



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

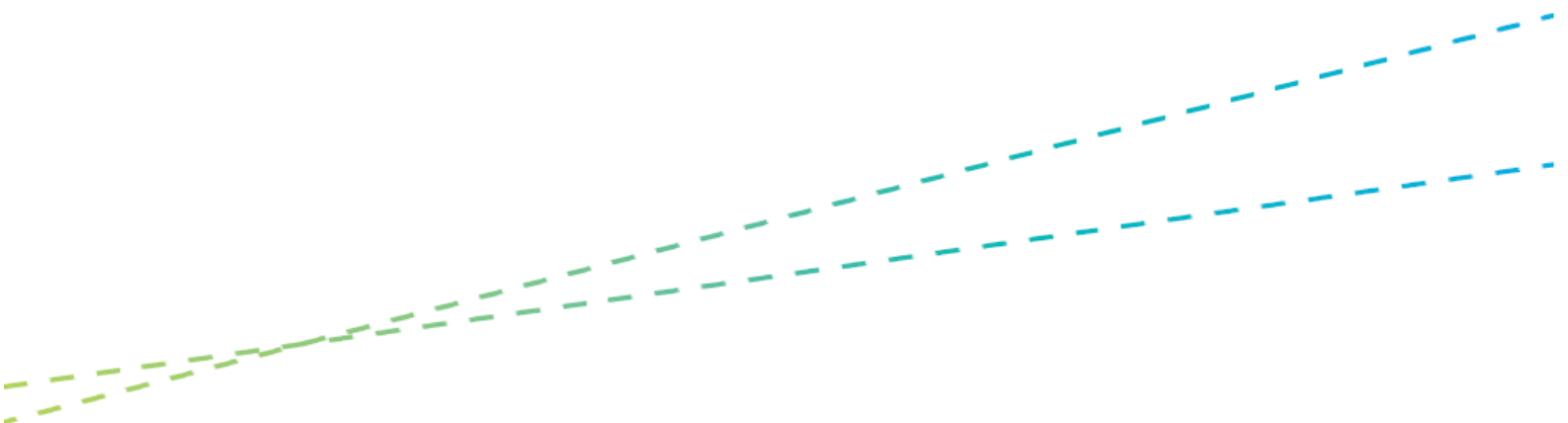
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 008

Year: 2018

Lead inspector: Lorraine Egan

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Positive Care Ireland
Registered Capacity:	Four young people
Dates of Inspection:	21st and 22nd of March 2018
Registration Status:	Registered from 30th May 2018 to the 30th May 2021
Inspection Team:	Lorraine Egan Linda Mc Guinness
Date Report Issued:	25th June 2018

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1. Foreword

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

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

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

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

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

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

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

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

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

1.1 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 2006. At the time of this inspection the centre were in their third registration and were in year 3 of the cycle. The centre was registered without conditions from the 30th May 2015 to the 30th May 2018.

The centre's purpose and function was to accommodate and provide care for four young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as being based on theoretical frameworks including attachment theory and the safety, emotional, loss and future programme (SELF). The centre also uses the Pathways programme with a strong link to the young people's community.

The inspectors examined standards 2 'Management and Staffing', 6 'Care of Young People' and 7 'Safeguarding and Child Protection' of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 21st and 22nd 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) Eight of the care staff (including one deputy manager and one social care leader)
 - b) Three of the three young people residing in the centre
 - c) Three social workers with responsibility for three young people residing in the centre.
- ◆ An examination of the centre's files and recording process.

