



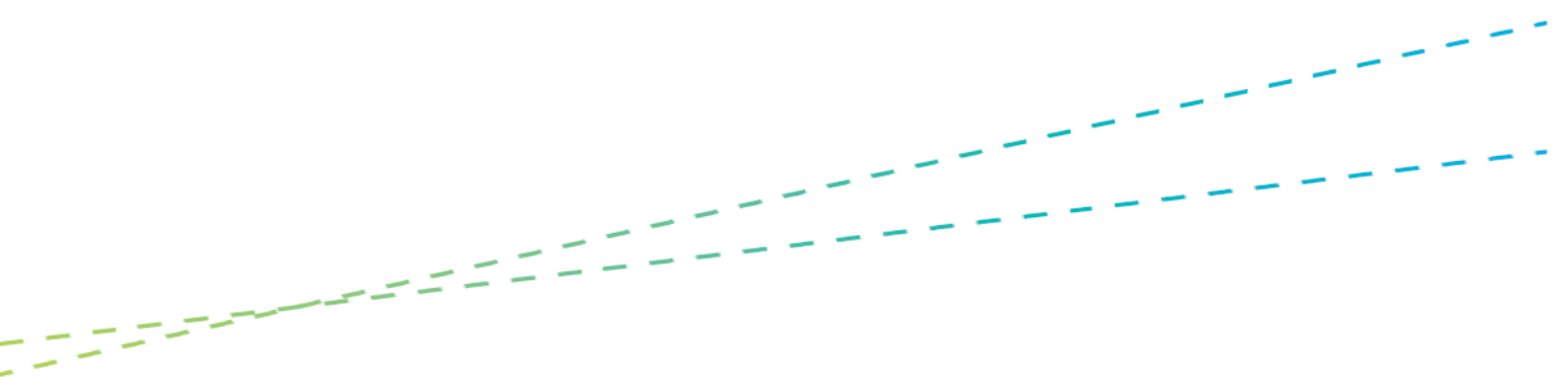
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 120

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Fresh Start
Registered Capacity:	Three young people
Dates of Inspection:	25th and 26th April 2019
Registration Status:	Registered from 29th September 2019 to 29th September 2022
Inspection Team:	Michael McGuigan Joanne Cogley Linda McGuinness
Date Report Issued:	01st August 2019 Re-issued 27th September 2019

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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 on-going 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 report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in September 2016. At the time of this inspection the centre was in its first registration and in year three of the cycle. The centre was registered without attached conditions from the 29th September 2016 to the 29th September 2019.

The centre's purpose and function was to accommodate three young people of both genders from age thirteen to seventeen on admission. Their model of care was described as providing essential life skills to young people in preparation for adulthood and independent living. Staff interactions were relationship based and aimed at providing a consistent, structured environment where young people were offered opportunities to make decisions affecting their own lives.

The inspectors examined standard 2 'management and staffing', standard 4 'children's rights', standard 5 'planning for children and young people' and aspects of standard 6 'care of young people' (managing behaviour only) of the National Standards for Children's Residential Centres, 2001. This inspection was unannounced and took place on the 25th and 26th April 2019. There were three young people resident in the centre at the time of inspection.

