect needed to improve. Further, details of the young people's social workers and birth parents also need to be included. A copy of the register for admissions and discharges for this centre is also held by the Child and Family Agency.

Staffing

The centre currently has a whole time equivalent staff complement of 6.5 social care workers including the acting deputy manager. From a review of the rosters in the

centre, inspectors noted that this was not enough staff to complete all the shifts and that more permanent staff were required. As noted above, the position of social care leader in the centre was vacant at the time of the inspection. Given the shortages in whole time staff, a number of relief workers were being used to cover vacant shifts. During interview, young people stated that they were happy the staff team (including relief staff) understood their needs and had relationships with them and that new staff were not regularly working in the centre.

However, from a review of rosters inspectors noted that at times relief staff and a trainee staff were rostered together and this did not allow for a balance of experience on shift. During interview the regional manager stated that the organisation planned to recruit more staff and regularise positions but there was no information on when this process would be complete. Inspectors found that there was a system for induction and training prior to beginning work in the centre and staff stated they had access internal and external supports if required.

Inspectors reviewed a sample of personnel files and observed that in some instances the qualifications for staff had not been verified with the awarding institution and that the CVs on file for a number of staff did not contain sufficient information on past employment or education. Further, the references held on file for two staff members were character references and had not been written by previous employers and some of the sections on the written reference form were blank. As such inspectors found that vetting in the centre was not in compliance with the Department of Health Recruitment and Selection Circular, 1995.

Administrative Files

Inspectors reviewed a number of the administrative files in the centre and found these to be in order. It was observed that files in the centre were maintained and stored securely in line with the Freedom of Information Act, 1997. As noted, there was evidence that centre registers and administrative files had been periodically reviewed by the centre manager and regional manager and that there was adequate financial arrangements in place. However, a number of the centre registers needed to be updated and the format for these reviewed. At times entries in these were illegible and the information included was not clear.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency 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 16, Notification of Significant Events.*

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 7, Staffing (Experience, Qualifications and numbers)*

Required Action

- The centre manager must ensure that register of admissions and discharges contains the required information as set out in Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21.
- The regional manager must provide the registration and inspection service with a plan on the recruitment and regularisation of staff by 13/11/17.
- The regional manager must ensure that the vetting for staff is in line with the Department of Health Recruitment and Selection Circular, 1995.

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

None identified.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre has a policy on complaints that stipulates what constitutes a complaint; how a young person can make a complaint; who they can complain to; what the

procedures around complaints are and how to appeal the outcome of a complaint. Further, young people are provided with information on their rights on admission to the centre and this includes information on complaints. As part of this inspection, a review of the formal and informal complaints registers for the centre was completed and it was observed that action had been taken to resolve each of the complaints made. However, inspectors found that there were factual errors in these records and also that some elements in the hand written files were illegible or hard to decipher. Inspectors observed that at times investigation on complaints was completed by the centre manager when it may have been more appropriate to pass these matters to social work departments. As noted, in one instance the complaints made regarding a staff member were not addressed in supervision and this should have occurred. Further, outcomes for young people were not always clearly recorded in complaints documents and this needs to occur.

During interview with the young people, they stated that they were happy with the care being provided to them and their relationships with staff. The young people stated that they knew how to make a complaint and were felt that they would be listened to if they raised issues.

3.4.3 Practices that did not meet the required standard

None identified.

Required Action

- The regional manager must ensure that staff understand and adhere to the centre's complaints policy.

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

This centre has a comprehensive policy on admissions and discharges that contains appropriate information and provides direction on admissions to the centre. The policy contains information on how to make a referral, the information required by the organisation and the preadmission process. Referrals can be made by social workers from any region of the country through the Tusla national private placement team. At the time of the inspection there were four young people living in the centre.

Inspectors reviewed the most recent risk and impact assessments held on file for young people who had been admitted and also reviewed referral information and social history reports provided by their social workers. It was observed that these documents were detailed and provided information on how the behaviours and vulnerabilities of the referred young person would be managed and the systems in place to ensure the safety of all of the young people.