Administration Files

Care Files

Personal Files

Significant Event Notifications

Supervision Records

Sanction Register

Team Meeting Records

Young People Register

Training and Development Files

Handover Book

Maintenance Log

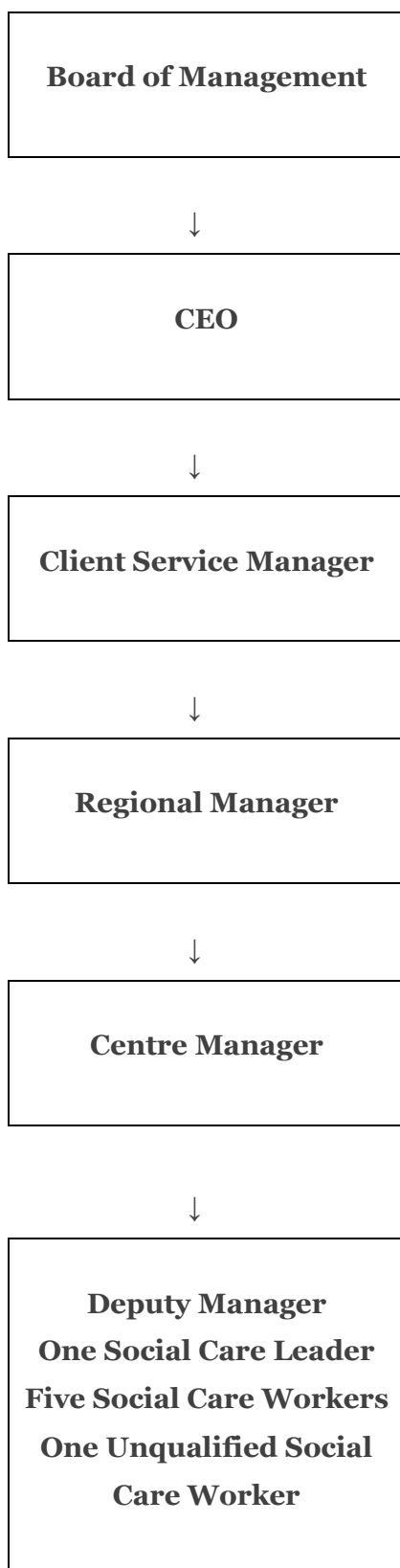
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Regional manager
 - c) Three staff members including two social care team leaders
 - d) Three social workers with responsibility for the three young people residing in the centre
 - e) Three young people

- ◆ Observations of care practice routines and the staff and young person's interactions
- ◆ Shared lunch and dinner with all of the young people and staff on shift

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, regional manager, director of services and the relevant social work departments on the 18th 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 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: 008 without conditions from the 30th May 2018 to the 30th May 2021 pursuant to Part VIII, 1991 Child Care Act.

The period of registration beings from the 30th May 2018 to the 30th May 2021.

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 centre manager had eight years relevant experience and held a recognised qualification in social care and further specialist education. They were in their current position for two years and three months and they report directly to the regional manager who is accountable to the client service manager. Within the organisational structure, there is also a CEO and a Board of Management. The centre manager is onsite Monday to Friday and is supported in their role by the deputy manager and a social care leader.

Staff indicated at interview that the centre was very well managed and that they were well supported both professionally and personally by centre management.

Supervising social workers commented that they experienced the centre being managed in a way that showed full transparency and accountability in its practice. Inspectors observed that the centre manager had developed positive relationships with each young person and at interview displayed a good insight into each of their individual needs.

The centre manager was involved in daily handovers, supervision of staff, team meetings and an informal meeting with the deputy manager and the social care team leader. No minutes were recorded of the informal meeting with staff in a management capacity. There was evidence to show regular oversight by the manager on centre files including; significant event notifications (SENs), daily log books, handover book, risk assessments and care files. A regional managers meeting also took place monthly whereby centre managers from the regions come together to discuss a pre-set agenda. The regional manager stated at interview that they chair these meetings. Inspectors attended the handover meeting and found that there was open communication between staff in relation to how daily tasks and planning for young people was discussed and actioned.

