




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

## **Alternative Care Inspection and Monitoring Service**

### **Children's Residential Centre**

**Centre ID number: 037**

**Year: 2019**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Daffodil Care Service</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>3<sup>rd</sup> &amp; 4<sup>th</sup> July 2019</b>
<b>Registration Status:</b>	<b>Registered from 16<sup>th</sup> of September 2019 to 16<sup>th</sup> of September 2022</b>
<b>Inspection Team:</b>	<b>Joanne Cogley Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>4<sup>th</sup> September 2019</b>

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## 1. Foreword

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

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

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

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

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

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

Registrations are granted by on-going demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

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

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in September 2010. At the time of this inspection the centre was in their third registration and in year three of the cycle. The centre was registered without attached conditions from 16<sup>th</sup> September 2016 to 16<sup>th</sup> September 2019.

The centre's purpose and function was to accommodate four young people of either gender from age thirteen to seventeen years. The centre's model of care was based on a systemic therapeutic engagement model (STEM) and provides a framework for positive interventions. STEM draws on a number of complementary philosophies and approaches including circle of courage, response ability pathways, therapeutic crisis intervention and daily life events.

The inspectors examined standard 2 'management and staffing', standard 4 'children's rights', standard 8 'education' and standard 9 'health' of the National Standards for Children's Residential Centres, 2001. This inspection was announced and took place on the 3<sup>rd</sup> and 4<sup>th</sup> of July 2019. There were two young people resident in the centre at the time of inspection.

## 1.2 Methodology

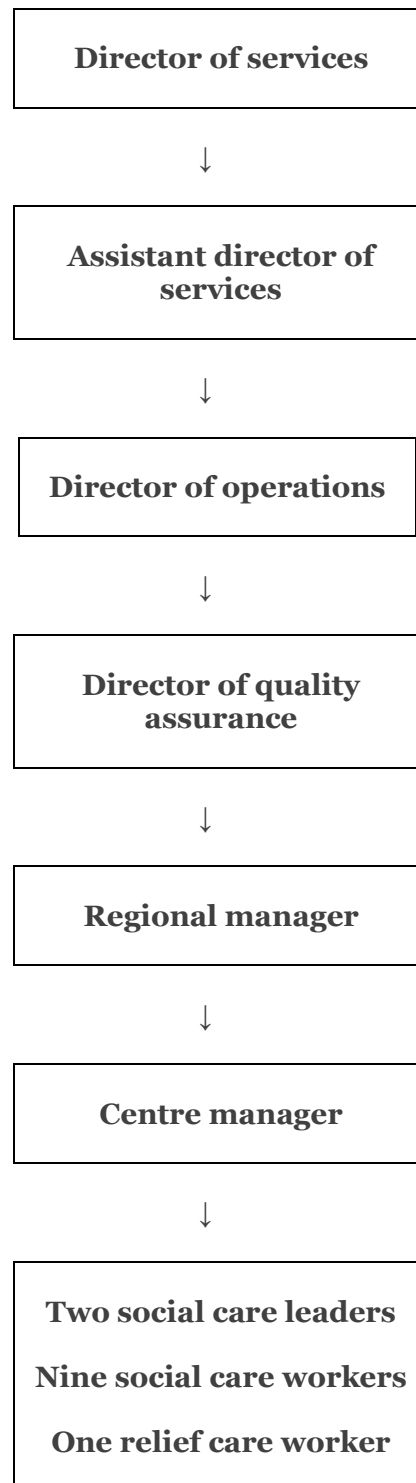
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
  - a) Nine social care workers
  - b) Two social care leaders
  - c) The regional manager
  - d) The director
  - e) The allocated social worker for one young person
- ◆ An examination of the centre's files and recording process including:
  - The young people's care files
  - Staff supervision records
  - Personnel files
  - Handover book
  - Management meeting records
  - Staff team minutes
  - Young person's meeting minutes
- ◆ 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 regional manager
  - c) The regional manager previously in an acting capacity
  - d) Two social care staff
  - e) Two young people
  - f) Both the allocated social workers for the young people
- ◆ Observations of care practice routines and the staff/young people's interactions

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

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

## 1.3 Organisational Structure



## 2. Findings with regard to Registration Matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 7<sup>th</sup> August 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 director of services returned the report with a satisfactory completed action plan (CAPA) on the 28<sup>th</sup> August 2019.