There have been two new admissions to the centre in the six months prior to the inspection and a third young person was readmitted following an extended period living with family members. The preadmission risk assessments for each of the young people detailed preventative mechanisms and strategies that would be employed by the centre to keep them safe and there was evidence that the centre had weighed up the risks to the referred young person, resident young people and the safety measures in place. The centre took account of the clinical and external support services available to the young people, the physical environment and location of the centre, the strength and application of behaviour management tools being used in the organisation and the skills of the staff team when making decisions on the admission of a young person. Social workers for young people also confirmed during interview that they were consulted regarding new admissions.

Inspectors found that young people and their parents were provided with information on their placements upon admission to the centre including details on daily routine, staff composition, children's rights, complaints and anti-bullying information and that there was adequate pre-admission information held on file for each resident.

Statutory care planning and review

Inspectors conducted a review of the care plans for each of the young people resident in the centre and found these were in date and being reviewed regularly. These plans included information on the progress for young people, their emotional needs and therapeutic requirements, details for family contact and general plans for their care. There was written evidence that young people had been consulted prior to their child in care reviews and attended these also. Further, previous care plans and minutes for care plan meetings were held on file in the centre to evidence regular review.

Placement plans were created monthly by key workers and reviewed by the centre manager. These are then forwarded to the allocated social worker. Placement plans had goals under the following headings: health; education; emotional and behavioural; identity and interests; family and social relationships; keeping young people safe; self care skills and clinical. Where aspects of the goals were not achieved for the month in question, a review is conducted and follow up goals are included. Inspectors found that the placement plans contained relevant information and achievable goals that were broken down into long term and short term objectives. It was also observed that these plans focused on the emotional needs of the young person and the planning of their care. From a review of a sample of key working completed by staff, it was found that this was of a high standard and in general related directly to the goals of the placement plan. Inspectors found key work reports were written to an appropriate standard and generally signed by the centre manager to evidence their governance. Inspectors also noted evidence that young people were involved in drawing up their placement plans and agreement on the work to be undertaken with them.

Contact with families

Inspectors met with young people to discuss the frequency and nature of family contact and were informed that they were happy with this and no issues existed. From a review of the care files for young people, inspectors found that they had frequent contact with family members and the centre records reflected that contact was facilitated and promoted by centre staff. Social workers also stated during

interview that they were happy with how the centre supported young people with family contact. Inspectors observed that there was space in the centre for young people to meet with family members in private.

Supervision and visiting of young people

From interviews, reviews of the care records for young people and from the questionnaires provided by allocated social workers inspectors found that social workers visited young people in line with regulatory requirements. Inspectors also noted that the centre held records for all communication and contact with social workers. As well as being visited in the centre young people met with social workers in the community.

Standard

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

Social Work Role

From a review of the young people's care files and also interviews with social workers inspectors noted that young people met with their social workers in private when necessary and that social workers received copies of significant event notifications, including incidents of restraint. Each of the social workers interviewed stated that they were satisfied with the care being provided in the centre and with the communication processes in place. Inspectors also found that there was appropriate planning of care for the young people and that adequate referral information had been provided prior to the young people being admitted to the centre. Reviews of the records on communication with the social worker evidenced that there was regular contact and this was focused on planning of care for the young person. Inspectors also observed correspondence on free time, education, peer relationships and strategies to address periods of missing from care for the young person.

Emotional and specialist support

Inspectors found that the staff were aware of the emotional needs of young people and that they endeavoured to support them through placement planning and key working. From a review of the young people's care files and interviews with the centre manager and social workers, inspectors found that there were emotional and specialist supports in place for young people where required. It was observed that

young people were variously linked with the Tusla assessment consultation and therapy service, child and adolescent mental health services and local community substance misuse support. Inspectors also found psychological reports on file and that the organisation's psychologist was available to work with young people and their families if required. The young people that met with inspectors spoke of having strong relationships with members of the staff team.

Preparation for leaving care

Two of the young people living in the centre were aged 17 and one had recently turned 16. Inspectors found that each had appropriate aftercare planning and that along with this, each key worker had created an aftercare plan with the young person's input that addressed issues such as finances; practical and independent living skills; health and safety; identity and emotional wellbeing. Work on these areas to prepare young people for leaving the care of the centre was ongoing.