The centre manager stated that both the regional and client service manager had responsibility for conducting audits of the operational practices of the centre. At interview, the regional manager said they visited the centre at least monthly to carry out audits and they also attended a unit meeting with centre management. Evidence was seen by inspectors of minutes from these meetings and found that the management team were supported through guidance on the implementation of practices such as emergency plans, risk assessments and child protection statutory obligations. These minutes however, were not signed and did not regularly list the names of attendees or consistently contain set agendas or follow-up on agreed actions from previous minutes. Inspectors recommend that all management meetings have a record of attendees, a clear agenda and a follow-up of all actions agreed from previous meetings. They must be fully signed and dated.

The system of governance involved; oversight by the centre manager of the young person's files, day to day running of the service and attendance at some centre meetings. Inspectors found evidence of external oversight on centre documentation including; case files, young people's register, sanction records and SENs. Inspectors were provided with a sample audit tool specific for each young person placed in the centre which included; details of the number of young people's meetings, whether young people's files had internal and external oversight, protocols for storage of records and if young people's rights were being met. Other audits focused on whether the handover was complete and if issues were being resolved quickly, the number of team meetings within a specific timeframe and whether staff followed up on identified actions. Inspectors also saw evidence of an audit tool specific for the centre which included; details of staff training, regional manager oversight, number of supervision sessions, details of decisions being made at team meetings and house maintenance. This audit however, did not pick up on the lack of adequate review of specified actions within the supervision process or the deficit in performance feedback for the supervisee. The inspectors recommend that the auditing processes are reviewed so that all deficits are captured and addressed in order to guarantee robust governance.

The client service manager has access to the centre's cloud based systems where some of the records are stored. The regional manager said they were happy with the centre management's performance and stated that there was mostly a long standing staff team within the unit that was working well together.

Register

The centre maintains a register to record all details of young people admitted to and discharged from the centre. The first recorded entry was 18/4/08. The register contained thirty four entries. The register met all regulatory requirements and was audited and signed by external management. A record of the young people living at the centre is centrally maintained by Tusla, the Child and Family Agency in compliance with the relevant regulation.

Notification of Significant Events

All significant event notifications were completed on standardised documents and were entered into a register that recorded the date, incident ID, initial of young person, incident type, who it was reported to, if therapeutic crisis intervention (TCI) was used and the signature of staff. Significant events were recorded and notified promptly to all relevant people. Social workers confirmed that they received them in a timely manner and stated at interview that they were extremely satisfied with the manner in which the incidents were recorded and managed by the centre. They specifically commented positively, on the way in which the regional manager gave guidance and commentary on practice as part of the notification. There was also evidence of oversight by the centre manager.

Training and Development

Training for staff is provided by the organisation and is mandatory. Core training included: therapeutic crisis intervention; (TCI) basic and refreshers, child protection training, children first E-learning programme, first aid training, the model of care programme; safety, emotional, loss, and future (SELF), fire safety, manual handling, complaints and drug awareness training. Key working training is planned for April of this year. Every staff member completed one day induction training prior to commencement of work and this included; childcare computer management systems, report writing, policies and procedures, child protection and health and safety. All training records sampled by inspectors were in date. However, the TCI basic certificate did not record the number of hours that was completed by the trainee. Inspectors recommend that the TCI certificates display the specific duration of the course.

The centre manager at interview stated, that staff members receive clinical support from a psychologist who facilitates workshops to assist them with specific issues and behaviours that arise for young people. There was evidence to support this with inspectors observing recommendations to guide staff in their practice. Inspectors saw

a record of the dates for 2017 where the psychologist had joined the team for clinical consultation.

The regional manager stated that the service has an IT system in place that manages the staff training database. This includes a matrix to show the date when training is due to expire and staff are notified via email of the monthly training calendar so that they can schedule training that is due to be completed. Inspectors were also furnished with a copy of the regional audit for the centre which included a record of all training completed by staff including a list of those that have not attended or have cancelled training sessions. This audit also recorded an analysis of training needs to be met.

Administrative Files

Inspectors reviewed the young people's files and the administrative paperwork and found them to be well maintained and organised. There was evidence of consistent oversight by both the centre and regional manager. Inspectors were informed by the manager that there was adequate funding in place for the operation of the centre and for all the young people's needs.

