



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

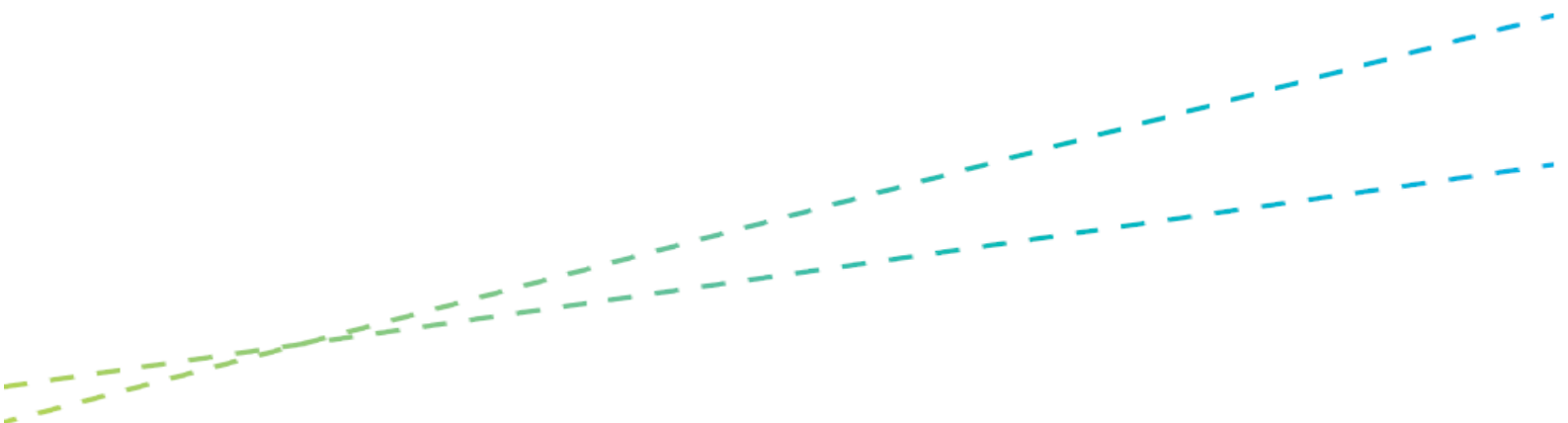
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 028

Year: 2017

Lead inspector: Orla Griffin

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Traveller Families Care
Registered Capacity:	Six young people
Dates of Inspection:	18th and 19th April
Registration Status:	Registered with no attached conditions from the 5th December 2016 to the 5th December 2019
Inspection Team:	Orla Griffin Michael McGuigan
Date Report Issued:	14th August 2017

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1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the

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

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

1.1 Methodology

This 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 ongoing operation of the centre in line with its registration. This themed inspection was announced and took place over the following dates 18th and 19th of April 2017. Inspectors completed a themed inspection and reviewed standards 1, 2, 5 and one criterion under standard 10.

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 (incl. Deputy manager)

 - b) Three young people residing in the centre

- ◆ An examination of the centre's files and recording process.

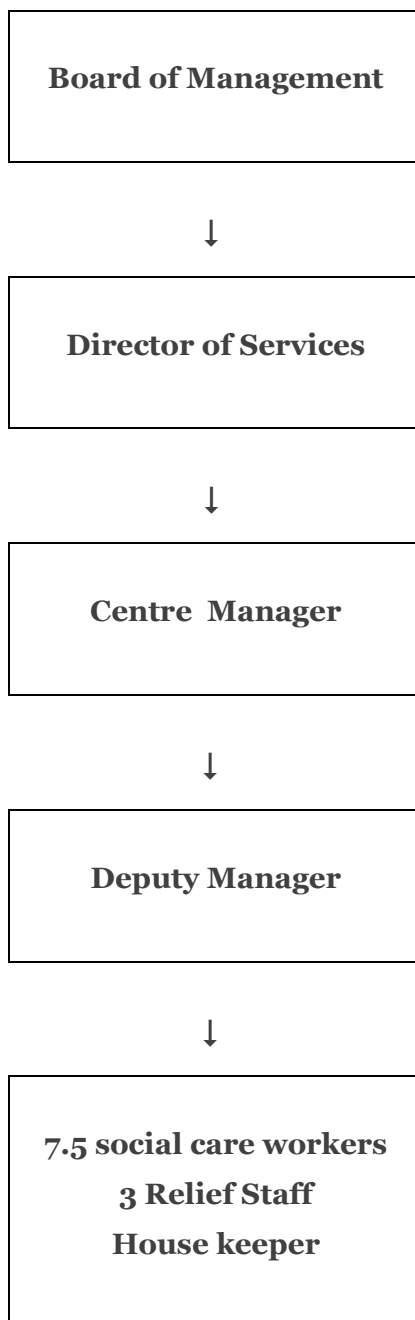
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively;
 - a) The centre management
 - b) Two staff
 - c) Four young people
 - d) The Child and Family Agency principal social worker with responsibility for young people residing in the centre.