1.2 Methodology

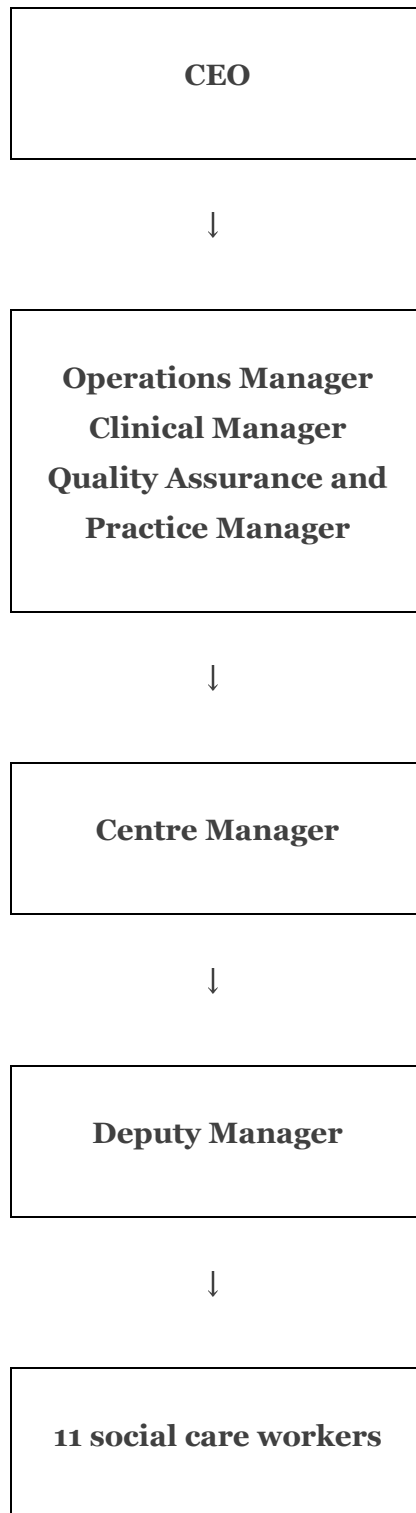
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) Eleven of the care staff
 - b) The deputy manager
 - c) The director
 - d) The social worker with responsibility for one young person residing in the centre
- ◆ An examination of the centre's files and recording process including:
 - The young people's care files
 - Staff supervision records
 - Personnel files
 - Handover book
 - Management meeting records
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The deputy manager
 - c) The operations manager
 - d) Two social care staff
 - e) One young person
 - f) The social workers for two young people
- ◆ Observations of care practice routines and the staff/young people'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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, operations manager and the relevant social work departments on the 18/06/19. 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 31st of July 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number 120 without attached conditions from the 29th September 2019 to the 29th September 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Register

Inspectors conducted a review of the centre register and found it to contain details on the name, gender and date of birth of the young people as well as admission and discharge dates. Details for parents and social workers were also included. It was observed that a young person had been included on the centre register twice due to a change in allocated social worker where only one entry was required. There was evidence that this record had been reviewed by the centre manager and the external line managers for the service.

There was a system in place where duplicated records of admissions and discharges were kept centrally by Tusla, the Child and Family Agency.

Notification of Significant Events

The centre had a system for the prompt notification of significant events. From interview with the social workers for young people it was noted that reports were sent in a timely manner and contained appropriate information. The centre had a significant event notification register that provided details of each incident in the centre.

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 in line with the Freedom of Information Act, 2014 and stored securely. Files had been reviewed by the quality assurance and practice manager for the organisation. Inspectors also noted that there were adequate financial arrangements in place.

Staffing

This centre had a staff complement of one manager, a deputy manager and eleven social care workers. Inspectors found that there were enough staff to fulfil the centre's purpose and function. One new staff member had started in the twelve months prior to the inspection and the rest of the team had been working there for in excess of twelve months. Some of the staff members had been working in the centre since it opened in 2016 and inspectors found that there was a balance of experience on the team. Ten of the staff members held a qualification in social care and one staff member was in the process of completing a social care degree. While the centre did not have a social care leader system, the centre roster generally allowed for a staff member qualified to social care leader level to be each shift. Through interview and the questionnaires completed, inspectors noted that staff had an awareness of the needs of young people and were familiar with care practices and operational policies.

Inspectors conducted a review of a sample of staff personnel files and found that these contained up-to-date Garda vetting, references that had been verbally verified, training certificates, CVs and copies of qualifications.

3.2.2 Practices that met the required standard in some respect only

Management

The centre had a full time manager who had been in post for two years and held a qualification in social care. This person had experience as a manager in another children's residential centre in the organisation prior to taking up their role. The manager was present during normal office hours and had overall responsibility for the day-to-day running of the service. Inspectors observed evidence that the manager reviewed young people's daily logs, care files and centre registers as part of their governance. They also chaired staff team meetings and handovers and attended child in care reviews and professionals meetings. The manager was supported in their role by a deputy manager who worked normal office hours. There was an out-of-hours on-call service to support staff in the event of incidents occurring at evenings or weekends.