3.2.2 Practices that met the required standard in some respect only

Staffing

The centre's core staff team consists of one social care manager, one deputy manager, one social care team leader, five social care workers and one unqualified social care worker. The centre manager works from Monday to Friday with office hours from 8 a.m. to 4 p.m. The manager was supported by the deputy manager in the day-to-day operation of the centre, supervision of staff and key-working. The majority of the staff were in their positions for two years or more and had developed as a team. Inspectors found that generally there was a balance of experienced staff on each shift, however, one full time staff member did not have a recognised social care qualification or equivalent and from the evidence from their personnel file they did not have any relevant past experience working with children or young people. This staff member was working as part of a full line with one other staff on each shift. Despite the lack of qualification and experience, it was evident upon review of the records that the staff member had been asked to commence key working a young person and was not receiving any ancillary support for their role. At interview, the manager stated that they will be supported by the agency to attend college from September 2018 in order to undertake an appropriate degree course. The application for this course was not commenced at the time of inspection. This staff member had not been receiving regular supervision in line with organisation policy and this had been overlooked in

management audits of the centre. As this staff does not have either qualifications or experience in social care, the regional manager must ensure that they are not assigned as a keyworker and that they receive enhanced support from management. They should not work alongside other inexperienced staff members.

The inspectors reviewed a sample of personnel files for the care team and found that they contained; garda vetting, reference checks and a copy of their qualifications. However, there were inconsistencies found in the files, and the centre did not meet the requirements for vetting as set out in the Department of Health and Children Circular 1995. As per the last inspection, there was no consistent verification of qualifications on file. Inspectors found that this was the case for two of the files sampled during this inspection. Commencement dates for two staff members were not clear. The manager must ensure that all staff member's qualifications are consistently verified with the awarding body and that this action is completed prior to future staff members commencing work at the centre.

Staff interviewed during the inspection process and from their questionnaires, stated that positive dynamics existed amongst the team and there was a strong staff in place that were dedicated to providing the best possible care to the young people. Supervising social workers commented that the team were very committed and had consistently made decisions in the young people's best interest. They were very satisfied with the individual work being done and stated that they saw evidence of very positive outcomes being achieved for young people. Young people said they were happy in the centre and felt cared for and listened to. They had very positive relationships with staff who they felt had supported them with adapting to change and independence in their lives. A review of centre files supported the inspector's findings that the team had built and maintained reliable relationships with the young people on placement.

Supervision and Support

Supervision is shared between the manager, deputy manager and social care team leader. The organisation's policy states that the frequency is set at between four to six weeks for all staff. As stated earlier, one staff member was not receiving supervision at regular intervals. Staff, at management level has been trained to provide supervision to the team. The centre manager oversees the supervision of the deputy manager and the social care leader with the deputy and social care leader supervising the remaining six staff equally between them.

Inspectors reviewed a sample of the supervision minutes and found that there were deficits and inconsistencies in the quality of the information captured. Some templates had a number of sections incomplete with records not signed, no action plans outlined and an absence of a joint agenda. There was insufficient detail in relation to discussions and reflections on the young people's placement plans and key-working sessions with a lack of clarity on the decisions made for the goals set. As stated above, there was also inadequate review of previous actions completed in consecutive supervision sessions with no performance feedback given to the supervisee. Centre management must ensure that supervision records must clearly reflect discussions and decisions reached with follow-up evident at each session in relation to the planning of care for young people.

One staff member had irregular supervisors and had not received any supervision over a twelve week period despite the fact that they were unqualified in their position as a social care worker. Centre management must ensure that supervision is provided within the time frames set out in the organisation's policy and that consistency of delivery is maintained by the appointed supervisor.