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

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration.

As such the registration of this centre remains 05/12/16 to 05/12/19.

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

In December 2016 the director of services submitted an application to the registration and inspection service to continue operations in an existing centre under a new purpose and function. The application was granted and the centre was registered to provide residential care for up to six young people, aged thirteen to eighteen on admission, on a short to medium term basis. The centre is a mixed gender unit dedicated to providing care and accommodation specifically to separated children seeking asylum.

There was clarity between the management and social care team as well as the Child and Family Agency social work department regarding the centre's model of care which was a needs based approach that is provided within a nurturing, safe and secure environment. The model of care was developed in conjunction with the Child and Family Agency social work department and is informed by the hierarchy of needs, a psychological theory of Maslow. The purpose of the placement is for the young people's primary care needs to be met by the social care team while the Child and Family Agency social work department conduct an assessment of the young person's long term care needs that considers reunification, alternative care options and aftercare. Inspectors were satisfied that the day to day operation of the centre had been in line with the model of care and purpose and function. The centre has a written policies and procedures booklet that was finalised in September 2016 by the manager and director of services in preparation for the change in the centre's purpose and function.

Young people are provided with a welcome book on admission to the centre. The welcome booklet provides information on the provision of care at the centre, the young people's rights and responsibilities and external professionals and was available in English and a number of languages including Pashtu, Dari, French and Albanian at the time of inspection. There was evidence that translation services are

employed by the centre to support the provision of this information to the young people as required.

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

Management

The centre is managed on a full time basis by a suitably qualified person who has a number of years experience working in residential social care in direct social care practice and management positions. The manager's induction took place over a six month period and was undertaken by an external consultant who had previously managed the centre on a temporary basis. The manager reported that the induction process included training into the management model and leadership appraisal.

The work of the manager is overseen by the director of services who has responsibility as the external manager to the centre. Sufficient evidence was gathered during the inspection to demonstrate that the manager and director of services had effective systems in place for the oversight of care practices and operational policies in place at the centre.

The manager had a range of mechanisms for overseeing centre practice including the observation of the daily handover meeting, facilitation of the team meeting, review of centre records, staff supervision and observation of staff practices with young people. The manager meets with the director of services and deputy manager on a weekly basis to address operational matters including staff rosters, health and safety and

training. The manager participates in monthly manager's meetings that include attendance by managers and deputy managers within the organisation.

The director of services attends the centre on a regular basis and demonstrated a strong working knowledge of the social care team and young people in placement. The director of services engaged in a range of activities as the external manager including the weekly manager's meeting, team meetings, and monthly audits of centre practice and regular supervision of the centre manager. There was evidence of the director of services reviewing intake forms for young people, signing off on centre records including daily journals, placement plans and notifications of significant events.

Inspectors identified issues that required action by the manager and director of services in the course of their oversight duties including the quality of care records, supervision records, team meetings minutes and placement planning and these are detailed in the relevant sections of this report. The manager was aware of these issues and informed inspectors of a plan for the development of the staff team to improve service provision that included training in case management and report writing. Inspectors recommended to the manager that the goals for the service are formalised, through a service development plan for example, to track the identified issues in the team and areas for improvement and timeframes to demonstrate progression and oversight of same.

The board of management has governance responsibilities in respect to the operation of the centre. Board of management meetings take place on a bi-monthly basis and are attended by the manager and director of services who report on the operation of the centre and minutes of these meetings were maintained at the centre.

Register

The centre register, as maintained by the manager, contained the required admission and discharge information of the eight young people who were placed in the centre since the commencement of operations in January 2017. Duplicated records are kept centrally by Tusla, Child and Family Agency.