Discharges

This centre has a discharge policy that notes that discharges can be planned or unplanned. From a review of the register of young people for this centre, inspectors observed that there have been two discharges in the past 12 months and a third young person spent time living at home before being readmitted. One of these discharges was planned and in line with the goals of the young person's care plan. However, the second discharge was due to the young person's aggressive and disruptive behaviours in the centre and a decision was taken following consultation with social work departments to move this young person to another children's residential centre. This decision was taken in the interests of the safety of each of the young people placed in the centre at that time and was in line with the centre's policy on unplanned discharges.

Aftercare

As noted, two of the young people living in the centre are aged 17 and one had recently turned 16. Inspectors reviewed the care files for these young people and found that each had aftercare assessments of need in line with Tusla: National Aftercare Policy for Alternative Care, 2017. Two of the young people had allocated aftercare workers and the young person aged 16 was also due to meet an aftercare worker in the weeks following the inspection. Inspectors also found that the organisation had separate aftercare plans for the young people that focused on managing their finances, building emotional resilience and the skills to live independently when they left the care of the centre.

Children's case and care records

Inspectors found that each young person had a care file that contained information such as birth certificates, care orders, care plans, pre-admission risk assessments and records of social work contact. However, it was observed that the care order for one young person had not been forwarded by the relevant social work department. This young person has subsequently moved from the centre after the inspection.

Inspectors reviewed the care files for the young people resident in the centre and found that these were organised to facilitate access and that tracking of the care interventions. Inspectors noted that young people's daily logs were written to an appropriate standard and that the centre manager's comments were included on these. However, it was observed that a number of pages from documents in a young person's file were missing from the care files. While these were available electronically, they need to be re-printed and replaced and that a number of the centre registers needed to be replaced and the recording in these improved.

3.5.2 Practices that met the required standard in some respect only

None identified.

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 met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan

-Part IV, Article 22, Case Files.

-Part IV, Article 23, Paragraphs 1 and 2, Care Plans

-Part IV, Article 24, Visitation by Authorised Persons

-Part V, Article 25 and 26, Care Plan Reviews

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).

-Part III, Article 17, Records

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The centre is located in a rural area of county Wicklow and is close to a small village. The building is a large detached two story house with garden space and is well furnished and homely in nature. Inspectors noted that the premises was well lit and ventilated and that appliances were domestic in nature. Each young person had a room of their own that they could decorate as they saw fit and there was evidence of personalisation of communal spaces with pictures of residents and young people's art work on display. There was space for young people to meet with friends, family and social workers in private if they wished and inspectors observed evidence that the centre is adequately insured.

Maintenance and repairs

Inspectors reviewed the maintenance log held on site and this provided details of the issues requiring attention, who completed the work and the date this was carried out. Staff stated that repairs were completed promptly and that there was a budget to ensure work is carried out. From a walk-through of the premises inspectors noted that the house was in general good repair.

3.10.2 Practices that met the required standard in some respect only

Safety

During this inspection a review was conducted of the centre health and safety statement. This document was in date and contained appropriate information and there is an accompanying centre policy on health and safety. The centre has a designated health and safety officer and there are effective means of reporting hazards. The certificates held on file evidenced that members of the staff team had up-to-date training in first aid. Inspectors reviewed the risk assessments that directed staff on the management of hazards in the centre and found these to be comprehensive.

However, inspectors observed that there were issues with the recording of medication in the centre and that the form being used for this needed to be revised. A review of the administration of medication to young people evidenced inconsistent recording and errors and this needs to be addressed.

Fire Safety

Inspectors reviewed the fire and general register held in the centre and noted that there was an appropriate fire safety routine carried out by the staff team including daily, weekly and monthly checks on the means of escape, fire doors, fire fighting equipment and fire alarm system. This register also evidenced that all staff had received fire safety training. The organisation has a contract in place with a fire company for the servicing of the alarm and fire fighting apparatus in the centre and fire drills have been conducted at regular intervals throughout the year including when young people were admitted.