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: 037 without attached conditions from the 16<sup>th</sup> September 2019 to 16<sup>th</sup> September 2022 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 16<sup>th</sup> September 2019 to 16<sup>th</sup> September 2022.



## 3. Analysis of Findings

### 3.2 Management and Staffing

#### ***Standard***

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

#### **3.2.1 Practices that met the required standard in full**

##### **Register**

A register of all young people who lived in the centre was maintained by the centre manager. Inspectors found that the register complied with the Child Care (Placement of Children in Residential Care) Regulations, 1995. 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 notification of significant events. Inspectors interviewed supervising social workers and examined the centre records and found significant event reports were promptly notified to both the inspection service and social work departments. There was a clear system of oversight and review of significant events with review meetings occurring on a monthly basis to assess risk ratings, trends and effective strategies.

##### **Training and development**

Inspectors reviewed the training files for staff members and noted that training was up to date and completed. Staff had received required training in a recognised model for de-escalation of behaviour and physical intervention and there was evidence of regular refresher training programmes occurring. Training had also been provided in fire safety, manual handling, first aid and the e-learning programme for Children's First: National Guidance for the Protection and Welfare of Children, 2017. The staff had also received additional training in the centre's model of care, supervision skills, HACCP and drug and alcohol awareness. Copies of the staff team's training certificates were evident on file. There was a clear training plan in place for the following six months

and there was evidence of continuous professional development being supported through supervision with staff members.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Administrative files**

The administrative files were examined by the inspectors and the key records were evident. The recording system was well organised and accessible so that they facilitated planning, effective management and accountability. There was evidence that the manager and regional manager were monitoring the records. The centre had clear financial management systems and records; however, inspectors recommend a review of budgets and money allocated to the centre, in particular around clothing allowances. Inspectors noted there had been a significant amount of recurring discussions around clothing allowance through young person's meetings and through team meetings. It had also been noted in a staff members exit interview around the lack of clothing the young people had. It was confirmed by the centre manager and regional manager that there was not a set budget allocation for clothing and it must either be facilitated through petty cash or additional money requests. The regional manager must ensure a suitable clothing allowance budget is allocated to the young people.

#### **Management**

The organisational management structure consisted of a director of services, assistant director of services, director of operations, director of quality assurance, regional manager, centre manager and two social care leaders. The manager of the centre had been in post for 15 months at the time of inspection. They were appropriately qualified and had been in the service for five years with an additional four years experience in external services. The manager worked consistent office hours of Monday to Friday and participated in an on call rota. The centre manager was supported by two social care leaders, one of whom had been in post since September 2015 and the other recently appointed in May 2019 but had been with the company for six years. Both held qualifications in social care.

There were a number of mechanisms in place to ensure oversight and governance. There was clear evidence of the manager's oversight within the centre. The manager ensured they signed off on all documents pertaining to young people once they were reviewed and there was evidence of regular discussions in team meetings in relation to placement planning for young people. There was also evidence of the manager raising

issues of concern at management meetings and bringing them to senior management attention where necessary. The centre manager was also required to provide a weekly service governance report to the regional manager.

This was very comprehensive and included a synopsis of areas such as staffing hours, petty cash reviews, sick leave, HR management, placement planning and client updates however there was no evidence of response from senior management or follow up once these reports were submitted.

