An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 008

Year: 2019

Alternative Care Inspection and Monitoring Service
Tusla - Child and Family Agency
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Registration and Inspection Report

Inspection Year:	**2019**
Name of Organisation:	**Positive Care**
Registered Capacity:	**Four young people**
Dates of Inspection:	**15th, 16th and 23rd May 2019**
Registration Status:	**Registered from 30th May 2018 to 30th May 2021**
Inspection Team:	**Linda Mc Guinness** **Michael McGuigan**
Date Report Issued:	**17th June 2019**

Contents

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 inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on 30th of May 2008. At the time of this inspection the centre were in their fourth registration and were in year one of the cycle. The centre was registered without conditions from the 30th of May 2018 to the 30th of May 2021.

The centre's purpose and function was to accommodate up to four young people of both genders from age 13 to 17 upon admission.

The model of care was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; exit. This model included work on trauma and family relationships while setting meaningful life goals for the young person. There was an emphasis on understanding the young person's behaviour and helping them to learn healthy alternatives. There were three young people living in the centre at the time of this inspection.

The inspectors examined standard 1 'purpose and function', aspects of standard 2 'management and staffing', Standard 4 'children's rights' and aspects of standard 5 'planning for children and young people', of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 15th, 16th and 23rd of May 2019.

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 and deputy manager
- An examination of the questionnaires completed by:
  a) Eleven social care workers
  b) One social care leader
  c) The client services manager
  d) All three young people
  e) One social worker

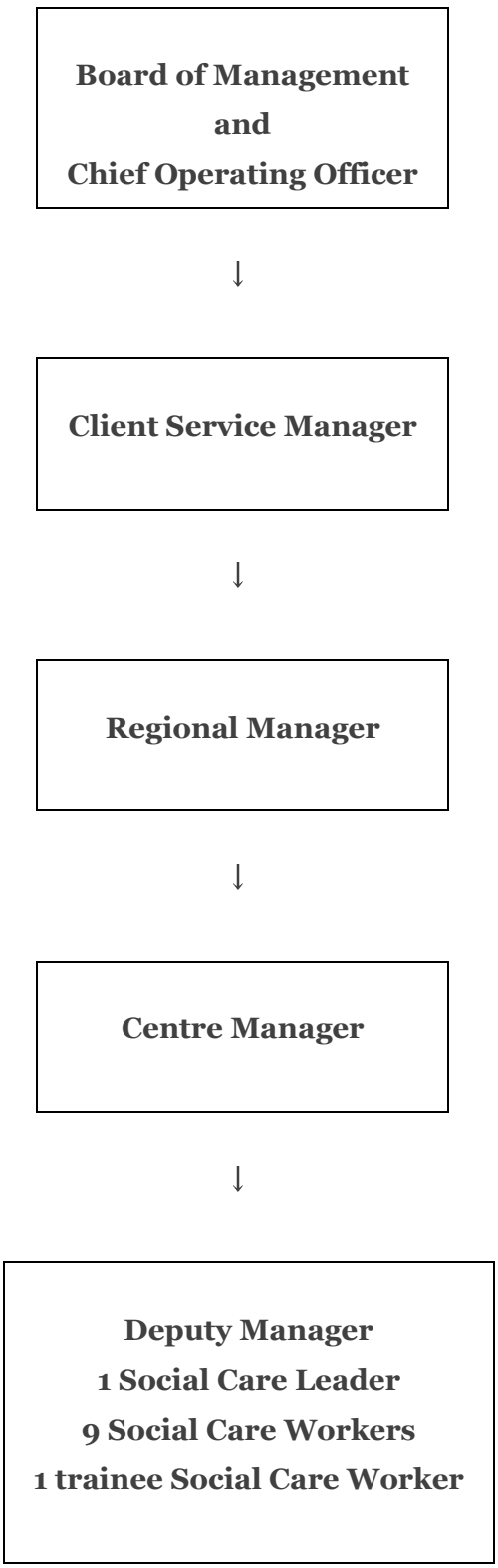
- An examination of the centre's files and recording process including the
  - young people's care records
  - handover book
  - staff supervision records
  - training records
  - centre registers – admissions and discharges, complaints, significant events, sanctions and child protection.
  - management meeting minutes
  - internal quality assurance audits and action plans
  - centre policies and procedures
  - risk assessments
  - personnel files

- 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) One social care leader
  d) Two social care workers
  e) One young person
  f) The lead inspector for this centre
  g) The social workers for two young people
  (the social worker for the third young person (Tusla North Lee) had not responded nor returned a questionnaire)

- Observations of care practice routines and the staff/young person's interactions.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

