An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	**108**
Year:	**2018**
Lead inspector:	**Eileen Woods**

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

D15 CF9K

Registration and Inspection Report

Inspection Year:	**2018**
Name of Organisation:	**Three Steps Ltd**
Registered Capacity:	**Two young people**
Dates of Inspection:	**7th and 8th of March 2018**
Registration Status:	**Registered from the 7th of 2015 to the 7th of December 2018**
Inspection Team:	**Eileen Woods** **Michael McGuigan**
Date Report Issued:	**22/06/ 2018**

Contents

1. Foreword **4**

1.1 Centre Description
1.2 Methodology
1.3 Organisational Structure

2. Findings with regard to Registration Matters **8**

3. Analysis of Findings **9**

3.2 Management and Staffing
3.4 Children's Rights
3.5 Planning for Children and Young People
3.6 Care of Young People

4. Action Plan **25**

1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in December 2015. At the time of this inspection the centre were in their first registration and were in year three of the cycle. The centre was registered with conditions attached from 7th December 2015 to the 7th December 2018.

The centre's purpose and function was to accommodate two young people of both genders from age twelve to seventeen years on admission on a medium to long term basis. The centre aims to operate a trauma informed model of care with a focus on attachment difficulties and taking an individualised person centred approach. The team is supported by a child and adolescent psychotherapist.

This was a themed inspection and inspectors examined aspects of Standards 2 'Management and staffing', Standard 4 'Children's Rights', Standard 5 'Planning for children and young people', Standard 6 'Care of young people' of the National Standards For Children's Residential Centres (2001). The implementation of the CAPA plan was also reviewed as part of this inspection. This inspection was announced and took place on the 7th and the 8th March 2018.

1.2 Methodology

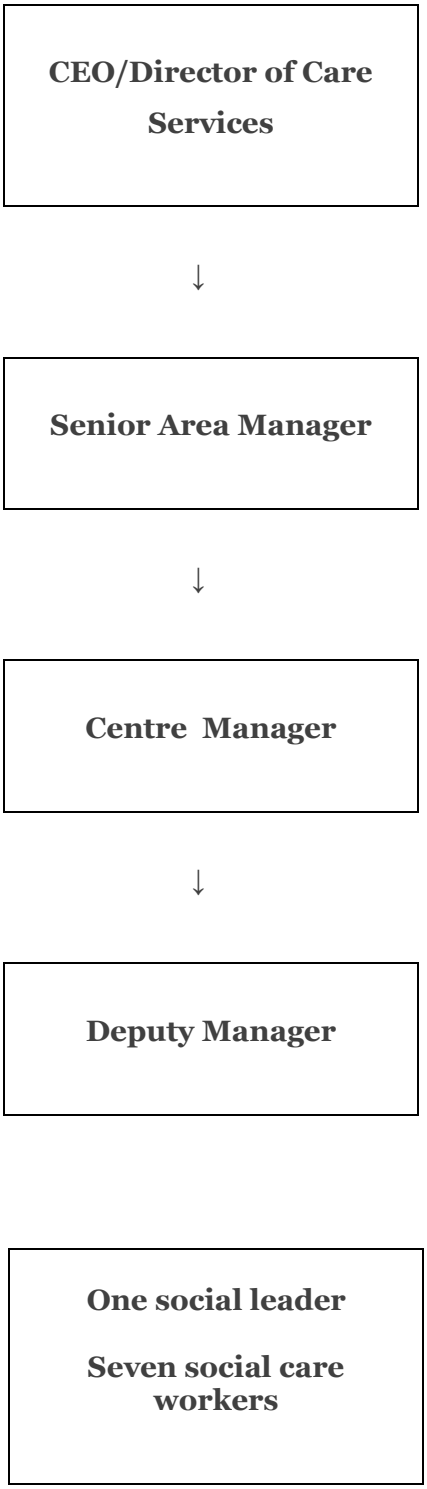
This report is based on a range of inspection techniques including:

- An examination of pre-inspection questionnaire and related documentation completed by the Manager
- An examination of the questionnaires completed by:
  a) Six of the care staff
  b) The acting deputy manager
  c) The CEO
  d) One of the two young people residing in the centre
  e) The social workers with responsibility for the young people residing in the centre.
- An examination of the centre's files and recording process, inclusive of but not limited to:
  - care files
  - supervision records and a sample of personnel files
  - centre planning documents inclusive of team meeting and planning meetings
  - management oversight folders
- An examination of the centres policies and procedures and the centres statement of purpose and function
- Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively:
  a) The centre manager
  b) The senior area manager
  c) Three social care staff
  d) One young person
- Observations of care practice routines and the staff and young people 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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 28th May 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 12th June 2018 and the inspection service received evidence of the issues addressed. The conditions attached to the registration of this centre have now been removed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 108 without attached conditions from the 7th December 2015 to the 7th December 2018 pursuant to Part VIII, 1991 Child Care Act

The period of registration being from 7th December 2015 to the 7th December 2018. An application for the renewal of the registration for this centre will be processed in December 2018 at the time of expiry.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The manager of this centre is presently in the role in an acting capacity covering the post for the absent manager. The acting manager has been in this role for over twelve months and has the requisite qualifications and experience for the role, they had also been the deputy manager of the centre for a period of time before this assignment. The centre has an acting deputy manager they have been in post for three months to cover the post of the previous acting deputy manager. The internal management team were supported directly by a senior area manager from the organisation; this person visited the centre regularly, supervised the manager and was part of an internal audit team. There were records on file at the centre of the service area manager's visits which noted the items reviewed during the visit with action points identified to be followed through by the team. The visits were frequent and the young people knew the area manager.

The manager's oversight was evident to inspectors through their daily direction of care and inspectors found that this was appropriate to the needs of the young people. Inspectors found that there were records of management meetings, senior area manager meetings and that the manager and deputy were reading and tracking the staff daily records to a standard that was yielding results for the young people. There were broader areas of the young people's files and the supporting team planning records that required attention. The Inspectors found that the records did not substantively reflect or record how the focused and clinically informed practices that were actually taking place were decided and implemented. The organisation acknowledged this deficit and had commenced a review of their recording systems in March 2018, Inspectors have provided feedback from our findings to support this process.

The acting manager and the centre staff team have been engaged in substantial crisis management work which takes considerable time and resources to sustain. The acting manager maintained a set of detailed managers records, referred to as 'RCC', through which they track all aspects of practice at the centre. The records reflect accurately the ongoing work at the centre particularly in the area of behaviour management and specialist care. The external management including the director of care also complete audits, these can be announced or unannounced and reports with actions have been generated from this process. The service area manager completed their own reviews and commentary and inspectors found that certain areas for development noted in the combined sets of documents had not been completed as yet. This was found to be in part due to the inherent demands of the crisis aspect of the work at the centre but also by outstanding service wide actions still pending such as the full recording and planning systems review.

These issues are similar in nature to matters that had been addressed through the previous CAPA plan for this centre. It was one of the conditions attached to the registration of this centre in February 2017 that they "act in accordance with their own agreed service improvement plan". Inspectors did find that whilst there are ongoing areas for attention that overall the cohesion in and delivery of the standard of care had improved and that actions had been implemented on the CAPA plan with some areas taking place now. It is essential that the momentum is maintained on these items.

Register

The information maintained within the register was in line with the regulatory requirements and the National Standards for Children's Residential Centres. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Training and development

There was a suitable and well managed training and development programme in place by this organisation. The staff at the centre had completed or were booked to complete core training in MAPA, first aid, fire safety and had completed the most up to date e-training provided by Tusla in Children First. Additional training was rolled out on a phased basis on the model of care and the consultant psychotherapist provides ongoing staff development through their role.

Administrative files

The centre management evidenced their oversight of centre records such as daily logs, direct work with young people, significant events notification records and key working in particular. The placements plans and behaviour management documents did not evidence similar levels of sufficient oversight and this must be addressed. There was feedback given to staff to guide their work with the young people and the manager was available to staff on an ongoing basis at the centre.