Senior management themed audits were carried out by regional managers, quality assurance manager and assistant director of services on a rotational basis. A full quality assurance audit was also completed on the service in September 2018 which included a clear action plan and two follow up visits to ensure actions were being addressed. Whilst the mechanisms in place were appropriate, they did not give rise to more in-depth analysis of centre specific issues. The quality assurance audit indicated in September 2018 that a staff turnover issue was noted, however, there was no evidence of further review or analysis of this issue. The June 2019 themed audit focused on supervision and personnel files however appeared to focus on operational aspects such as ensuring action plans were completed, follow up was evident, as opposed to addressing the issue of content around a number of concerns raised by staff members regarding team dynamics. These audits were quantitative focused as opposed to a qualitative focus. The regional manager confirmed that the current audit process is focused solely on paperwork review. The inspectors recommend a review of audits to include a more formal process including speaking with staff members and young people to ensure a rounded view.

Monthly meetings occurred both in the format of management meetings and significant event review group meetings. Both meetings were attended by the regional manager and all centre managers within the region. The significant event review group meeting minutes demonstrated a comprehensive discussion in relation to the overview of young people and evidenced a review of behaviour themes, risk ratings and discussions around effective and ineffective model of care strategies. These meetings were then complimented by an additional management meeting which focused solely on operational aspects of centres.

Inspectors found from a review of a range of documents which included supervision files, team meeting minutes, young person's meeting minutes, complaint records,

interviews with staff members and interviews with young people that there was an on-going issue with team dynamics. This appeared to have significantly impacted on both the staff team and the young people. A number of staff members had raised concerns through supervision. Young people had raised concerns through the complaint process and with the inspectors directly when on site. There was evidence of these issues being raised through complaint forms and young person's meetings however there was no evidence to demonstrate these had been appropriately responded to. During interviews with staff members they stated that they believed this issue had contributed strongly to the high level of turnover within the unit. From interviews and a review of care files and administrative files inspectors found that the situation was not managed quickly enough, it was not escalated to directors in an appropriate time frame and from a review of supervision records the manager was not adequately supported in managing the concerns. The inspectors recommend a full review is completed by senior management in relation to this issue with learning outcomes identified and a copy provided to inspectors to demonstrate the matter has been addressed.

### **Supervision and support**

Inspectors examined a sample of supervision records. Supervision sessions were clearly recorded on a template form which was signed by both the supervisor and supervisee. The sessions occurred every four to six weeks in accordance with the centre's supervision policy. The manager supervised the staff members and the regional manager supervised the manager. In relation to the staff members, records were maintained and there was good evidence in the records reviewed of an effective link to the implementation of the individualised plans for the young people in the centre. At times it was noted supervision focused significantly on the team dynamics and there were a number of concerns raised in relation to the impact of team dynamics on individual staff members along with concerns raised in relation to the impact of these dynamics on young people. It was noted by inspectors that a number of staff members highlighted that they had sourced and funded external supervision in relation to team dynamic issues as they were of the opinion the supervision did not provide adequate support. It was not noted however that staff members had made senior management aware of the need for external supervision to occur. Staff also highlighted that the service does not provide an employee assistance programme to staff where extra support may be utilised without cost to the employees. The directors should review the current supervision training and supervision process to ensure staff members feel they are receiving adequate support. The directors should also review employee assistance programme options that may be available to the company and its employees.

In relation to the manager's supervision with the regional manager, supervision records were noted up to September 2018. There was a clear supervision agreement in place providing the centre manager with supervision every three weeks which took into account their recent appointment to the role and additional supports required. Team dynamics were to the fore of sessions and it was evident there was clear planning in relation to both the young people and managing the staff team. There was an acting regional manager for a period of time within the service. It was noted that there was a significant gap in supervision being provided to the centre manager during this period from the end of September 2018 to the beginning of May 2019. From the supervision documents presented to the inspectors during this inspection, the remainder in this period were illegible in most instances and inspectors recommend these documents be typed and signed by both parties moving forward. During this period supervision focused on operational aspects such as staffing however there was no evidence of discussion or planning around team dynamic issues and there was limited evidence of young person planning. The centre manager noted they did not feel they received adequate support during this period.