Inspectors conducted a walk-through of the building and noted that fire fighting apparatus was in place and that the means of escape were not obstructed. The centre has written confirmation that all statutory requirements in respect of fire safety and building regulation have been complied with. However, it was observed that one fire extinguisher needed to be serviced and a second extinguisher did not have a certification sticker to confirm when it was last serviced or when the next service was due.

3.10.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre manager must ensure that there is a clear method and procedure for recording the administration of medication in the centre.
- The centre manager must ensure that issues relating to two fire extinguishers are addressed.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<ul style="list-style-type: none"> • The centre manager must ensure that register of admissions and discharges contains the required information as set out in Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21. • The regional manager must provide the registration and inspection service with a plan on the recruitment and regularisation of staff by 13/11/17. • The regional manager must ensure that the vetting for staff is in line with the Department of Health Recruitment and Selection Circular, 1995. 	<ul style="list-style-type: none"> • The Unit Manager has updated the Admissions register within the unit to include all of the relevant information as set out in the Child Care (Placement of Children in Residential Care) Regulations 1995. • Please see attached document in relation to recruitment plan for the unit. <p><i>[Note: documentation was reviewed by inspectors]</i></p> <ul style="list-style-type: none"> • The regional manager will ensure that all vetting for employees is in line with the appropriate legislation. The RM will ensure to review staff files quarterly to ensure they are up to appropriate standards. 	<ul style="list-style-type: none"> • Moving forward the relevant titles will be outlined within the register to ensure that the relevant information in place going forward. • The Regional Manager and Clients Service Manager will ensure that the unit is adequately staffed at all times, and the Regional Manager will ensure that when the UM is completing the future work planners, that inexperienced staff are on shift with more experienced and senior staff members in the unit. • The Regional Manager will complete quarterly audits on the staff files to ensure that they are in line with legislation.

<p>3.4</p>	<ul style="list-style-type: none"> • The regional manager must ensure that staff understand and adhere to the centre's complaints policy. 	<ul style="list-style-type: none"> • The Regional Manager will ensure attend the November's team meeting in the unit and will complete training with the team in relation to the complaint policy to ensure that there is a clear understand of the complaints system as well as adhering to the complaints policy. This will be done in depth at the team meeting with the social care staff and the Unit Manager. 	<ul style="list-style-type: none"> • The Regional Manager will continue to oversee the recording and management of formal and informal complaints within the unit during monthly house audits. The attached document will be implemented in the unit, to allow additional oversight by the Unit Manager and the Regional Manager on the staff's management of complaints by the young people residing in the house. The Regional Manager will ensure that team meetings regularly addresses the young person's complaints with the staff team and address any additional training needs that may be required for the staff team around managing complaints by the young people.
<p>3.10</p>	<ul style="list-style-type: none"> • The centre manager must ensure that there is a clear method and procedure for recording the administration of medication in the centre. 	<ul style="list-style-type: none"> • Presently, there is a policy implemented around the recording of medication for any young people. Attached are the medication administration documents as well as the Policy in relation to medication management. The Unit manager will ensure that all medication is being recorded appropriately for all young people in the house. <i>[Note: documentation was</i> 	<ul style="list-style-type: none"> • The Regional Manager will review the medication policy with the staff team and the Unit Manager in November's team meetings to ensure that all staff members are aware of the management of medication and the administration of medication for all young people in the house. In addition, the Regional Manager will continue to have oversight of the management and

	<ul style="list-style-type: none"> • The centre manager must ensure that issues relating to two fire extinguishers are addressed. 	<p><i>reviewed by inspectors]</i></p> <ul style="list-style-type: none"> • The contracted fire prevention company visited the unit on the 05/10/2017 and serviced the fire extinguishers and updated the service stickers 	<p>administration of medication in the house during the monthly house audits.</p> <ul style="list-style-type: none"> • Unit Manager will ensure after every visit from the contracted fire prevention company that all fire extinguishers have been fully serviced and the date of service has been recorded on the fire extinguishers. The Regional Manager will also ensure this during regular health and safety and fire safety audits. • The contracted fire prevention company will have a regular service schedule for the extinguishers that are stored in the head office in Arklow in line with the service schedule within the centre to ensure that the spare fire extinguishers are regularly serviced.
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