The centre manager reported to the organisation's operations manager and was supervised by this person. There were monthly manager's meetings that were attended by centre managers and senior organisational managers. Inspectors reviewed documents circulated after monthly managers' meetings and these contained actions agreed at the meetings. However, there were no minutes to accompany these actions as formal minutes were not recorded or distributed. As

such there was no way for inspectors to track discussions by senior management with centre managers on the implementation of the model of care, care practice, placement planning, complaints and child protection. This issue was raised with the director and he agreed to take action to ensure that minutes were available for future manager's meetings.

The organisation's quality assurance and practice manager carried out quarterly audits in the centre against the National Standards for Children's Residential Centres, 2001 and there were regular governance meetings for the centre. The manager submitted a monthly manager's checklist as a self-audit and this was then used as the basis for document review and cross-referencing by the quality assurance and practice manager. However, audits were not completed on a set template and inspectors could not then review the audit process. While the quality assurance and practice manager took some notes for their visits to the centre, copies of the actual audits were not available. Following the audit the centre manager was sent a letter that provided details of the findings of the visit. However, at times these letters contained narrative rather than clearly identifying issues and the actions required. Inspectors noted evident deficits in particular areas (including supervision and behaviour management planning) that had not been identified by the quality assurance and practice manager and the structure and focus for auditing in the centre must be reviewed. A formal audit template should also be created for tracking and oversight of the process.

Supervision and support

Inspectors noted there was an organisational induction programme and evidence of probationary reviews for staff members. The centre had a policy that stated supervision would be conducted every four to six weeks for staff. It was observed that supervisions were generally within the required time frames. The function of supervision of the team was split across the manager, deputy manager and one staff member. Each of the supervisors was trained in the provision of supervision through a recognised model. Inspectors also reviewed a sample of supervision records including contracts that contained agreements on the structure and purpose of supervisions.

Inspectors found that there was not always a review of the decisions at previous supervisions and at times actions agreed were not clear and did not provide direction to staff. Some of the supervisions reviewed did not have any agreed decisions or actions. Inspectors found that the standard of supervision needed to improve and that discussions on placement planning and care practice were not always included.

Supervision records contained a section for the review of the *Needs Assessment Model of Care – Assessed Needs*. However, the needs assessment for one young person had been carried out in 2017 and had not been updated in the following two year period. The two other resident young people did not have completed needs assessments. There was often duplication in the sections on *assessed needs* and *placement planning* in the supervision record and frequently the section on placement planning did not have goals for staff. Some supervisions contained narrative on young people rather than planning or discussions on care practice.

Inspectors reviewed a sample of the minutes for staff team meetings in the centre. It was noted that these were generally well attended and the format for minutes and the staff agenda was quite good. Each team meeting produced an action plan with identified persons responsible for each action. However, inspectors found that there was inconsistency in the use of the agenda, minutes and action plan and at times these were not fully completed and did not provide enough detail. While placement plans were discussed during some team meetings, inspectors observed that further conversations and planning around education, emotional and specialist support and behavioural needs was required. Inspectors noted a focus at times on operational and service delivery issues. Team meetings were occurring fortnightly in this centre with a multidisciplinary meeting also occurring monthly as part of every second meeting.

Inspectors attended a daily handover meeting and found this to be focused on the exchange of information and the planning of care for young people. The handover was attended by the centre manager and staff and was split into two sections. The first section focused on the exchange of information and the second part dealt with the planning for the shift. Behaviour management planning was also in evidence at this forum.

Training and development

Inspectors reviewed the training log and certificates and found that there was an effective training and development programme in place. Staff had up-to-date training in the prescribed model of de-escalation and physical intervention and also in first aid and fire safety. However, a number of staff required training in the child protection and this should be provided in a timely manner. Inspectors noted that further training was scheduled for the coming year and the centre manager provided support to staff on their training needs where required.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The centre 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)

Required Action

- The operations manager must ensure minutes for monthly manager's meetings that reflect discussions on the implementation of the model of care, care practice, placement planning, complaints and child protection are made available.
- The quality assurance and practice manager must review the focus and structure of auditing in the centre to ensure that it is an adequate governance mechanism and that an appropriate template is used.
- The operations manager must review the provision of supervision in the centre to ensure that there is an effective focus on placement planning, care practice and the delivery of the model of care.
- The centre manager must ensure that an action plan is created after each team meeting and that minutes include details of the discussions on placement planning and care practice.
- The centre manager must ensure that staff receive training in child protection in a timely manner.