Notification of Significant Events

Interviews and the review of centre paperwork supported the finding that staff had a good understanding of the circumstances that constituted a significant event and that

these events were notified to relevant professionals and internal management in a prompt manner in line with the centres written policy. The lead inspector had oversight of significant event notifications of the centre since January 2017. The records of significant events were detailed and, where required, included strategies implemented by staff members to de-escalate incidents in line with the team's training in therapeutic crisis intervention. The records reflected that the social work department were promptly notified of events and this was confirmed by the Child and Family principal social worker in the course of interview.

There was evidence of post incident support for young people to reflect on events and their decision making with members of the staff team. The register of significant events was up to date and corresponded to the care file when cross referenced by inspectors.

There are processes in place for the internal review of significant events and this takes place at team meeting and weekly managers meetings. The manager has consulted with managers of centres providing a similar service with the view of establishing a significant event review group to facilitate shared learning opportunities.

3.2.2 Practices that met the required standard in some respect only

Staffing

The centre operated with a stable core staff team consisting of a full time manager, deputy manager and 7.5 social care worker posts. The manager had access to a panel of three relief staff to cover leave taken by members of the core staff team. While the centre does not have dedicated social care leader positions the majority of the team held a degree in social care and are experienced to social care leader level. The core staff team had significant practice experience in providing care for young people with specific cultural needs. Young people at the centre, through written questionnaires and in the course of interview with inspectors, reflected that they found the staff team to be approachable and supportive. While onsite, inspectors observed staff members interacting with the young people in a supportive and warm manner.

Inspectors examined a sample of staff personnel files and were satisfied that appropriate vetting and renewal of vetting procedures was adhered to. The personnel files held copies of staff qualifications however, verification of qualifications had not taken place and this must be addressed by the manager.

The centre operated at a staffing ratio of 2:6. The staff team highlighted that the staff ratio proved to be challenging at times, for example, when scheduling and facilitating appointments for young people. The paperwork reviewed by inspectors demonstrated that this was being managed well by the staff team and young people had been facilitated to attend their education course, medical and specialist appointments as required.

Due to staff shortages, the director of services and manager had completed overnight shifts at the centre. In response to this, action had been taken by the director of services to recruit and expand the relief panel and this was in progress at the time of inspection. The inspectors recommended to management that the practice of participating in shifts at the centre no longer takes place to ensure that an operational distance from centre practice is maintained. The director of services had made representation to the Child and Family Agency for one additional social care position to increase the staffing ratio and reduce the use of relief staff and an outcome to this request had not yet been reached.

Students are accepted on placement at the centre, following vetting from the placing colleges, and are supernumerary to the staffing levels.

Supervision and support

The manager and deputy manager were responsible for the supervision of the core and relief staff team respectively and both had completed relevant training. The sample of supervision records examined demonstrated that this practice was taking place at intervals of 4-8 weeks in line with the centre's written policy. Staff files contained supervision contracts that set out the working agreement between supervisee and supervisor. The manager did not have a supervision contract on file and this must be addressed by the director of services.

A supervision template was in place for the staff team that included nine of the team headings of the placement plan and did not include preparation for leaving care. Inspectors found that this section was used for staff with key working responsibilities. The supervision records reviewed had not demonstrated planning for the progression of placement plan goals. For example, planning for the care of young people was discussed in a reflective manner regarding tasks that were completed and had not

demonstrated forward planning and strategies to support young people in achieving the goals set out in the placement plan.

Given the findings of inspectors, management must review the process and recording for supervision to ensure that it demonstrates planning for the progression and implementation of the young person's placement plan.

Daily handovers and weekly team meetings took place regularly and facilitated good communication regarding care needs of the young people and the approach of the team. The team meeting attended by an inspector reflected good observations regarding the young people's presentation and discussion of care practices. Inspectors found that the record of team meetings did not have sufficient detail with regards to the discussion and decision making taking place. The manager must oversee the improvement of team meeting records and ensure that actions to be taken and by whom are clearly recorded.

The organisation provides an external support service that is available to employees who have experienced stress or injury as part of the work at the centre and can be accessed anonymously by the staff team.

Training and development

The staff team completed up to date mandatory training in child protection, first aid, fire safety and therapeutic crisis intervention. The manager and deputy manager were responsible for the training schedule that was developed to ensure that mandatory training remained up to date for the staff team.