1.3 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 4th of June 2019. 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 14th of June 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 30th May 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.1. Purpose and function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

The purpose and function for this centre stated that it aimed to provide a responsive and flexible service that was underpinned by effective risk and needs assessments. The focus of the care being provided to young people was on their educational, social and psychological development. The care framework was specific to each young person and through an on-going assessment aimed at providing stability, independence and alternative coping skills. Staff members worked through a model of care which contained four pillars: entry; stabilisation; planning; exit and this was underpinned by two intervention models: SELF (safety, emotional management, loss and future) and PACE (playful, acceptance, curiosity, empathy). Each young person had appointed key workers and the goal was to develop relationships that met a number of the young person's needs – primarily the needs to feel cared for, safe, supported and respected.

The purpose and function was part of a recently updated comprehensive policy document which also contained centre policies and noted legislation that protected the rights of young people. Inspectors found through interview with staff members and review of records that the team were familiar with the content and that the day-to-day operation of the centre reflected the statement of purpose and function. There was much evidence that the staff team understood the model of care, were attempting to link the language of the care framework to their interventions with young people and to include this across the records. At the time of this inspection a second refresher training session relating to the model of care was scheduled to take place in July 2019. These sessions were facilitated by the organisational psychologist. There was evidence of discussions across team meetings and supervision records regarding the implementation of the model of care within the centre.

The age range for the centre was stated as 13 to 17 upon admission and each of the recent admissions had been in keeping with the policy.
There was an information booklet available for young people and their parents. This provided details on the operation of the centre and the nature of the care being

provided under the purpose and function. Inspectors found that the centre had enough staff to meet its purpose and function and that staff understood the needs of young people.

3.1.2 Practices that met the required standard in some respect only

None identified

3.1.3 Practices that did not meet the required standard

None identified

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 this to contain details on the name, gender and date of birth of the young people as well as admission and discharge dates. Details for the young people's parents and social workers were also included. 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. There was a significant event notification register that provided details of each incident in the centre.

Training and development

Inspectors reviewed the training log and certificates in the centre and found that staff had up-to-date training in children first e-learning, a recognised model of behaviour management, fire safety and first aid. Some staff had also received training in manual handling, supervision, sex education, report writing and drug use. There was further training planned for the rest of the year linked to a training needs analysis derived from supervision processes and placement planning.

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. There was good oversight of the records by the centre manager and client services manager. Inspectors also noted that there were adequate financial arrangements in place.

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 nine months at the time of this inspection and had previously held the post of deputy manager. This person held a relevant qualification and reported to the regional manager for the organisation in this area who was accountable to the client services manager. The centre manager worked Monday to Friday each week and had overall responsibility for the day-to-day running of the centre. They were supported in their role by a deputy manager who was appointed in October 2018 and a social care leader who was in post for 19 months. The centre's deputy manager worked a mixture of office hours and day shifts. The centre manager took responsibility for most of the management tasks in the centre. In terms of succession management inspectors felt that it would be beneficial if specific tasks and duties were assigned to the deputy and the child care leader. Inspectors found evidence of centre manager oversight on young peoples' care files, registers and significant event notifications. They also chaired staff team meetings, attended the child in care review meetings and facilitated debriefing of staff and incident reviews when required. There was an out-of-hours on-call service to support the staff team at evenings and weekends if required. Inspectors reviewed questionnaires completed by social care leaders, social care workers and it was noted that staff felt the centre was effectively managed.

The client services manager informed inspectors that the organisation was in the process of developing a 'pathway to management' programme and that this was near completion. They felt that this would be another aspect of the staff retention programme to ensure consistency of staffing within the organisation.

The centre manager reported to the organisation's regional manager. Inspectors found limited evidence of their presence in the centre. While records were reviewed on line, there was no evidence of oversight on care files or registers and the regional manager had only attended one team meeting in the six months prior to the inspection. The client services manager explained that this was due to the regional

manager unexpectedly working reduced hours for a period of time. The client services manager had visited the centre. It was envisaged that the regional manager would be returning soon to their full time post and assuming all associated duties.

The manager completed a monthly report that contained statistical details on issues such as supervision, staffing, young people's meetings and health and safety. This was forwarded to the regional manager along with self-audit reports that focused on care practice, planning for young people, complaints and incidents in the centre. As part of the governance structure for the organisation the regional manager conducted compliance audits of the service on a monthly basis. However, inspectors found that there had been four audits conducted in the six months prior to inspection. Three of these audits had been carried out by the organisation's client services manager due to them stepping into much of the role of regional manager. It is important that continuity of the line management structure and clarity of role is maintained and this should resume as soon as the regional manager returns to their full duties. Audits of the service should be conducted by the regional manager and oversight of their work carried out by the client services manager. The client services manager informed inspectors that they would be returning to completing quarterly audits of the centre as well as conducting unannounced visits to follow up on implementation of previous recommendations.