The files presented for this announced inspection were not fully organised in accordance with their table of contents and for example copies of recent placement plans and care plan were not available on the files, other files were badly organised in reverse order with older items to the front of packed binders. The areas for refinement and development in the files and written records at the centre are referenced in the relevant areas of this report. There was some evidence of cut and paste/copy and paste resulting in one young person's name on another's file, the management must constantly oversee that such mistakes do not arise and put steps in place to ensure all staff are fully aware how to complete good document management. The file management and document system review by this organisation should be completed without any further delay. Staff members were also found to not record their surnames consistently and may not be adding all names of staff present so must be careful to do this.
There were no issues reported by young people or staff regarding the budget available for the centre. A staff member takes on responsibility for the petty cash at the centre and this is overseen by the management.

3.2.2 Practices that met the required standard in some respect only

Notification of Significant Events

In general the significant events reported incidents related to emotional and behavioural incidents including restraint. The quality, content and speed of these were good, consistently reflecting adapted responses to, and consultation regarding, the young people's needs. During this inspection visit it was found that some complaints and child protection matters were not copied to the Tusla inspectors in accordance with the existing protocols. This also means that these were not notified in full accordance with the centres own policy on significant events. Inspectors accept the management's explanation that in notifying to the social workers and,

following the allocated social work departments direction, to other social work teams if related to child protection, that the management did not deliberately exclude inspection from these notifications. The matter was raised with the management and they have committed to ensuring that this anomaly is corrected.

The centre have had a high rate of restraints to report regarding one young person and all of these were recorded and notified to the relevant parties. The young person and the team at the centre have been left without the essential safeguard of a reliable and permanent allocation of a social worker to respond to and review these on the young person's behalf. Following a brief period of stability this young person is again without a social worker and this creates an ongoing impact.

There had been a serious child protection issue in the week prior to the inspection that had not been notified to the inspectors and inspectors require that the manager always contact the relevant parties if in doubt about who are the appropriate persons who should receive certain types of information. Inspectors found that the SEN log was well maintained and that the child protection log, which is maintained separately, required updating for the event in the week prior to this inspection. Inspectors also established that the social worker for the other young person who witnessed the child protection event did not automatically receive this as a significant event but were informed through an email. This also warranted notification formally as a significant event due to its nature.

Staffing

The centre had adequate numbers of staff who inspectors found were qualified and a cohort of whom had experience. There was a core team of eight full time staff and three part time staff that had previously been full time staff. There was also a roster of regular relief staff and staff from within the organisation who assist with rota cover. There was a social care leader post and a deputy manager who provided senior presence across the roster. The manager must continue to ensure that there is senior cover across the week. The complement of staff has had to be flexible due to the allocation of support to both young people of two staff each. Some staff completed questionnaires and inspectors interviewed three staff as well as spending time with some staff and a young person. Inspectors found that the staff had a clear understanding of their day to day role with the young people and had some core documents and mechanisms that they relied on to guide them in this work. They were aware of the complex needs and concerns of the young people.

The manager named that the specialised nature of the work and its impact had resulted in the loss of several staff during 2017. There was evidence that the manager and the senior area manager have worked to address this through a variety of mechanisms. They had eliminated the use of agency staff and tried to ensure that there were people who are known to the young people available to them. Inspectors reviewed the daily logs from December 2017 to the end of February 2018 and found that the same names of core staff appeared throughout supported by part time, relief and other staff. It was also found that the numbers of different names came to a count of thirty or more and this represents a high level for the young people and for the manager and their deputy to manage. Young people should be cared for by staff that they have a relationship with and who understand their needs, thirty different people presents a significant risk of decreasing the potential for this. The manager and service area manager have maintained a staffing tracking system agreed as part of the CAPA plan and some of their actions have yielded results. Inspectors recommend that they keep that ongoing awareness of the need to reduce the numbers of different staff to the forefront of their work and to continue in their structured approach to managing staff numbers and experience at the centre. There must be a continued drive toward a reduction in the numbers of different staff.

A sample of three personnel files was reviewed and these were found to be in full compliance with the requirements of the Department of Health guidelines 1995. Staff inductions are completed with additional training provided in the model of care and a specific induction into the individualised care programmes in place at the centre. Staff stated that they found their induction to be of a good standard and suitable to their day to day role at the centre. There was evidence that probationary periods were observed and extended, with suitable actions put in place, where required. The induction should be updated to include the revised recording systems once completed.