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

Consultation

From a review of the care files and interviews with young people placed in the centre, inspectors found that there was good work being carried out by the staff team in relation to consultation. Care files contained evidence of consultation regarding the nature of key working and preparation for child in care reviews. Young people's views were also sought on their placement plans. Consultation in the centre was carried out by staff both formally and informally and there was evidence that young people's views were sought on decisions affecting their future and their day-to-day care.

Young people's meetings were held regularly and these were well attended. There was evidence that issues brought up at the young people's meetings were discussed at staff team meetings. Decisions were made and feedback was then provided to young people. Inspectors found that often young people's requests at this meeting were heard and changes made in the centre. However, inspectors found that there were recurring issues for the young people that were coming up weekly. These centred on the routines and rules of the centre. It is recommended that the centre manager attend the young persons' meeting periodically to support the young people with the routines and structures of the centre as part of the process of consultation. Further, inspectors recommend that consideration is given to changing the format of the meeting to include workshops on issues affecting young people in the centre and in the community.

Access to information

This centre had an appropriate policy on access to information that detailed young people's rights in this regard. Young people were also afforded information on access to information through key working and information provided to them on admission. However, there was no formal evidence that young people were reminded or offered the opportunity to access information held on them in the centre. It is recommended that key working takes place periodically on this issue and formal records are created

to evidence that young people have been offered the opportunity to access information.

3.4.2 Practices that met the required standard in some respect only

Complaints

Inspectors conducted a review of the centre's complaints register and observed that three formal complaints had been made in the twelve months prior to inspection. These complaints had been made by one young person and had been notified through the significant event notification system and also to the organisation's clinical team and TCI Coordinator. One of these complaints made in February 2019 had four aspects to it and related to social work provision and statutory care planning. This young person did not have an allocated social worker. The young person was visited by a social care manager attached to the social work department following the complaint and was subsequently sent a letter by this person on the issues raised. However, this letter did not adequately address the complaint and the young person was not satisfied that the issues were resolved. The complaint should have been investigated by an allocated social worker or social work team leader from that department. Inspectors requested that the complaint was notified in line with the Tusla 'Tell Us' policy and the centre manager took immediate action on this during the inspection. Following the inspection the young person was allocated a social worker.

From a review of care files in the centre inspectors found that one young person expressed dissatisfaction on some of the routines and structures of the centre. These recurring complaints were not identified by staff or management and were not notified through the significant event notification system on their behalf. The issues raised by the young person should be formally notified and brought to a satisfactory resolution. Inspectors found during interviews with staff that there appeared to be uncertainty around the recording of informal complaints. Further, it was also noted that there were discrepancies in the recording of complaints across centre registers and young people's care files. This meant that outcomes for young people and the resolution of complaints were hard to track. Inspectors recommend a review of the recording of complaints in the centre to ensure adequate oversight and tracking.

3.4.3 Practices that did not meet the required standard

None identified.

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

Required Action

- The social work department for one young person should make appropriate efforts to resolve the complaints that they have raised.
- The centre manager must ensure that informal complaints are appropriately recorded for tracking and oversight and that care records reflect efforts to resolve these complaints.
- The centre manager must ensure that the recurring complaints for one young person are notified and addressed on their behalf.

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

The centre accepted referrals from the Tusla National Private Placement Team. Pre-admission collective risk assessments were created and there were a number of screening layers including senior management and centre management that assessed referrals for suitability. Social workers for resident and referred young people were involved in discussions on placement matching and there was adequate referral information provided prior to admission. Young people were provided with information on the centre and those that were interviewed understood the reasons for their placement. Inspectors found that there was a robust gatekeeping process and the rights of young people and the need to protect them was considered when reviewing referrals.

Contact with families

Young people were supported by staff members to attend family access. There was evidence that centre staff updated families on events in young peoples' lives and those families were involved in young people's care. Inspectors noted good communication with social work departments around family contact and also around issues that existed for young people. There was also clear evidence on how contact was structured. Young people that met with inspectors stated that they were happy with the structure and frequency of family access.