Training and development of the staff team was discussed as part of the team meetings. Management recognised that report writing and recording skills of some staff members had not been to the required standard and impacted on the quality of centre records. Inspectors observed inconsistency in the quality of records and the use of pro forma templates. There was inconsistency in the completion of the young people's placement plan document and its evaluation. The manager must ensure that training is completed with the staff team on record keeping and specifically the completion of the placement plan document and that the quality of records is improved.

The staff team participated in a programme of training and learning activities in preparation for the centres change in purpose and function and model of care that

included presentations from the dedicated social work department. The staff interviews and questionnaires reflected that the team felt supported in preparation for the change in purpose and function.

There were examples of some team members engaging in additional training in the areas of mental health and loss and separation. Inspectors recommend that additional training needs of the team are reviewed by the manager on a regular basis as the provision of care develops under the new purpose and function.

Administrative files

Centre records were organised chronologically and maintained in line with the centre's filing system. There were a wide range of sections in the filing system, some of which had not been relevant to the work of the centre under its current purpose and function. It is recommended for the manager to review the filing system and removes sections not relevant to the work of the centre under the current purpose and function.

The manager monitored the quality of all unit records. Centre registers, including those for young people placed at the centre, significant events, complaints and child protection were well maintained. Inspectors identified that action needed to be taken to address the standard of recording in records including daily logs and key working for example. Inspectors identified that decision making and oversight of progress must be clearly recorded in supervision and team meeting minutes. As stated in this report, the manager must evidence action taken to address deficits in the quality of administrative files and ensure that clear decision making process are represented in centre records including supervision and team meetings.

Records were stored securely in the centre and there was a system in place for records relating to the care of the young people, in addition to their care files, to be kept in perpetuity.

The manager is satisfied that sufficient financial support is made available to provide for the day to day running of the centre. The board of management has oversight of the centre's financial management systems through a financial report submitted by an appointed administrator for review at the bi monthly board of management meetings.

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 manager must undertake a review of personnel files and ensure that the verification of qualifications is completed for all staff.
- The director of services must ensure that a supervision contract is completed with the manager.
- Management must review the process and recording for supervision to ensure that it demonstrates planning for the progression and implementation of the young person's placement plan.
- The manager must ensure that training is completed with the staff team on record keeping and specifically the completion of the placement plan document and that the quality of records is improved.
- The manager must evidence action taken to address deficits in the quality of administrative files and ensure that clear decision making process are represented in centre records including supervision and team meetings.

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 has a written policy regarding the admissions of young people to the centre. Young people are referred and placed at the centre by a dedicated Child and Family Agency social work team who are established specifically to work with separated children seeking asylum. The admissions policy recognises that young people can also be referred to the service through the out of hours social work service. The manager informed inspectors that this was not yet operational, by formal agreement, to provide an opportunity for the provision of care at the centre to be established under the new purpose and function. The policy contains clear criteria under which it is not suitable to admit a young person.

Inspectors found both the social work department and the centre had systems in place to manage admissions to the centre. Prior to placement at the centre, the social worker completes an intake assessment and this contains any social history available and includes key information about the young person including religious and dietary needs so the centre can prepare for the admission. Copies of the intake assessment were observed on each care file. Young people interviewed had a good understanding that the placement was for a limited duration while the allocated social worker identified a follow on placement. An intake checklist in place for staff to complete when young people are placed and this includes the receipt of required documentation and scheduling of a medical appointment to assess the young person's health needs. Inspectors recommend that this form is reviewed by staff to demonstrate action taken to address outstanding matters. Young people were provided with welcome books and supported to understand the nature of their placement, their rights, fire safety and the day to day routine of the centre. There was evidence that centre staff had organised an interpreter to translate information about

the nature of purpose of the placement for young people on admission. Placement plans for young people were developed within twenty four hours of admission.

The nature of the service provision restricts the ability of the manager to complete pre-admission collective risk assessments as there is limited information available about the young people whether they are placed in a planned or unplanned way to inform this process. The manager advised that the Child and Family Agency social work department has a good working knowledge of the young people in placement and this, as well as any issues raised by management, would inform further admissions.