Supervision and support

The manager and deputy manager supervised the staff team and both had been trained within the organisation in the provision of supervision. There is a policy in place regarding supervision and this states that each supervisee will have a supervision contract on file and that sessions will take place every six to eight weeks. Inspectors found that the manager and deputy had been completing supervisions and that this was being tracked through their monthly managers reporting system. Inspectors found that not all supervision files had contracts and that the regularity of sessions in accordance with the policy was not fully implemented. The manager also

made available impromptu supervisions sessions to try to offset some of the difficulties in organising formal sessions. The rota requirements often made it difficult to meet staff and the manager has committed to resolving the issues impacting on the delivery of formal supervision in line with their policy.

The content of the supervision files varied in their focus on placement plans but did address the model of care and professional development to a good standard. Where a staff member was a key worker there was good evidence of discussion around goals and review of same through follow up. The management must focus on regularising sessions for all staff in accordance with the policy and in accordance with the demands of the day to day work. There must be consistent evidence across all the supervisions of shared agendas, review of actions from previous sessions and a sound focus on the placement plans for the young people and the whole team's role in delivering same. The line management must be alerted immediately where difficulties start to emerge regarding a staff member's attitude and practice in order that the manager can access expert advice without delay. This is a large team to manage in an environment where there are daily care decisions to make for the young people.

Team meetings are held on a monthly basis and comprise a three part session which involves the consultation time with the consultant psychotherapist, the internal clinical management team/ IRPM (internal review and planning meeting) group and the team meeting itself. Inspectors found that consistently low numbers of staff were recorded as being in attendance and in addition the team meeting minutes were limited in content. The consultation time notes were informative and directly supportive of the care of the young people. Inspectors recommend that the numbers of staff attending all aspects of the team meeting day be increased and that the format be adapted to make the team meeting a more productive forum. All staff named the consultation time and the consultation time records as a core mechanism that advises their work.

Handovers take place daily but again the notes maintained were poor and there were two different documents supporting handover planning, neither were fully utilised. Inspectors heard repeatedly that the handover meetings were central to the daily work at the centre and that they support consistency in practice which, inspectors found was not captured in the documents.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

Required Action

- The management and the organisation must implement all aspects of the CAPA plan agreed with the registration and inspection service in 2017.
- The manager must ensure that all significant events including complaints are reported to all the appropriate persons in accordance with their own policy and with existing Tusla, The Child and Family Agency, and provider protocols, policies and procedures.
- The management must ensure that the written records at the centre increasingly capture the full picture of the planning and care delivered at the centre.
- The centres policy on supervision must be fully adhered to and the focus of the sessions must consistently reflect planning for young people.
- The arrangements for and records relating to mechanisms including team meetings and handovers must be revised and significantly improved to reflect the work at the centre and support the team development.

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

Consultation

The centre displayed a capacity to engage with the voice of the young people. There were efforts to engage them in key working and in one to one time to ascertain their views and wishes. The daily logs recorded the young person's voice on an ongoing basis as did the significant event reports. The standard of consultation could be increased in quality and clarity across documents such as the placement plans to better reflect the work taking place. The placements plans should only contain accurate and up to date comments from young people and note where consultation has been possible to complete or not. The centre management have repeatedly highlighted the risk to one young person due to their lack of an allocated social worker during periods of their placement. The young person has also noted their lack of a consistent social worker at times during their placement.

One young person had been provided with opportunities to voice their opinion for their regularly held statutory review meetings and this was consistently held well by the social work team leader, who was familiar to the young person, until the allocation of a new permanent social worker. The newly allocated social worker then commenced regular visits and consultation. The second young person had not had stability in social work allocation and did not have consistent consultation completed in accordance with their rights or with the relevant regulations. Whilst briefly stabilised between late November 2017 to March 2018 this has also now been again disrupted. Both of the young people required time and trust to engage in the type of contact they need from Tusla and one of the young people was receiving this consistently the other was not.

Complaints

The centre has a policy on complaints with procedures for formal complaints and any day to day grievances young people may have. The staff were aware of the centre policy and had received additional guidance through supervision on this area of their work. A number of restrictive practices were in place at the centre and the team stated that they remain aware of the young people's right to raise complaints about this and any other matters should they so wish. Both social workers stated that they were aware of some of the differences in the day to day life at the centre and had spoken to the young people about their experience of living at the centre.