From a review of the audits carried out inspectors found that the format had changed a number of times in the months prior to inspection. There was a focus on moving to compliance with the new Health Information and Quality Authority (HIQA) National Standards for Children's Residential Centres, 2018. The audits included reviews of previous action plans and tasks identified; significant events and the management of incidents; care practice; key working, placement planning, staff supervisions, complaints and child protection issues. From the audit an action plan was created and there was follow up with the centre manager on completion of tasks.

The organisation held weekly video calls between the centre managers, the regional manager and client services manager. This was a governance mechanism designed to support managers in their role and to facilitate effective planning. From a review of a sample of minutes for this forum, inspectors found that they contained some discussion in respect of care planning and current issues for the young people in each centre. Inspectors found that this section of the record could be improved in that it was generally a brief narrative and did not create many actions or follow up. Operational issues which included training, health and safety, staffing, policies and procedures, quality assurance, peer support, finance and maintenance were reviewed

in detail. There was a review of the previous meeting with any outstanding issues noted and carried forward. There were strategies in place to address issues arising with named persons responsible for actions.

Staffing

This centre had a complement of one centre manager, a deputy manager, one social care leader and nine social care workers. Inspectors found that there was a dual comprehensive formal induction process in place. These covered organisational policies, procedures and mandatory training and also a specific orientation to the centre with newly appointed staff members 'shadowing' more experienced staff.

Three of the centre's social care workers worked reduced hours in agreement with senior management. Six staff held a qualification in social care or related field and one was in training at the time of inspection. Inspectors found that there were enough staff to fulfil the purpose and function and that there was a balance of experience on the staff team. The rota saw two staff working a sleepover shift each day and third person worked a day shift extending into late evening. The centre manager acknowledged that at times there was not always a day shift available; however this was very infrequent and had not adversely affected the quality of care being provided to the young people. This had not happened in recent times and there were sufficient staff to ensure three people on the roster at the time of this inspection. The organisation had established a working group to focus on recruitment and retention of staff and had recently implemented staff retention initiatives which were to be rolled out in 2019. The organisation held regular staff representative meetings to ensure that the opinions and views of staff are considered for service improvement.

From a review of staff personnel files, inspectors found that these contained up-to-date Garda vetting, contracts of employment, references, copies of qualifications, CVs and training certificates. However, inspectors noted that at times the written references for staff were received from personal email accounts rather than organisational email accounts and these documents did not have organisational stamps. Inspectors noted that some references were written by peers rather than those in a supervisory or management role and that CVs did not contain sufficient information. These issues should be addressed at an organisational level and be included in recruitment policies.

Supervision and support

This centre had a policy that stated supervision would be conducted every four to six weeks. Supervision for staff in the centre was carried out by the manager and was

generally in line with the time frames set out in the policy. The manager had received training in a recognised model of supervision and it was anticipated that the deputy manager would take on the supervision of some staff in the coming months. As part of this inspection a review of a sample of supervisions was conducted and inspectors found that there were good discussions on the planning of care for young people and care practice. There was evidence in each supervision record that the centre manager reviewed placement plans and key working with staff and that specific goals were set for the coming weeks. There was evidence of support for practice learning and professional development and actions agreed were recorded at the end of supervision. Records for supervision reflected discussion on the model of care being implemented in the centre and the SELF (safety, emotional management, loss and future) / PACE (playful, acceptance, curiosity, empathy) interventions were often used to underpin key working. Inspectors noted that the supervision records could be improved further by separating the actions from the narrative of the discussion to facilitate more effective follow up.

Inspectors found that there were deficits in respect of the provision of supervision to the centre manager. The centre manager had been the deputy prior to taking up post and in total only seven supervision sessions were recorded across 2018 and 2019. At points there were gaps between sessions of 10 and 12 weeks which was outside the timeframe set in the organisation's policy document. The client services manager had stepped in to provide supervision when the regional manager had unexpected reduced duties. The manager only had one introduction supervision and three further sessions since taking up the post. Only two had taken place in 2019 at the time of this inspection. While an agenda was set by both parties, inspectors found that there was a lack of detail across some of the records. There were discussions relating to staff training, team supports, operational issues and the care framework. There was a brief narrative relating to the care planning for young people and inspectors found that this would benefit from further detail and being more action focused.