Each young person in placement was attending education service specific to separated children seeking asylum. This service had been a considerable distance from the centre and required young people to travel for several hours each day. Inspectors raised this matter as part of interview with the Child and Family Agency principal social worker. Inspectors were informed that the course attended by the young people was short term in nature prior to young people transferring mainstream or alternative school placements. Inspectors recommend that in the best interests of the young people that the short term nature of attendance at the education service advised by the principal social worker is adhered to given the travel demands it is currently placing on them.

The review of information gathered during inspection evidenced that young people were suitably placed and admissions to the centre were in line with the written statement of purpose and function.

Contact with families

The principal social worker informed inspectors that the short to medium term duration of the placement provided a timeframe for the social work department to assess the young person's long term placement options with the possibility of reunification as a primary consideration. The importance of family contact was valued by the social work department and the social care team. Each young person is provided with a mobile phone and has access to the internet and social media to facilitate contact with their families and friends where possible. In cases where a young person has lost contact with a parent, family or significant others, the staff team were responsive in communicating this to the social work department who were better positioned to access services to locate family members and re-establish

contact. In line with the approach of the centre, support from the team around the young people's experience of separation and loss is led by the young person.

There were opportunities for young people to socialise with others with similar experiences prior to coming into care. Young people's friends were welcome to visit the centre with notice so that appropriate plans could be put in place. Efforts were made by the social work department to place young people known to each other together to encourage support networks and friendships.

Supervision and visiting of young people

Each young person had access to a telephone and contact information for their allocated social worker. Young people interviewed had experience of travelling to the social work department for meetings. The Child and Family Agency principal social worker had clear expectations of the team that social workers would visit the young people on site and in private and conduct reviews of daily logs and centre records. The manager was satisfied that young people met regularly with their allocated social worker. There was ample space in the centre for young people to be visited by their social worker and in private.

Records of social work visits were maintained among records of visits from other professionals. Inspectors recommend that a separate section is developed on the young person's care file specific to social work contact and contains the details of any action to be taken as a result of the visit.

Emotional and specialist support

The Child and Family Agency principal social worker described a key aim of the placement as providing an opportunity for the young people to reclaim their childhood and to have their basic and primary care needs met. Inspectors found that this approach was reflected in centre practice and the provision of a safe and nurturing environment for the young people was observed during the onsite inspection. Inspectors observed supportive interactions and caring gestures between the social care team and the young people in placement. Young people found that the social care team were available to them.

The staff team recognised and that young people experienced separation and loss of their family. While key workers or other staff members did not directly raise discussion with young people about their social history, it was evident from centre records and interviews with the staff team that the team were available and responsive to young people who wished to talk about their life experiences and feelings.

The team meeting observed by an inspector demonstrated a good insight from the staff team into the young people's emotional presentation and needs. For one young person, the need for specialist support was identified and the centre was pro-active in seeking out appropriate services on the young person's behalf. The Child and Family Agency social work department had some funding for the contracting of private specialist services where a young person expressed an immediate or specific need for intervention. Inspectors recommend that where this arises the social care team maintain clear records of advocacy on behalf of the young person to access this resource.

Preparation for leaving care

Given the short term nature of the placement, the staff team support the young people in their development of independent living skills in preparation for leaving care from the time of their admission. The goals for the young people are informed by the statutory care plan, the young person's placement plan and through consultation. Records of individual work reflected that staff engaged with young people to support them in areas including budgeting, grocery shopping, cooking, use of public transport and scheduling appointments.

Based on the review of the preparation for leaving care goals set out in placement plan inspectors recommend that the scope of independent living skills being supported by the staff team is broadened in line with the young person's age and capacity.

Discharges

The centre has a written policy containing information about the process of planned and unplanned discharges from the centre. The manager has overseen one planned and one unplanned discharge from the centre since the initial admissions of young

people took place in January 2017. The first discharge took place in a planned way after a young person reached eighteen years of age. The unplanned discharge took place for a young person following a period of being missing from care. Both processes for the discharge of the young people occurred by agreement between the centre manager and social work department and in line with the centres written policy and procedure document. Discharges are notified in writing to relevant professionals through the significant event notification system.

For young people who are discharged from the service, a final monthly residential report is completed. The reports are individualised and detail is inputted into a standardised template that covers a range of areas including professional contact with the young person, their presentation and interaction with others and progression of the placement plan. In line with other records reviewed inspectors found that that staff members exercised different approaches to the completion of the reports. Inspectors recommend that the manager considers other methods to capture an overview of the young person's progress in placement, including preparation for leaving care, that can also contribute to the assessment of the quality and effectiveness of the service provided by the centre.