Team meetings were held monthly and there was evidence of a good level of staff attendance. Inspectors reviewed the minutes for the previous year and records showed that discussion focused on social history of the young person, placement plans, challenging behaviour, aftercare plans and key working. Inspectors observed that there was insufficient detail recorded on the content of the discussions with agenda items not linking directly to the team's discourse. There was a lack of a specific connection between the placement plans and key working tasks. Actions were not clearly set out and there was uncertainty as to who was assigned specific tasks with ambiguity a feature in relation to the follow-up of actions. Centre management must ensure that there is consistent review of actions identified with assignment of each task recorded and that details noted of the link made between placement plans and key working. This will adequately and accurately reflect the work that the staff are engaging in with the young people.

One inspector attended the handover meeting. From observations it was found to be child centred with the discussion focused on each of the young people and the events from the previous day and tasks that needed to be achieved on the current shift. Some of these included daily practical issues pertinent to the young people but also the implementation of the young people's plans. Evidence from the minutes reviewed showed details of duties undertaken on shift and appointments set out for each day along with other tasks to be achieved. There was also a weekend plan completed each

weekend which was well detailed and included practice guidance in relation to absent at risk and risk management plans and any other current issues for young people that may arise. There was also detail in relation to a contingency plan to be implemented in the event of an ESB power outage so as to manage risk.

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 regional manager must ensure that unqualified and inexperienced staff are not assigned as a keyworker and that they receive enhanced support from management.
- The manager must ensure that all staff member's qualifications are consistently verified with the awarding body and that this action is completed prior to future staff members commencing work at the centre.
- Centre management must ensure that supervision records clearly reflect discussions and decisions reached with follow-up evident at each session in relation to the planning of care for young people.
- Centre management must ensure that supervision is provided within the time frames set out in the organisation's policy and consistency of delivery must be maintained by the appointed supervisor.
- Centre management must ensure that there is consistent review of the actions identified with assignment of each task recorded and that details are noted of the link made between placement plans and key working.

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

Individual care in group living

From the review of care files and from interviews carried out with the young people, staff and young people's social workers, inspectors observed that the young people were cared for in a manner that takes cognisance of their preferences, wishes and individuality. This was reflected in long-term planning and in the day-to-day care and support that the young people received. There was very good evidence to illustrate this from key working sessions, young people's meetings, individual absence management plans, individual crisis management plans, educational support plans, risk assessments, hygiene, life skills and aftercare plans, all of which reflected positive trusting relationships with staff. It was evident that there was good communication with young people, that they were listened to and that there was genuine concern for their well-being.

Family visits and phone contact were facilitated, as was the building of strong peer relationships. The centre's model of care also prioritises and encourages links to the wider community of the child. The young people spend recreational time outside the centre and are involved in local clubs and community activities such as football, boxing, rugby and gym. Each young person had their own room and made their own choices when shopping and buying clothes. Special occasions such as birthdays were also celebrated.

Provision of food and cooking facilities

The centre has a dining area within the kitchen where the young people and staff eat all meals together. There was evidence to show that healthy eating and habits were encouraged by the centre and young people were supported to bake and cook meals

for themselves and with staff if they wished. Inspectors observed that there were adequate cooking facilities and access to nutritional food.

Race, culture, religion, gender and disability

From observations and discussions with young people and staff, inspectors saw evidence that the centre recognises the importance of family as a source of heritage and identity. Young people were encouraged to maintain links to traditions that promote their specific cultural backgrounds and customs.

Managing behaviour

The centre has a policy in place on managing behaviour which promotes learning for the young person, where positive behaviour is encouraged and rewarded. A system of sanctions and consequences is in operation for inappropriate behaviour. The programmes that underpin the behaviour management framework include the SELF programme as mentioned above, and the ‘decider programme’ which focuses on proactively managing the behaviour of the young person. Inspectors observed that each young person had an individual crisis management plan (ICMP) in place which was reviewed and updated monthly. These documents outlined high risk behaviours, possible triggers and detailed useful intervention strategies. There was also a daily checklist on the young person’s file in relation to behaviours such as; managing phones and technology and self-care/hygiene. The young people and the staff team had access to specialist clinical consultation with the organisation’s clinical psychologist. The psychologist provided guidance on strategies to address the young person’s behaviour. This service took place within the centre and was also available by telephone on an informal basis.