There was evidence of fortnightly team meetings and daily handover meetings. A handover sheet was completed daily where goals were outlined and persons to complete the tasks identified. The centre manager attended handover daily and provided guidance and direction to the team and there was a cohesive approach to planning for the day ahead for the young people. The inspectors reviewed the team meeting minutes and found they were well attended by the staff team and there was evidence of the regional manager attending team meetings sporadically. It was evident from the minutes that the care of the young people was a main focus and priority within the meeting agenda. It was noted in one team meeting that an exit interview had been completed with a young person when they moved on and their feedback was provided to the team. The inspectors did not see this exit interview being used for service development purposes.

### **Staffing**

The staff team in the centre at the time of inspection included a centre manager, two social care leaders and nine social care workers, all of whom held a recognised qualification in social care. There was one relief staff member available to work in the centre and they held a diploma in social work. While there was an experience balance on the team, the current team only had an average length of service of nine months

within the centre. There had been eleven staff members who had left the centre since the last inspection. Seven of these staff members were noted to have left for a variety of reasons. Exit interviews were completed with two of these staff members and team dynamics were noted to be a contributory factor in both instances. Four of the eleven staff members were transferred by the company to another centre that was being opened within the service. Inspectors found this to have a negative impact on this service currently being inspected and noted that it was not considered best practice to impact on one centre in order to expand the organisation. Both young people also voiced their frustrations when they spoke with inspectors in relation to the level of staff turnover within the centre and stated that they had found it difficult to build trusting relationships as a result. Both social workers for the young people also noted their concerns in relation to the level of staff turnover within the centre and in particular the impact this had on changes in key workers which appeared to have occurred frequently. This in turn impacted on the STEM model of care as meaningful relationships were noted by young people to be a struggle to build and maintain, with one young person in particular noting they were jealous of the other young person's consistency in keyworkers. The directors must ensure that the centre retains a stable and consistent staff team and that any staff transfers are risk assessed in the context of care provision to the young people as opposed to the needs of the organisation.

From a review of six staff personnel files, inspectors found that in five of the six, appropriate vetting measures had been used and there was evidence of verification of qualifications on file along with Garda vetting and references. CVs and application forms were also present and sufficient. In one instance appropriate references had not been completed for a staff member. This included a reference from a colleague as opposed to a manager and a volunteer reference not noted on their CV or application form. This may have contributed to the issues discussed above and should be considered as part of the overall review. Directors must ensure appropriate vetting mechanisms are in place for recruitment processes.

### **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**

- The regional manager must ensure a suitable clothing allowance budget is allocated to the young people.
- Senior management must review the current auditing process to include more formal processes that include speaking with staff members and young people to inform findings of audits.
- Regional manager must ensure that supervisions are typed and carried out in line with centre policies.
- The directors must review the current supervision training and supervision process to ensure staff members feel they are receiving adequate support. The directors should also review employee assistance programme options that may be available to the company and its employees.
- The directors must ensure that the centre retains a stable and consistent staff team and that any staff transfers are risk assessed in the context of care provision to the young people as opposed to the needs of the organisation.
- Senior management must carry out a full review in relation to team dynamics with learning outcomes identified and a copy provided to inspectors to demonstrate issues have been addressed.
- Directors must ensure appropriate vetting mechanisms are in place for recruitment processes.

### **3.4 Children's Rights**

#### ***Standard***

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

#### **3.4.1 Practices that met the required standard in full**

None identified

#### **3.4.2 Practices that met the required standard in some respect only**

##### **Consultation**

Both young people attended their statutory child in care reviews and noted they had the opportunity for their voices to be heard in these meetings. Both young people also received regular visits from their allocated social workers within and outside of the centre. The allocated social workers for both young people confirmed to inspectors that they discussed young people's plans with them during visits and ensured their views are heard around access planning, education and health.