Aftercare

The Child and Family Agency has a national aftercare document; '*National Policy and Procedure Document on Leaving and Aftercare Services (2011)*' and this document was subject to the process of review at the time of inspection. Of the six young people in placement, four were aged sixteen years and younger. The remaining two young people were aged seventeen and were recently been placed at the centre. In line with the existing national aftercare policy, the eligibility of the young people in this service to access a leaving and aftercare service is based on an individual needs assessment completed by the allocated social worker. The dedicated social work department has an aftercare team leader and four aftercare workers.

Four of the young people were recently admitted to the centre and two young people were in placement for less than three months. The social work department was in the process of determining, in consultation with the young person, the type of placement or aftercare setting most suitable to their needs with regard to factors including their circumstances and age.

Some young people advised inspectors of their future plans in training and employment and reflected that their social worker was informed and was responsive to their wishes. Inspectors recommend that aftercare planning is discussed as part of the statutory care plan review process due to take place for the young people in placement.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Emergency care plans were provided to the centre on the date of the young person's admission or as soon as practicable thereafter. Each young person in placement had a statutory care plan record on file and each record was signed off by the placing social worker, the social work team leader and centre management. The care plan contained information that was available about the young person's circumstances and social history prior to their placement at the centre, information about their family contact, religious needs, health and other relevant information gathered during the social worker's intake assessment including the young person's views.

One young person in placement required a statutory care plan review and inspectors found that this meeting was not been convened within the two months following admission to the centre and in line with regulations. For another young person, the proposed review date stated on the statutory care plan was three months following admission. The Child and Family Agency social worker must ensure that statutory care plan review meetings are convened within the first two months of placement and at regular intervals thereafter in line with regulations.

Each young person had a personal placement plan that was developed by the social care team within 24 hours of their admission to the centre and was informed by the statutory care plan. There was evidence of good practice in place whereby young people were informed and consulted around the goals of their placement plan with the support of an interpreter as required. Comparisons between the placement plans for young people reflected differences in how the plans were completed and evaluated by the staff team. It was observed that the section for preparation for leaving care was removed entirely from one document. Placement plans did not have a signature sheet for the staff or evidence of agreement from the young person or their placing social worker. As stated in this report, the manager must ensure that the team

receive training in the completion of the placement plan document and that a consistent approach is used by the staff team.

Weekly planning sheets contained information on the key working to be completed for each week. However, there was no record referencing whether or not the work had been completed and tracking the progression of the placement plan had not been clearly represented. It is recommended that the manager reviews how the progression of the placement plan is tracked in centre records.

The review of key working records showed regular engagement with young people. Some pieces were well written and demonstrated good support to the young people connected to their placement goals. Common to other centre records reviewed by inspectors, issues were identified around the consistency and quality of recording from the team. It was evident that brief interactions between staff and young people had been incorrectly recorded as key working sessions. A number of records were reviewed that lacked detail about the quality of work that had taken place with the young person and their voice. The manager must ensure that key work records are specific to the goals of the placement plan and records are completed to a good standard.

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.

Inspectors interviewed the principal social worker who confirmed that the allocated social workers were satisfied that young people were safe and well cared for in the centre. Social workers receive updates regarding young people's progress through monthly residential service reports, notification of significant events and through regular contact with the staff team. Young people who were interviewed by inspectors were familiar with their social worker and had experience of travelling to their offices and making direct contact by telephone. There was evidence on the care files of centre staff circulating planning documents to the allocated social workers to review and sign off on. Inspectors recommended to the principal social worker that the team need to evidence consistent oversight of planning documents developed for

the young people including placement plans, absence management plans and individual crisis management plans.

Inspectors identified aspects of practice to be addressed by the social work team. On review of the care files, inspectors found that two admission into care forms provided to the centre lacked signatures from the young person's social worker. On some files only one page of the two page form were been completed and provided to the centre. On some young people's files consent forms were signed by the centre manager rather than a social worker. Consent forms regarding medical attention for example should be completed as part of the admissions process to the centre. There was evidence of the staff team circulating planning documents to allocated social workers for their review and signature and a response was pending.