Inspectors reviewed a copy of the sanctions log and noted that there were ninety five sanctions recorded in total for 2017. It was not clear to inspectors if the use of sanctions was always working or if consequences were consistently linked to the behaviour of the young person as per the policy. The detail was not always recorded in respect of what the sanction was and the reason for applying it. It appeared that some sanctions were being used repeatedly without any effectiveness. Despite evidence of oversight by both the centre and regional managers these issues were not identified. Inspectors recommend that the centre review their use of sanctions and their application. Any recommendations from this review should form part of a piece of work with the staff team to ensure consistency. There were risk management and safety plans in place in relation to young people in the centre being over the age of eighteen which detailed preventative mechanisms that mitigated against behaviours that may be deemed to be a risk to other young people.

Restraint

The centre uses a method of physical restraint that has been researched and is based on reputable practice. All staff are appropriately trained in its use. Inspectors reviewed the restraint register and noted that there has been no restraint used in the centre since 23rd October 2015. There had been regular oversight by the manager of the restraints log.

Absence without authority

There were absence management plans (AMP) on file for each young person. Absence without authority is currently not a feature of the significant events that are notified on a regular basis. The centre follows the Children Missing from Care: A Joint National Protocol between An Garda Síochána and the HSE Children and Family Services when reporting young people missing in care.

3.6.2 Practices that met the required standard in some respect only

None identified.

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 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

Safeguarding

There are written policies in place within the centre on best practice procedures to be followed for safeguarding young people from harm. Some of these policies include; staff allegations, reporting procedures, safe recruitment, code of behaviour, complaints procedures, whistle blowing policy, supervision of staff, training in child protection, oversight by centre and regional management, support and guidance from social workers and communication with young people and parents where appropriate. Inspectors found evidence from interviews with staff and also from care files and centre records that there are robust practices and interventions in place that protect young people from potential harmful behaviour.

Implementation of risk management within the centre includes; alarms on all doors and windows that are checked regularly, up-to date risk assessments and safety plans in place for each young person, staff readiness to activate strategies on managing inappropriate behaviours, close supervision of young people by staff and anti-bullying plans in place for young people, all of which supported a safe living environment.

A decision by external management was made to cease using a co-located onsite cottage as independent-living accommodation. Recently this posed a safeguarding risk in relation to young people entering the independent unit unsupervised. One of the inspectors had oversight of the significant events at this time and observed that the issues were responded to appropriately and were well-managed by staff.

Young people told inspectors that they had access to their social workers and could contact them privately if they wished. Staff members stated at interview that they were aware of the centre's policy on whistle blowing and who they can contact external to the centre manager should they have a concern about practice they needed to report.

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

3.7.2 Practices that met the required standard in some respect only

Child Protection

The centre has written child protection policies and procedures in place that have been updated in line with Children First; National Guidance for the Protection and Welfare of Children 2017. The relevant person within the service had developed a Child Safeguarding Statement which included both the written risk assessment and the procedures that support it as per their statutory obligation under the Children First Act 2015. Centre management confirmed that all staff members had received training on the reviewed policy and inspectors saw evidence of the child protection programme that was delivered to staff. Of the files sampled, inspectors observed that all staff members had completed the Children First E-Learning Programme with Tusla, the Child and Family Agency.

Despite the centre having complied with their child protection requirements and obligations under Children First, during interview, inspectors noted that management and staff had difficulty outlining the reporting procedure for the centre and were uncertain of the difference in thresholds for mandated reporting and reasonable grounds for concern. Staff were aware of who the Designated Liaison Person (DLP) was and were also familiar with the process for completing a Child Protection and Welfare Report Form (CPWRF). Centre management must inform staff of the reporting procedures for both mandated and non-mandated persons as per the Children First Act 2015 and in line with Children First National Guidance 2017.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must inform staff of the reporting procedures for both mandated and non-mandated persons as per the Children First Act 2015 and in line with Children First National Guidance 2017.