From a review of the staff team meeting minutes, inspectors found that these were occurring regularly. Inspectors noted that meetings focused on the planning of care for young people and were generally well attended. There were discussions on the SELF and PACE models and key working was both planned and opportunity led. Placement plans and therapeutic plans were also discussed and guidance documents were updated. Meetings also reflected on staff interventions and care practice and positive interventions were developed. Team meeting minutes contained action plans with persons responsible and clearly defined tasks. Inspectors also attended a

handover meeting and found this to be child centred, focused on the exchange of information and the planning of care for young people.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

The centre 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

- Organisational management must ensure that continuity of the line management structure and clarity of role is maintained in respect of auditing and oversight of the centre.
- Organisational management must ensure that policies and procedures in respect of vetting are updated and implemented to fully meet the requirements of the Department of Health and Children in relation to the recruitment and selection of staff to children's residential centres.
- The client services manager must ensure that adequate supervision is provided to the centre manager which is in line with organisational policy.

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

There was an appropriate policy in place in relation to consultation with children and young people. From a review of care files inspectors found that young people's views were sought on decisions that affected their daily lives and their care in the centre. This was occurring through key working, opportunity led individual work and also through young people's meetings. There had been 35 young people's meetings so far in 2019. Inspectors noted at times that there was a focus on issues such as meal planning, activities and maintenance issues. Inspectors recommend that consideration is given to using this forum to facilitate workshops on social issues that young people may encounter such as bullying, internet safety and drug use where appropriate.

There was evidence that staff and management responded to requests to call meetings when young people wished to discuss issues and there was space for the centre manager to include comments on the meetings minutes. However, the staff team meeting did not have a review of young people's meetings set as a standing agenda item and this could be included.

Complaints

There was a recently updated and detailed policy in relation to the handling and investigation of complaints. This policy was in line with the Tusla 'Tell us' policy and described a four stage process which included local resolution, referral to complaints officer, internal review and external review. It also included an appeals process and advised young people of external supports available to them such as Empowering People in Care (EPIC) or the Ombudsman for Children's Office. Social work departments were included and notified no matter which level the complaint was at. The policy was provided and explained to young people upon their admission to the centre.

There were 10 entries to the complaints register, the majority of which were at 'level one' and which were resolved locally through negotiation and compromise. The social workers had been notified and the two who spoke with inspectors stated that they were happy with the process and that it worked effectively. Conclusions were reached for each complaint recorded on the register and feedback was provided to the young people. The detail of the process was also recorded on young people's individual care files and reviewed regularly to pick up on any possible patterns or trends.

Access to information

The centre had a policy entitled 'providing young people with information' which included their right to access their records. This was also covered in the policy relating to 'maintaining the young person's record and register'. The young people were informed of their rights and responsibilities upon admission to the centre and were assisted to understand them by keyworkers and the staff team. There was much evidence that the team supported the young people in accessing information related to their care and that they were afforded regular opportunities to read their files. One young person prepared a file for inspectors to review which contained their care planning documents and aftercare plan.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 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*

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

Preparation for leaving care and aftercare

Two of the young people living in the centre were aged over 16. Inspectors found that there was on-going planning and work being carried out with both young people to help them prepare for leaving the care of the centre. Both young people had aftercare workers and there were plans in place for when they reached 18 years of age. The

placement planning process addressed preparation for independent living and there were aftercare needs assessments completed with the young people.

Discharges

The centre had a comprehensive policy entitled 'young person's discharge and transition from the centre' which stated that the organisation strives to ensure that young people are discharged on a planned basis. Staff roles internally and external professional responsibilities were clearly defined in relation to assisting young people to move on in a planned way.

There had been two discharges from this centre since the last inspection. One was a return to family for the young person which although expedited, was in line with their care plan. The second young person was discharged to an agreed aftercare placement and was also in keeping with the goals of their care plan.

3.5.2Practices that met the required standard in some respect only

Statutory Care Plans and Reviews

There were three young people living in the centre at the time of the inspection and inspectors found that each had an up-to-date care plan that contained the required information. One young person was due a child in care review meeting at the time of this inspection. Inspectors noted that it took a period of six months (from 16/05/18 to 08/11/18) for their last care plan to be sent to the centre following a statutory review.

Care plans were detailed and contained information and assessment on the needs of young people under the headings of educational, social, emotional, behavioural, and health. Despite evidence that the social care manager and team had requested the minutes of child in care review meeting for one young person these had not been provided. There was evidence that young people were supported to attend their child in care reviews if they wished to do so and helped to prepare for these meetings and have their voice heard.