Preparation for leaving care and aftercare

Two of the young people living in the centre were under the age of 16 and one young person had turned 16 shortly before the inspection. There was evidence through the young person's placement plan that they were being supported to prepare for leaving the care of the centre. An application had been made for aftercare funding and an aftercare worker for the young person. However, a statutory child in care review that was scheduled for the young person aged over 16 could not go ahead as no social workers were available on the day and the young person did not have an allocated social worker to support the planning of their aftercare. The young person has subsequently been allocated a social worker.

Discharges

The centre had an appropriate policy on discharges that stated discharges would be conducted in a supportive and sensitive manner. There had only been one discharge from the centre in the twelve months prior to the inspection and this had been to an agreed placement and was planned.

Children's case and care records

Inspectors found that each young person had an individual care record that contained the required documentation. Records were written to a suitable standard and files were kept in perpetuity. However, it was observed that there were duplicate documents in care files and the system was difficult to navigate. Inspectors recommend that the care records in the centre are reviewed to consolidate sections and ensure ease of tracking and oversight of the planning of care for young people.

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

Statutory care planning and review

The care plan for one resident young person was dated January 2019 but this plan related to another centre and not to the current placement. A child in care review meeting was scheduled for May 2019; however, given that the young person had been resident in the centre for almost twelve weeks a child in care review should have occurred sooner in order to inform effective planning. A second young person in the centre did not have a care plan on file. This young person was admitted in late February and while a child in care review occurred in March the centre had not received a copy of the care plan that directed the work being undertaken with them.

The third resident young person did not have an allocated social worker and there had been delays to the review of his care plan. On the first day of the inspection a child in care review was scheduled for them; however, this meeting did not occur as there was no social worker available to convene the review. A professionals' meeting was held instead and was chaired by a social care manager but no decisions on care planning could be made at that forum. While the care plans on file for young people addressed their educational, social, emotional, behavioural and health needs, relevant social work departments for each resident should ensure that care planning occurs in line with regulatory requirements.

Each of the young people living in the centre had an up-to-date placement plan. There was evidence of centre manager and line manager oversight on these and planning was supported by the organisation's clinical team. Placement plans addressed the educational, emotional, social, behavioural and health needs of young people with both short term and long term goals. There was evidence that interventions with young people were frequently reviewed and each section included measurable outcomes. Placement planning was linked to supervision and also discussed at staff team meetings and there was evidence that young people were consulted on the work to be undertaken with them.

Supervision and visiting of young people

Centre records reflected that two young people had allocated social workers that visited in line with statutory requirements. One young person did not have an allocated social worker due to staff shortages in that department. As a protective measure a social care manager had been allocated to visit the young person. However, decisions on their care were significantly delayed due to not having a social

worker. Further, there was no evidence on the care files that social workers had reviewed these and this should occur.

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.

Two of the young people living in the centre at the time of the inspection had allocated social workers and there was evidence that both had provided sufficient referral information to support their placements. Issues in relation to care planning are detailed above. The social workers for two young people received copies of significant events and responded where necessary and the young people had regular contact with their social workers and they could phone them if they wished. However, as noted one young person did not have a social worker and as such the elements of the social work role could not be delivered. This affected the care planning process, the review of significant events, visiting of the young person and a general overview of the placement. This third young person was subsequently allocated a social worker after the inspection.

3.5.4 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 22, Case Files.***

The centre 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).***

The Child and Family Agency did not meet the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 -Part IV, Article 23, Paragraphs 1 and 2, Care Plans -Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan***

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

-Part IV, Article 24, Visitation by Authorised Persons

Required Action

- The social work team leaders for each young person must ensure that care planning is in line with statutory requirements.
- The social work team leaders for each young person must ensure that allocated social workers review the care files for young people when on-site.

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

None identified.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The centre had a policy on behaviour management that provided guidance to staff on how challenging behaviours were to be addressed. The policy included direction on sanctions and also had a section on bullying. The centre provided resources for staff to inform how they understood and addressed young peoples' behaviours. These resources were on anger management, bullying, anxiety, mental health and emotions. Inspectors noted key working with young people on their behaviours and agreement on the expectations around these. There was also feedback from the organisation's clinical team in support of behaviour management and evidence that the TCI Coordinator and clinical manager attended team meetings. It was observed that issues of bullying were appropriately addressed in the centre when they arose.