The Child and Family Agency principal social worker must ensure that placing social workers complete admission into care forms in full and provide this documentation as well as required consent forms to the centre on placing a young person. Inspectors recommend that the allocated social worker signs off on planning documents for the young person to demonstrate agreement and oversight of the placement.

Children's case and care records

The principal social worker confirmed that individual case files are maintained by the allocated social worker for each young person at the centre. The children's care records reviewed during inspection reflected efforts from the staff team to work with young people in a positive and supportive way and records were non-judgmental and accessible for young people. Young people's files contained planning documents including individual crisis management plans and individual absence management plans that were developed on their admission.

The nature of the placements meant that some core documentation was not available to the social work department or centre for the purpose of the files. As stated in this report, inspectors identified that incomplete reception into care forms were provided by some placing social workers and oversight and action was required by the Child and Family Agency social work team leader to address this issue.

The paperwork reviewed by inspectors demonstrated that there was improvements in the use of systems and record keeping, however, there needs to be a continued progress and development of greater consistency among the staff team. The standard

of recording across the team was variable as has been discussed through this report and referred to areas including the completion of daily journals, key working and report writing. There was also evidence of incomplete templates and the absence of reviewing documents in a timely manner including the intake form and the young people's individual crisis management plans. The manager had signed off on records that had not reached a good standard and inspectors require that action is taken by the manager to resolve this issue.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 23, Paragraphs 1and2, Care Plans

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- The Child and Family Agency social worker must ensure that statutory care plan review meetings are convened within the first two months of placement and at regular intervals thereafter in line with regulations.
- The manager must ensure that key work records are specific to the goals of the placement plan and records are completed to a good standard.
- The Child and Family Agency principal social worker must ensure that placing social workers complete admission into care forms in full and provide this documentation as well as required consent forms to the centre on placing a young person.

- The manager must ensure that for each young person in placement preparation for leaving care is considered as part of their placement plan.
- The manager must ensure that recording, as part of children’s care records, is to a good standard and that pro forma documents are completed in full.

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

Accommodation

The centre is located in a large house that has ample space to accommodate up to six young people and includes designated staff offices and bedrooms as well as space for recreation and relaxation for the young people. In preparation for the change in purpose and function, the centre was redecorated and careful consideration was given to providing a warm and homely atmosphere that recognised the cultural background of the young people in placement. The household was observed to be clean and maintained to a good standard. There was ample space for professionals to visit the young people at the centre and in private. The main staff office is relocated to the ground floor and is better positioned in terms of its close proximity to central meeting points including the kitchen and recreational room where young people often spent their time. The manager found the relocation beneficial to their awareness of the young people’s activities and staff practice in the centre.

As part of the application for registration, the service director submitted proof of adequate insurance against accidents and injuries.

3.10.2 Practices that met the required standard in some respect only

None identified.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

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

-Part III, Article 15, Insurance

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The manager must undertake a review of personnel files and ensure that the verification of qualifications is completed for all staff.</p> <p>The director of services must ensure that a supervision contract is completed with the manager.</p> <p>Management must review the process and recording for supervision to ensure that it demonstrates planning for the progression and implementation of the young person's</p>	<p>A review of the personnel files has taken place. All staff have signed a permission form enabling the organisation to confirm verification of qualifications from the various educational institutions. These have been forwarded to the appropriate institutions. The unit is awaiting a response in relation to this.</p> <p>The Manager has signed an updated supervision contract, detailing the change of supervisors and this is now on file.</p> <p>The Director of service has met with the manager and deputy manager, following a review of supervision records. Through the forum of weekly managers meeting we have</p>	<p>Verification will be sought in advance of signing a new contract for all future employees.</p> <p>The Director will be mindful to ensure that any changes to the supervision of management includes updating of all relevant documentation.</p> <p>The Director in consultation with the Manager will conduct a ¼ audit of supervision records to ensure that they evidence planning, progress and</p>