Inspectors reviewed the placement plans for young people and noted that each had an up-to-date plan that was being reviewed regularly. The centre manager had oversight of plans and there was evidence of regular review of goals and work to be undertaken with young people through supervision, staff team meetings and planning meetings. Plans were comprehensive documents that set out key work related to the educational, emotional and social development of young people. There was evidence of strong oversight and planning and inspectors also found clinical

input where required. Each young person also had a therapeutic plan and these were formulated in conjunction with internal and external clinical specialists. The young person's voice was evident in placement plans and inspectors found good consultation with young people on the work to be carried out with them.

Supervision and visiting of young people

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 had an allocated social worker. A third young person's social worker had recently left and they had a part-time social worker temporarily allocated to the role. The social work team leader informed inspectors that a new social worker who was familiar with the case had been identified and would be taking up the case imminently. From a review of the care files and records and from information provided by social workers inspectors found that only two of the young people in the centre had been visited in the centre in line with Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 24. The other young person was placed in this centre which is a significant distance from the referring social work area and they had only been visited in the centre twice, most recently on 28/11/2018 and previously on 19/04/18. While they had met the young person when they were on access and attending meetings in their local area this does not meet the requirements of the regulation and must be addressed by the relevant area. There was no evidence that they had read the records kept in the centre.

While it was reported that social workers read the young people's files from time to time as required there could be improved evidence of this on the records. Each social worker was provided with copies of young people's most recent placement plan, individual crisis management plan and individual absence management plan for approval.

Social work role

Social workers had provided background information prior to the placement to facilitate the referral and the pre admission risk assessment processes. As mentioned previously there was a significant delay in the receipt of the care plan for one young

person. In order to facilitate effective placement planning care plans must be updated and provided to the centre in a timely manner following a child in care review.

The social worker for one young person and the team leader for a second young person were interviewed by inspectors following the on-site visit. Each was satisfied that the placement was suitable, was meeting the needs of their young person and that they were safe and well cared for. Each professional confirmed that they received prompt notifications of all significant events which took place in the centre and were satisfied that they were managed appropriately. They also received regular monthly reports and current plans for their young person. They stated that there was regular communication with the staff team and that they felt the centre was well managed. One social worker also felt that the organisation was providing effective 'gatekeeping' in relation to referrals and admissions which ensured a good 'mix' of young people and protected the placements of existing young people.

3.5.3 Practices that did not meet the required standard

None identified

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 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 22, Case Files.

One social work department within in 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 24, Visitation by Authorised Persons

Required Actions

- The social work department for one young person must ensure that an up to date care plan and minutes of the review meeting is provided to the centre promptly following a child in care review meeting to facilitate effective planning

- The social work department for one young person (Tusla North Lee) must ensure that their young person is visited in the centre within the intervals

specified in Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 24.

4. Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	Organisational management must ensure that policies and procedures in respect of vetting are updated and fully meet the requirements of the Department of Health in relation to the recruitment and selection of staff to children's residential centres.	Requirements as set out state that we should complete vetting every three years; we feel as a company every two years is in line with best practice. All vetting for current and relief staff will be checked on 19.06.19 to ensure that all staff are within the time frame set out by our vetting and recruitment policy.	Recruitment department will ensure on-going reviews of vetting as required.
	Organisational management must ensure that policies and procedures in respect of vetting are updated and implemented to fully meet the requirements of the Department of Health in relation to the recruitment and selection of staff to children's residential centres.	The policies will be updated to reflect required changes	Organisational policies are subject to regular review.

	The client services manager must ensure that adequate supervision is provided to the centre manager which is in line with organisational policy.	A schedule of proposed supervision dates has been provided to the centre manager until end of 2019. While it is recognised that minor adjustments may be required to dates, a commitment is in place to adhere to the company policy on supervision.	Unit Manager monthly house report notes whether the centre manager has received supervision that month. Dual responsibility is set out for regional and centre manager to ensure that supervision takes place within required timeframe; and client services manager has requested an update if this does not occur. Monthly house report is audited by client services manager to ensure oversight.
3.5	The social work department for one young person must ensure that an up to date care plan and minutes of the review meeting is provided to the centre promptly following a child in care review meeting to facilitate effective planning The social work department for one young person must ensure that their young person is visited in the centre within the intervals specified in Child Care (Placement of Children in Residential Care) Regulations,	Unit Manager will continue to request said documents. No response received from the social work department to the draft report and action plan. A schedule of visits has been requested by unit manager to social worker for this young person. No response received from the North Lee social work department to the draft report and action plan.	If within one month of review date the CICR minutes and care plan have not been received this will be escalated by senior management to the social work department line management. If a timely response is not received; or if the schedule of visits is not adhered to this will be escalated to management within the social work department.

	1995, Part IV, Article 24.		