From a review of daily logs, inspectors found the young person's voice to be expressed through these and their views noted however in some instances where young people were expressing issues or making requests, there was no evidence of responses provided to the young people. Keyworkers also completed progress reports on a monthly basis in which there was an allocated section for the young person to have input into their plans. This was recorded in the young person's voice however again there did not appear to be follow up in relation to this nor was there evidence of staff advocating for the young person's wishes. Inspectors found evidence of young person's meetings occurring regularly with issues being brought to the attention of team meetings for discussion and review however from review these recurring issues do not seem to have been appropriately responded to nor did they result in meaningful change within the centre. The centre manager must review the consultation process in the centre with the young people to ensure their voices are not just heard but responded to in a meaningful manner.



### **3.4.3 Practices that did not meet the required standard**

#### **Access to information**

Inspectors reviewed the centre specific young person booklet. It was confirmed this was provided to all young people on admission to the service. The booklet covered young people's rights and highlighted the right for the young people to review their files. The inspectors found there was no formal process in place for offering young people the opportunity to review their logs nor was there evidence of young people having reviewed their logs. During an interview with one young person they informed inspectors it was their understanding that there was a centre policy that stated they couldn't review any of their files. The centre manager must ensure that the young people are given opportunities to review their logs and that this is formally recorded.

#### **Complaints**

The centre had a policy on complaints and there was evidence of this having been incorporated into the young person's information booklet. Inspectors met with the two young people during the course of the inspection and both confirmed they were aware of their right to complain however they did not feel it would have been beneficial or changes would have been made as a result of a complaint. The staff interviewed had an understanding of the complaints policy however one staff noted they had no faith in the process and did not believe a young person to have been supported in a complaint they had previously made.

The centre maintained a complaint register for both formal and informal complaints. The register noted the last formal complaint was recorded in December 2018 and there had been three formal complaints in the previous twelve months. This corresponded with documentation relating to formal complaints. The register noted the last informal complaint was recorded in April 2019 and there had been fourteen informal complaints in the twelve months prior to this inspection. This information did not correspond with written records. Inspectors also noted for informal complaints there was no single recording form, instead issues were recorded in daily logs and responses were given through individual work with minimal oversight evident. The directors must ensure their complaints policy is reviewed and implemented in practice. The centre manager must ensure an appropriate system is implemented to ensure that young people and staff members have confidence in the process.

Inspectors noted there had been a significant amount of recurring issues which had been noted through young person's meetings and through team meetings. These included a lack of staff presence on the floor throughout the day and a lack of clothing money available to young people. Whilst there was evidence of the centre manager attempting to address these issues and also highlighting the lack of an allocated clothing allowance budget through management meetings there did not appear to be appropriate communication with the young people in relation to follow up and outcomes. The centres complaints policy highlighted that where there were recurring informal complaints they would be reviewed with the consideration of being escalated as a complaint. The inspectors found no evidence of such review occurring and both social workers stated they had not been informed of any such issues. The centre did not evidence an effective system of tracking when young people raised issues of dissatisfaction. One of the allocated social workers stated that they had not been made aware of any complaints for the young person throughout their time in the service.

Inspectors noted a formal complaint recorded in December 2018 on behalf of a previous resident which noted bullying behaviour from a staff member. This also corresponded with concerns staff members had raised through their supervision with the centre manager. There was no evidence of this complaint being appropriately investigated and this was put down to the young person's unwillingness to engage in the process. During the course of the two day inspection staff members and one young person raised the concern with inspectors in relation to the complaint. The centres bullying policy highlighted that in instances of bullying it may be necessary to make a notification through the child protection notification system. This also corresponds with Tusla 'Tell Us' complaint policy which also notes when a complaint gives rise to a child protection concern the concern should be referred to the area duty social work team for review. Inspectors found that the centre did not adhere to its own policies and report under children's first procedures. The regional manager must ensure a full review of the investigation of this complaint is completed and the centre manager must liaise with the young person's allocated social worker to establish if it merits a child protection notification and ensure follow up actions are evidenced.