Inspectors found that two young people had individual crisis management plans that were in date and being reviewed regularly. These were signed by the organisation's

TCI Coordinator and the centre manager. While the individual crisis management plan for the third young person was in date, there was a gap of five months where the plan had not been reviewed. Inspectors found that individual crisis management plans were being sent to allocated social workers for their review and agreement on the strategies to manage outburst and crisis behaviours but responses were not received.

From a review of the interventions detailed in the individual crisis management plans, inspectors found that at times they contained information that was not relevant and did not relate to the crisis cycle or outburst behaviours. Further, some of the interventions that were listed on the individual crisis management plans were not specific enough and did not provide clear direction to staff on the actions to take if the young person moved to outburst phase. Agreed types of physical intervention and contra-indications were not always listed on the plans and these documents needed to be reviewed.

The centre *client profile forms* detailed behaviours and listed some interventions to be employed with young people. However, these interventions did not always relate to challenging behaviours and guidance to staff needed to be more specific. At times the document provided narrative on the presentation of the young person and also dealt with daily routines, access arrangements and elements of placement planning rather than addressing behaviours. Inspectors recommend that the individual crisis management plans and client profiles are reviewed and that behaviour support plans are created to provide clear direction to staff on how challenging behaviours should be managed in the centre. Individual crisis management plans should also deal only with the crisis cycle and outburst behaviours.

There had been a recent deterioration in the behaviours of one young person and staffing levels in the centre had increased in response to this. Inspectors noted that the minutes for staff team meetings reflected a focus on helping the young person to manage their behaviours and strategies had been developed in conjunction with social work departments to support them. The young people that met with inspectors stated that they understood the sanctions and rewards that were being used in the centre and that staff spent time with them to explain this.

There were two post-crisis reviews following recent serious incidents in the centre. These were attended by the TCI Coordinator, the centre manager and members of the organisation's clinical team. The reviews focused on risks for young people and learning outcomes. The meetings produced recommendations for changes to young

people's individual crisis management plans; however, there was no evidence that these changes had been made in practice at the time of inspection. The centre was part of an organisational significant review group and this provided feedback to staff on care practice and interventions for young people. Inspectors also reviewed a quantitative statistical analysis created by the quality assurance and practice officer. These forms contained a quantitative overview of incidents in the centre and recommendations for staff practice. One of these reviews referred to a safeguarding and risk management plan in response to an incident in March 2019. However, there was no evidence of this plan on the care files for the young person at the time of inspection.

Inspectors reviewed the sanctions register for the centre and noted that the last entry for this was the 26/03/19. The sanctions applied to young people for the four weeks prior to inspection had not been included in this book. Inspectors found that the sanctions report forms and logs for young people were spread across files and that at times there were discrepancies in the recording of sanctions. This made the tracking and oversight of sanctions difficult. It is recommended that the recording of sanctions in the centre is reviewed.

From a review of individual forms inspectors found that in general there was a balance in the rewards and sanctions applied and that sanctions were generally related to behaviours. Young people were afforded the opportunity to earn back sanctions and there was evidence that they were consulted on their views on sanctions and rewards. The majority of sanctions used for young people centred on reducing the young person's pocket money, loss of chore money or takeaway and it is important that the staff team continue to review the application of sanctions and how these relate to behaviours.

As noted in the section on complaints, one young person had made two complaints during key work sessions about the application of sanctions. Inspectors did not find corresponding complaint forms in relation to this. There was evidence of the review and oversight by the quality assurance and practice manager and operations manager of the sanction registers. However, inspectors noted that the quality assurance and practice manager had signed the 2018 entries in April 2019 but had not signed for oversight of the new system on that date.

3.6.3 Practices that did not meet the required standard

None identified.