During the last visit to the centre in 2016 inspectors found that it had been agreed between the centre and the social work department that repeated complaints for one young person would be subject to a threshold mechanism to identify if they met the criteria for formal complaints. This strategy was to be reviewed on a regular basis between the parties including the young person. During this visit inspectors found that this approach had been reviewed and the use of formal complaint forms was resumed.

The complaints had been notified to the social worker and the social work team leader. There was a full record of all complaints on file including how they were responded to and a register was also in place. The social worker involved stated that they were aware of all complaints and had spoken with the young person about them. The social worker was also satisfied that the responses were appropriate and that any that the young person expressed some reservations about regarding outcomes did not represent any risk to them. The young person's view of all outcomes had been clearly recorded.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency has not met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.***

Required Action

- The Child and Family Agency social work area for one young person must put all available resources in place to ensure that this young person has stable, reliable avenues for consultation.

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

Emotional and specialist support

The young people had key workers assigned to them and had structured keyworking sections to their files. The system in place allows for monthly goal setting supported by SMART (specific, measureable, agreed upon, realistic and time based) sheets and session planning systems. All sessions completed were well recorded and accounted for against the identified goals. All staff completed opportunity led work in support of the core goals also. Inspectors noted that the goals for one young person when reviewed over a ten month period were relatively limited and perhaps did not reflect some of the wider work completed with the young person. For the other young person the goal setting sections were not all maintained to the same standard on a consistent basis. This should be taken account of when reviewing the placement plans and key working recording systems in order to give a more rounded picture of the day to day practical and therapeutic positives and gains. The key working system should also note more clearly actions taken by the team to make progress on items particularly those more protracted issues that may be outstanding for longer periods of time.

There is an experienced child and adolescent psychotherapist available to the staff team weekly and also at a team meeting day on a monthly basis. Inspectors found records of their input were well maintained and were reflected in the work of the team. One social worker had attended three sessions involving the team and the psychotherapist and found these to be of a high standard and reflected a good understanding of the young person and their needs. There was also evidence of co-operation with external clinicians and therapists with regard to assessments for young people and there was interdisciplinary co-ordination and co-operation to the

benefit of a young person between the centre, the social work department, the HSE CAMHS service and privately contracted specialists.

One young person had a number of therapeutic support items such as a suggested referral to play therapy and a renewal of an educational assessment outstanding from the care plan. These items must be progressed by the social work department as soon as possible through a statutory review process involving all relevant professionals.

Inspectors note that the 2017 statement of purpose and function does not accurately state the model of care and the present status of the emotional and specialist support provided and recommend that it be prioritised for updating.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

One of the young people had their care planning and their statutory review meetings and plans completed in accordance with the statutory requirements and in accordance with their individual needs, for example the statutory review schedule remained at six monthly intervals. Additional mechanisms such as professionals meetings were scheduled alongside the statutory review processes. Inspectors found that one copy of the recent care plan had an incorrect first name in the body of the plan and have referred the matter to the social worker to investigate and resolve. This young person has an unresolved issue outstanding regarding educational provision since 2016 and the social work department must make progress in this area urgently. The centre staff have supported a level of educational attainment through liaison with the previous school placement.

The second young person was admitted to the centre in November 2016 and has had sporadic social work support since that time due a personnel shortage in the social work area involved. Inspectors interviewed the social worker for this young person they had been allocated from late November 2017 and were moving to a new post in March 2018. They reviewed the social work file and found that there was a care plan from September 2017 on file, minutes but no care plan from what was named as a statutory review completed on 3rd November 2017 and that an updated care plan was sent to the centre on the 16th January 2018. Inspectors found on file at the centre a statutory review record dated 4th December 2017 this is listed as an "emergency review". There was no initial care plan found on file for this young person. There are core areas of this young person's needs, since their admission to the centre, that have

not had an ongoing social work team available to progress or risk manage. The inspectorate and the centre and their line management have repeatedly raised concerns about this matter and risk escalated it to the appropriate department within Tusla.

The centre has a monthly placement plan system in place. Inspectors did not find all copies of placement plans on file and had to request some. Inspectors were also informed that a new format for placement planning had been introduced called Therapeutic Plans but these were not operational at the centre at the time of this inspection.