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 regional manager must ensure that unqualified and inexperienced staff are not assigned as a keyworker and that they receive enhanced support from management.	Team members are assigned as co-keyworkers in order to receive support and learning from experienced team members and to gain continuing development of usage of systems and planning. Unqualified and inexperienced staff will receive supervision and training development by centre manager on a bi-weekly basis. The Regional Manager will ensure that no inexperienced staff are appointed as key workers for any young people in the house. They will be supported to complete an educational placement and will receive daily guidance and support from experienced team members and management. Time frame: Effective immediately.	The Regional Manager, during monthly audits will oversee that trainee/ unqualified staff members are receiving supervision every two weeks by the same supervisor.

	<p>The manager must ensure that all staff member's qualifications are consistently verified with the awarding body and that this action is completed prior to future staff members commencing work at the centre.</p> <p>Centre management must ensure that supervision records clearly reflect discussions and decisions reached with follow-up evident at each session in relation to the planning of care for young people.</p>	<p>All team members without verification on file are currently sending verification forms to awarding college/ university. These will be placed on file once received. All team members have received forms and have forwarded them to the appropriate university/ college. Expected time frame: End of July 2018.</p> <p>All sections of supervision forms will be completed during sessions. All supervisions going forwards will include discussions and decisions reached and action plans. All sessions will begin with a follow-up from previous session reviewing all actions. Planning and placement planning will be discussed in relation to each young person at each session. Time Frame: Effective Immediately.</p>	<p>Recruitment will ensure to request qualification verifications from all employees who do not have one on file at the present time and will ensure to include this verification document at time of interview. Regional manager and Unit Manager will complete quarterly audits of the staff files to ensure that all necessary documents and verification of qualification are on file.</p> <p>The regional manager will complete monthly house audits, and will ensure that there is a more qualitative analysis of staff supervision to ensure that they are being carried out in line with policy and procedures and that there is effective planning with a clear agenda, clear evidence of the young person's placement plans and goals . The regional manager will also ensure that key- working is reviewed and discussed and that the supervision documents for all staff are written up clearly and includes all content reviewed in supervision including clear action plans emanating from the sessions.</p>
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	<p>Centre management must ensure that supervision is provided within the time frames set out in the organisation's policy and consistency of delivery must be maintained by the appointed supervisor.</p> <p>Centre management must ensure that there is consistent review of actions identified with assignment of each task recorded and that details are noted of the link made between placement plans and key working.</p>	<p>Supervision will take place at a frequency of every four to six weeks as required. Monthly review by the centre manager will ensure that appointed supervisors are conducting these in the required time frame. The regional manager will ensure oversight and review of the centre manager's delivery.</p> <p>Team meetings will take place to review young people's plans and related actions from the previous period. Focus will be placed on an update of what was required for the month and how this has progressed to date with any changes needed or further follow-ups. Team meetings will identify what actions are needed for key working and what will be taking place in relation to goals identified in the placement plans.</p> <p>Time frame: End June 2018.</p>	<p>The regional manager will complete monthly house audits to ensure that all supervision is being completed in line with Policy and procedures and that there is consistency for the staff team in being supervised by the same supervisor each month.</p> <p>Audits will include review of team meetings to ensure quality of content and to ensure they are conducted in line with policy.</p>
3.7	<p>Centre management must inform staff of the reporting procedures for both mandated and non-mandated persons as per the Children First Act 2015 and in line with Children First Guidance 2017.</p>	<p>Review of reporting procedures to be completed in team meeting around mandated and non- mandated reporting.</p>	<p>Regular 3 monthly reviews in team meetings will take place.</p>