Required Action

- The service must review behaviour management planning in the centre to ensure that clear direction is provided to staff and that both out-burst and non-crisis challenging behaviours are addressed.
- The clinical manager must ensure that post-crisis learning and feedback is included in the behaviour management planning documents for young people.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The operations manager must ensure minutes for monthly manager’s meetings that reflect discussions on the implementation of the model of care, care practice, placement planning, complaints and child protection are made available.</p> <p>The quality assurance and practice manager must review the focus and structure of auditing in the centre to ensure that it is an adequate governance mechanism and that an appropriate template is used.</p> <p>The operations manager must review the provision of supervision in the centre to ensure that there is an effective focus on placement planning,</p>	<p>The Operations Manager will ensure that minutes of the monthly management meetings are recorded and an action plan is devised from this meeting which is shared with the management group. Minutes will reflect discussions of the meeting and will be made available to Inspectors for review.</p> <p>Quality Assurance & Practice Manager will carry out a review of the auditing system in place for the collection of data which will be approved by the C.E.O. To be completed by the 01-09-19.</p> <p>The Supervision records will be reviewed with a view to determining and agreeing that sufficient detail is recorded in relation to placement planning, care practice and</p>	<p>Monthly Managers Meetings minutes will be recorded and made available to Inspectors for review.</p> <p>This review will be overseen by the CEO. Following the review any relevant changes will be implemented to the auditing process going forward.</p> <p>Supervision will be routinely monitored by Senior Management through the Services internal monitoring systems to ensure that sessions are recorded sufficiently.</p>

	<p>care practice and the delivery of the model of care.</p> <p>The centre manager must ensure that an action plan is created after each team meeting and that minutes include details of the discussions on placement planning and care practice.</p> <p>The centre manager must ensure that staff receive training in child protection in a timely manner.</p>	<p>the delivery of the model of care. To be completed by 31st August 2019.</p> <p>The Centre Manager will ensure that the action plan is created and completed in relation to team meeting outcomes and also that the minutes include details of the discussions on placement planning and care practice. Immediate and on-going.</p> <p>The Centre Manager has highlighted the training needs of staff to the training coordinator and outstanding training necessary in the unit and will be included in the training plan. Immediate and on-going.</p>	<p>Action Plans will be reviewed and discussed at multi-disciplinary/team meetings and the effectiveness of measurable outcomes will be logged in minutes of these meetings. This will be overseen by the Clinical Team.</p> <p>The Centre Manager will ensure all staff working in the centre complete their Children's First training. Centre Management will monitor the training plan to ensure all necessary training is carried out as required.</p>
3.4	<p>The social work department for one young person should make appropriate efforts to resolve the complaints that they have raised.</p> <p>The centre manager must ensure that informal complaints are appropriately recorded for tracking and oversight and that care records reflect efforts to resolve these complaints.</p>	<p>No response was received from the relevant social work department.</p> <p>The Centre Manager will track all informal complaints to ensure oversight. Immediate and on-going.</p>	<p>No response was received from the relevant social work department.</p> <p>Complaints will be reviewed and monitored by centre management and external management to ensure they are appropriately recorded through the centre's auditing tools. The Clinical</p>

	The centre manager must ensure that the recurring complaints for one young person are notified and addressed on their behalf.	A Complaint was placed on behalf of young people in the centre on the 01-05-19	Manager will maintain oversight of complaints. The centre manager will ensure that any recurring informal complaints will be notified as a formal complaint. This will be monitored by the Quality Assurance & Practice Manager.
3.5	The social work team leaders for each young person must ensure that care planning is in line with statutory requirements. The social work team leaders for each young person must ensure that allocated social workers review the care files for young people when on-site.	No response was received from the relevant social work department. No response was received from the relevant social work department.	No response was received from the relevant social work department. No response was received from the relevant social work department.
3.6	The service must review behaviour management planning in the centre to ensure that clear direction is provided to staff and that both out-burst and non-crisis challenging behaviours are addressed. The clinical manager must ensure that	TCI monitor will review ICMP's at the monthly Multi -Disciplinary team meeting and as necessary to ensure that clear direction is provided to staff and that both out-burst and non-crisis challenging behaviours are addressed. Immediate and on-going. All ICMP's are reviewed by the TCI	The TCI Monitor will oversee and review the behaviour management planning for the centre. All decisions made at post crisis reviews

	<p>post-crisis learning and feedback is included in the behaviour management planning documents for young people.</p>	<p>Monitor following a post – crisis review with all present. This is part of the centre’s current PCR format. Feedback from the post crisis review will be translated into the young person’s ICMP.</p>	<p>will be implemented through the young person’s ICMP when reviewed at the monthly multi-disciplinary team meetings.</p>
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