Inspectors found that the placement plans varied in the quality of how and when they were updated and reviewed. Changes that had taken place for the young people were not always reliably updated on the plans when the positives were achieved. It was clear that the team had worked to create plans to meet the needs of the young people and for one young person they had to do so in the absence of care planning. The style of recording in the placement plans also varied which resulted in a plan being written in the first person but without noting when the various views were expressed by the young person and the key workers must be careful to be clear about these entries.

Inspectors did find that overall that there has been work completed with the young people and that they were assisted to deal with their emotions and challenges in particular. The gaps in action in the areas noted above under care plans were also reflected in the placement plans but otherwise the team were working hard to meet diverse needs in an often challenging environment.

3.5.3 Practices that did not meet the required standard

Supervision and visiting of young people and Social Work Role

Standard

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

Of the two young people one had, as stated, a consistent social work service provided with regular opportunities to see their social worker and the social work team leader with staff or alone. They also had a Guardian Ad Litum who advocated for their

needs in accordance with the care plans and identified needs. One particular item remained outstanding for action and that was regarding education. The social worker had spoken with the young person about their future and their wishes. They also identified that they had reviewed a number of different planning documents from the centre and was satisfied with these but had not yet read the logs at the centre and planned to complete this.

The second young person told inspectors about how pleased they were when assigned a social worker (at this time they were not aware that they were finishing) and had someone to visit them and talk to them. This young person has not had a closing visit and now has delays in crucial areas of action and planning following the departure of the allocated person.

3.5.4 Regulation Based Requirements

The Child and Family Agency for one area has not met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995***
-Part IV, Article 23, Paragraphs 1and2, Care Plans
-Part 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 17, Records
-Part III, Article 9, Access Arrangements
-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- The Child and Family Agency, Tusla, must support the social work department for one young person to provide a consistent social work service to ensure that statutory care planning takes place, that there is full oversight of risk and restraint and support given to allow for completion of sensitive work.
- The management must ensure that the placement plans are of a consistent standard and are reflective to a fuller extent of the work at the centre. Where

the voice of the child is recorded it must be accurately accounted for and be up to date.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Managing behaviour

The team have a set of policies and tools to support behaviour management at the centre. The team are trained in MAPA – 'management of actual or potential aggression' and this is updated yearly, they are also trained in the area of attachment and trauma to inform their approach to the young people. There are also extensive behaviour management sections on the young people's files containing behaviour support plans, safety plans and risk assessments. The files were often filed in reverse order with documents from 2016 being to the forefront of one file along with interventions related to a previous model. The most recent behaviour support and threshold documents were found to be at the rear of the packed file. Once reviewed it was found that these had been updated in recent months and were detailed behaviour management documents underpinned by an understanding of trauma. The comprehensive MAPA matrix documents were found to give a rounded picture of the crisis management techniques that staff rely on day to day. Inspectors recommend that all the behaviour management documents be streamlined to ensure that those most useful are readily available to staff.

The approach to behaviour management was spoken about confidently in interviews and in the questionnaires submitted. The core documents that some staff referred to as directing their work was the MAPA matrix, this is a decision making tool designed to help staff prevent or minimise crisis situations, it also places a focus on self awareness in staff. Staff also referred to some of the behaviour support plans and to the direction from the manager and deputy manager who supported staff daily. The

other core source of direction for their work, they informed inspectors, were the consultation time sessions and the records of decisions from these.

What inspectors found on file is that items on the behaviour management files reflected accurately the actual work taking place. As staff described it, and inspectors then found, the MAPA matrix and the outcomes from the psychotherapy consultation formed the core of the interventions. Also the significant event reporting system was structured to reflect the adaptations to behaviour management in response to needs. It is in these latter forms that it was possible to see in particular where the approaches were adapted to try to bring about a reduction in the high rates of critical incidents at the centre.

The manager maintains an internal audit and reporting system which reviews rolling outcomes and reflected a clear direction for the interventions at the centre. This also noted the ongoing awareness of the aspects of their day to day lives that are not like those of their peers with regard to the restrictions in place at the centre, for example there is no internet or mobile phones, two to one staffing, window restrictors, no glasses or steel cutlery and no access to the staff office. Natural consequences are also utilised and these are reviewed on an ongoing basis. These restrictive practices do represent a form of consequence and these must be kept under review as a specific item during statutory reviews and professionals meetings. The centre sought to be aware of the impact of these and to introduce changes where they can.