	<p>placement plan.</p> <p>The manager must ensure that training is completed with the staff team on record keeping and specifically the completion of the placement plan document and that the quality of records is improved.</p>	<p>examined how best we can use supervision to demonstrate the progression of the young person's placement plan, and actions required in relation to the young people's needs. Management will clearly record the full content of the session which will highlight the connection between the supervision and planning for the young people, Supervisees are required to bring the Placement plan to supervision for review and updating. The task list will be updated to include any actions required. Supervision will also examine how the supervisee will reflect on how they can develop their own practice to provide for the developing needs of the young people.</p> <p>Since the inspection the Manger in partnership with the team are in the process of finalising a new placement pack system that supports the current purpose and function. On completion of this new system the staff will collectively receive training on report writing and the expectations of Management in relation to the quality of record keeping. Additionally resources have</p>	<p>implementation of the young person's placement plan and the individual staffs practice development.</p> <p>Management and staff will constantly review and observe work and make immediate amendments as required.</p>
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	<p>The manager must evidence action taken to address deficits in the quality of administrative files and ensure that clear decision making process are represented in centre records including supervision and team meetings.</p>	<p>been sourced for any staff with literacy difficulties (NALA)</p> <p>Management review reports and all documentation almost daily, management continue to note in both memos folder and shift planner where she has identified incomplete or inadequate records, in order that staff can correct these. Management will not sign documents unless they are of an acceptable standard.</p> <p>As part of the new placement pack the task list is being further developed in order that they allow for the documenting of work/tasks completed. The decisions are highlighted in the minutes of the team meeting, which in turn are added to the placement plan and are subsequently reviewed in supervision. In the Placement plan there is a section that allows for the documenting of decision and action outcomes. The filing system has almost been updated to a more user friendly format that allows for easier tracking and follow up of decisions.</p>	<p>Management and staff will constantly review and observe work and make immediate amendments as required.</p>
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<p>3.5</p>	<p>The Child and Family Agency social worker must ensure that statutory care plan review meetings are convened within the first two months of placement and at regular intervals thereafter in line with regulations.</p> <p>The manager must ensure that key work records are specific to the goals of the placement plan and records are completed to a good standard.</p> <p>The Child and Family Agency principal social worker must ensure that placing social workers complete admission into care forms in full and provide this documentation as well as required consent</p>	<p>While generally our care plan review meetings are convened within the required time frames, we acknowledge that at time of inspection one case was out of regulation. The outstanding care plan review meeting has since taken place.</p> <p>Two Keyworkers are attending training with Social Care Training on the 31 July on planning for children in care. They will bring their learning back to the team and conduct peer training. This learning and training will be further expanded on by Management. The task list are specific to the placement plan goals and are reviewed and updated at handovers, team meetings and supervisions. The monthly reports also highlight developments in the young people's placement.</p> <p>We will continue to liaise and engage with the unit to ensure all required and relevant documentation is provided and completed in full.</p>	<p>We will endeavour to self-monitor this through the use of supervision and the development of our children in care register.</p> <p>Management and staff will constantly review and observe work and make immediate amendments as required.</p> <p>The PSW will review with the Duty TL the admission into care paperwork the social work team use and see where gaps may have happened. Measures will be put in place to ensure this issue does not arise again. The</p>
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	<p>forms to the centre on placing a young person.</p> <p>The manager must ensure that for each young person in placement preparation for leaving care is considered as part of their placement plan.</p>	<p>Since the last inspection two of the young people have been appointed an after care worker. We have since had two visits from the aftercare team who have provided the team with some guidance and insight to the needs of this particular cohort of children. One young person is currently preparing for foster care. The placement plans and supervision forms have been updated to ensure that aftercare is prioritized. The team have been informed to liaise with their key Child's social worker to seek plans and actions for future placements. Social workers are currently in discussions in relation to how individual children's need will be met with regards to their futures. The unit is also in the process of developing four programs – budgeting, cyber safety, Relationship and sex ed, and health and wellbeing. These will be delivered by staff on a weekly basis at young peoples meetings and Keyworkers will ensure that extra</p>	<p>addition of a new SWTL should alleviate some of the burden that has historically fallen to the Duty TL.</p> <p>The Management will ensure that the placement plan will focus on after care from the date of admission. The Care Plan and Care Plan review meetings will always include a discussion in relation to aftercare.</p>
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	<p>The manager must ensure that recording, as part of children’s care records, is to a good standard and that pro forma documents are completed in full.</p>	<p>support is made available on a 2:1 basis as identified.</p> <p>Staff will collectively receive training on report writing and the expectations of Management in relation to the quality of record keeping. Additionally resources have been sourced for any staff with literacy difficulties (NALA). This will commence after the summer. However in the meantime management will work on an individual level to support those with the greatest deficit.</p>	<p>Management will work on an individual level to support those with the greatest deficit.</p>
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