#### **3.4.4 Regulation Based Requirements**

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

### **Required Action**

- The centre manager must review the consultation process in the centre with the young people to ensure their voices are not just heard but responded to in a meaningful manner.
- The centre manager must ensure that the young people are given opportunities to review their logs and that this is formally recorded.
- The directors must ensure their complaints policy is reviewed and implemented in practice. The centre manager must ensure an appropriate system is implemented to ensure that young people and staff members have confidence in the process.
- Senior management must ensure that policies are adhered to and allegations of bullying are managed through Children First, 2017 guidelines.
- The regional manager must ensure a full review of the investigation of this complaint is completed and the centre manager must liaise with the young person's allocated social worker to establish if it merits a child protection notification and ensure follow up actions are evidenced.

### **3.8 Education**

#### ***Standard***

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

#### **3.8.1 Practices that met the required standard in full**

There was evidence of a positive and focused approach to restoring and enhancing young people's engagement in education. One of the young people had recently completed state examinations and this achievement was celebrated within the centre. For this young person there was clear communication between school, social work and centre with a collaborative approach being maintained. Individual work had been completed in depth to support the young person through the examination period. The other young person in placement had complex needs and had been out of education for a long period. There was evidence that the centre manager and keyworker had actively attempted to source an appropriate placement for the young person and a number of meetings and interviews had been set up. Individual work was completed with the young person in relation to this however they refused to attend any meetings arranged on their behalf, remaining out of education at the time of this inspection. Inspectors recommended to the centre manager to perhaps explore alternative options through work experience given the young person's age.

#### **3.8.2 Practices that met the required standard in some respect only**

None identified

#### **3.8.3 Practices that did not meet the required standard**

None identified

#### **Required Action**

- None required

## 3.9 Health

### **Standard**

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

#### **3.9.1 Practices that met the required standard in full**

None identified

#### **3.9.2 Practices that met the required standard in some respect only**

Inspectors found that the young people were in general good health. The two young people had access to a general practitioner and had received a medical examination on admission with annual check-ups occurring also with dentists and opticians. The young people had medical cards and immunisation records on their files. There was evidence that the young people had access to medical and specialist services and records of the administration of medications were maintained. Inspectors found that health education was undertaken by key workers in a number of areas including diet, exercise and sexual health. Inspectors noted in one instance there was an issue of consistency of information contained on health records and the centre manager must ensure this is noted on practice guidelines to ensure all staff are aware of issues.

#### **3.9.3 Practices that did not meet the required standard**

None identified

#### **3.9.4 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 20, Medical Examinations.*

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

#### **Required Action**

- The centre manager must ensure all young people's health issues are noted on practise guidelines to ensure all staff are aware of issues.

## 4. Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>The regional manager must ensure a suitable clothing allowance budget is allocated to the young people.</p> <p>Senior management must review the current auditing process to include more formal processes that include speaking with staff members and young people to inform findings of audits.</p>	<p>A review of clothing allowances for the centre over the past year was completed. There was a delay in communicating the expense requests from the acting regional manager to the director of services resulting in delays in allocating clothing allowances. This is no longer an issue as regional manager has resumed position following maternity leave.</p> <p>Senior management accept that there is a need to develop more robust qualitative auditing oversight systems to include young people's and staff member's voices. The company is investing resources in the quality assurance department and are currently developing a more qualitative governance system. This implementation plan will be in place by 26th September.</p>	<p>Expense requests for clothing will be responded to in a timely fashion by regional manager and director of services. Regional manager will review all expense transfers each Thursday morning and address any omissions.</p> <p>The senior management team, inclusive of the quality assurance department, will develop more comprehensive qualitative mechanisms to provide for more robust and inclusive oversight.</p> <p>Implementation plan in place by 26<sup>th</sup> Sept</p>