The potential for young people to impact on each other was taken account of and reported to the social workers. The centre has consistently highlighted how the lack of a consistent social work service has resulted in an ongoing risk throughout the placement of one young person due to the number and type of the incidents taking place.

3.6.2 Practices that met the required standard in some respect only

Restraint

The use of restraint has been regular and inspectors have tracked on an ongoing basis under what circumstances and how this is implemented with one young person at the centre. There have been multiple instances of the use of restraint during single days and then periods of time where this is much reduced but the centre management highlighted that it has been impossible to eliminate its use due to the presenting high risk behaviours and range of ongoing sensitive issues for one young person.

The restraints were completed by trained persons, are clearly recorded and notified, they are also logged on a register. They were the subject of some review within the organisation and the supervising therapeutic team from within the organisation are aware of all events including the use of restraint. There was evidence that they then engaged with the team to adapt responses in order to try to reduce incidents of its use. Inspectors found less structured evidence of a technical analysis of the implementation of the holds and safety aspects relevant to same. The use of transport techniques must be reviewed for example to ensure that the balance is maintained toward safety and not enforced compliance.

Inspectors found that the staff aim to support the young person and to assist them through a range of techniques to reduce their anger and upset but that other factors in the young person's life remain unstable impacting on any consistent improvement in this area. Therefore although some progress has been made it has not been in a linear or even manner.
The significant gap in the ongoing oversight of the restraints has been the absence of a capacity on the part of the social work department to engage with these on an ongoing basis and to consult with the young person involved following these. This has happened sometimes but not consistently enough and this is a risk the centre and their management continue to highlight.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 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 16, Notifications of Physical Restraint as Significant Event.***

Required Action

- The use of transport techniques must be kept under review through a formal line management supported review.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The management and the organisation must implement all aspects of the CAPA plan agreed with the registration and inspection service in 2017.	The centre management will ensure that any outstanding aspects of the CAPA plan agreed with the registration and inspection service in 2017 are reviewed and completed. Upon reviewing the CAPA plan, the outstanding pieces are; supervision contracts on file for each SCW and planning during supervision for each young person, both will be addressed in each individuals scheduled supervision from June onwards. The detailed planning for each young person will be incorporated into each supervision as outlined below in response to standard 3.2 (part 4). This will be reviewed as part of June Monthly review and Audit, and acted upon from June onwards.	The centre management will review the previous monitoring reports on a regular basis, as part of their monthly reviews and ensure all agreed actions outlined are adhered to and fully maintained. The centre management will ensure that all new starters have supervision contracts on file and receive in-depth introduction to significant event report writing.

	The manager must ensure that all significant events including complaints are reported to all the appropriate persons in accordance with their own policy and with existing Tusla, The Child and Family Agency, and provider protocols, policies and procedures.	The centre manager, from the notified date of inspection outcomes (May) will ensure that all significant events including complaints are reported to all appropriate persons in accordance with Three Steps' policy and in line with existing Tusla, protocols, policies and procedures.	The centre manager will ensure they review all current policies in place in relation to recording and notification of all significant events and complaints to all relevant professionals. In turn the centre manager will, in line with best practice meet identified timeframes for the notification of all mentioned reportable events. A contingency plan has been implemented that in the absence of the centre manager that either the deputy manager or a team leader will review the event and notify all relevant parties within
	The management must ensure that the written records at the centre increasingly capture the full picture of the planning, behaviour management and care delivered at the centre.	The centre management will, through ongoing oversight and reflection review all current written recording procedures in place to ensure that these effectively capture all planning, behaviour management and care delivered and that all work that is carried out. So that information for each young person is clearly detailed giving a full oversight of the planning history and sources of supported guidance in implementing same. The centre management will ensure that this is clearly incorporated into each young person's	The centre management will ensure that as part of daily and monthly reviews and audits that not only is this incorporated into the review but that existing information is updated to include all required information.

		written records. This will be reviewed as part of June monthly audits, and will be added as a key topic during supervision with key workers.	
	The centres policy on supervision must be fully adhered to and the focus of the sessions must consistently reflect planning for young people.	The centre manager will ensure that the centres supervision policy is adhered to in line with Three Steps' policy and national standards, and that all supervisions going forward from June onwards, will include the focus on the planning for each young person. This will be influenced by consultation time with Child and Adolescent Psychotherapist, the therapeutic plan for the young person and learning from events that occur within the time frame.	The centre manager will complete a supervision schedule for all staff, starting with June 2018, to ensure that supervision sessions are completed in a timely manner and prepare agendas that consistently incorporate planning for each young person.
	The arrangements for and records relating to mechanisms including team meetings and handovers must be revised and significantly improved to reflect the work at the centre and support the team development.	The centre management will ensure a full review of recording mechanisms used in relation to handover and team meetings commencing in June, ensuring adequate attendance at all IRPM and team meetings. The centre management will review as part of their June monthly audit, current handover documentation and ensure that there is only one combined document being used to ensure	The centre management will ensure, as part of their daily checks and oversight, that the handover documentation is fully completed and captures the planning and discussions that take place during daily handovers. The centre management will ensure that the team meeting format is adapted to make the team meeting a more productive young person focused forum. The centre management will

		that all planning captured and recorded in this document. This will be reviewed and implemented from July onwards.	collaboratively review this on an ongoing basis to ensure this is the case.
3.4	The Child and Family Agency social work area for one young person must put all available resources in place to ensure that this young person has stable, reliable avenues for consultation.	The centre management and Three Steps organisation will continue to highlight and advocate on behalf of the young person the importance and need for a consistent Social Worker. The young person will be supported in voicing their opinion re same and access to their EPIC advocate will be facilitated to ensure they feel fully supported in voicing their opinions and concerns.	
	The management must ensure that all formal complaints are notified to all relevant parties in accordance with the existing policies and procedures.	The centre management will ensure, effective immediately, that all formal complaints are notified to all relevant parties in accordance with current policies and procedures in place. The centre management will ensure that any formal complaints that have not been notified to relevant persons are forwarded immediately.	The centre management will review existing policies in place and will ensure that this is reviewed on an ongoing basis and will ensure that all relevant persons are notified.

3.5	The Child and Family Agency, Tusla, must support the social work department for one young person to provide a consistent social work service to ensure that statutory care planning takes place, that there is full oversight of risk and restraint and support given to allow for completion of sensitive work.	The centre management and the Three Steps organisation will in conjunction with all relevant professionals continue to advocate on behalf of the young person, to ensure that a consistent Social Work Service is in place, placing high emphasis on the need for statutory review and care planning. The centre management will request an immediate review and planning meeting for one young person to take place in June.	All efforts made to advocate on behalf of a young person to secure a social work and arrange a CICR will be recorded and filed appropriately so that these are clearly evidenced.
	The management must ensure that the placement plans are of a consistent standard and are reflective to a fuller extent of the work at the centre. Where the voice of the child is recorded it must be accurately accounted for and be up to date.	Current placement plans in place are being reviewed within Three Steps; new Therapeutic Plans are being completed and implemented so that a more comprehensive overview and plan is in place for the young people within the centre. Until the new therapeutic plans are implemented the centre management will ensure that all relevant placement plans at present fully capture the voice of the young person. The centre management will ensure that an agreed time frame of review is adhered to reflect consistency in doing so. This will be	The centre management will ensure as part of monthly/ tri monthly reviews of key working paperwork that this is adhered to. The centre management will ensure through ongoing supervision with key workers that this is reviewed and guidance given to key workers re same.

		agreed to and discussed at our next team meeting following IRPM on 11.06.2018 to ensure a full team review and input. This will then be reviewed with key workers as part of rostered supervision	
3.6	The use of transport techniques must be kept under review through a formal line management supported review.	The centre manager will from June onwards, ensure that transport techniques are reviewed as part of post incident reviews as well as the monthly RRC reviews. These are completed collaboratively with the Senior Area Manager monthly	In conjunction with the senior area manager the centre manager will continue to review all practices related to the care of the young people on a monthly basis or as required as incidents occur.