	<p>Regional manager must ensure that supervisions are typed and carried out in line with centre policies.</p> <p>The directors must review the current supervision training and supervision process to ensure staff members feel they are receiving adequate support. The directors should also review employee assistance programme options that may be available to the company and its employees.</p>	<p>Regional manager will ensure that all supervision records are legible and will continue to ensure that supervision is carried out in line with centre policies. Implemented May 2019. Deficits in compliance with supervision policy and legibility issues with former acting regional manager have been addressed.</p> <p>The directors have reviewed supervision training and the supervision process and are satisfied that staff members are receiving adequate support. This review highlighted that interpersonal communication issues negatively impacted the effectiveness of the supervision process. The company provides access to external counselling support to all staff members as an optional additional resource and are satisfied that this resource is fit for purpose. The review also highlighted that staff accessed and continue to access external support for personal reasons. This continues to be</p>	<p>Legibility issues raised with former acting regional manager addressed by ensuring all supervision records are typed going forward. Implemented on 3rd September 2019. Regional manager will continue to provide oversight to ensure supervisions are carried out in line with centre policies.</p> <p>The directors will ensure greater staff awareness of the supportive details of the employee assistance programme. This will be implemented September 2019 and facilitated by the HR department and centre management. The company will, as part of the development of more qualitative mechanisms, include opportunities for staff to meet with personnel from the senior management team.</p>
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	<p>The directors must ensure that the centre retains a stable and consistent staff team and that any staff transfers are risk assessed in the context of care provision to the young people as opposed to the needs of the organisation.</p> <p>Senior management must carry out a full review in relation to team dynamics with learning outcomes identified and a copy provided to inspectors for review.</p> <p>Directors must ensure appropriate vetting mechanisms are in place for recruitment processes.</p>	<p>supported and facilitated by the company.</p> <p>The directors are committed to retaining a stable and consistent staff team and will ensure that staff's wishes to transfer or avail of promotion opportunities impact minimally on the care provided to the young people.</p> <p>Senior management have carried out a full review in relation to team dynamics. This included a review of documentation and interviews with staff members. The report will be finalised inclusive of identified learning and action plan and sent to inspection team on 3rd September 2019.</p> <p>Directors ensure appropriate vetting mechanisms are in place, completed by both HR department and centre management. This includes one reference must be from most recent employer and</p>	<p>Team composition and staffing levels are standing items at monthly regional management meetings and are reviewed as part of weekly governance reporting.</p> <p>The senior management team, inclusive of the quality assurance department, as part of the development of more comprehensive qualitative mechanisms to provide for more robust and inclusive oversight, will create opportunities to liaise with staff through forums such as group supervision.</p> <p>The company continues to develop effective vetting mechanisms and appropriate checks.</p>
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		verbal verifications in place to identify any issues which may be indicated.	
<b>3.4</b>	<p>The centre manager must review the consultation process in the centre with the young people to ensure their voices are not just heard but responded to in a meaningful manner.</p> <p>The centre manager must ensure that the young people are given opportunities to review their logs and that this is formally recorded.</p>	<p>Senior management have reviewed the consultation process in the centre with the young people. Interpersonal communication issues appear to have impacted negatively on young people's voices being responded to in a meaningful and timely manner. These issues have been addressed and additional oversight has been introduced to ensure an effective consultation process. Implemented August 2019.</p> <p>Young people will be encouraged to and provided with opportunities to review logs. This will be promoted and recorded within young people's meeting on a regular basis.</p>	<p>The senior management team and quality assurance department will develop specific auditing tools (both qualitative and quantitative) to facilitate effective oversight of consultation processes.</p> <p>The senior management team and quality assurance department will develop specific auditing tools (both qualitative and quantitative) to facilitate effective oversight of consultation processes to include review of promotion of young people reviewing their logs.</p>

	<p>The directors must ensure their complaints policy is reviewed and implemented in practise. The centre manager must ensure an appropriate system is implemented to ensure that young people and staff members have confidence in the process.</p> <p>Senior management must ensure that policies are adhered to and allegations of bullying are managed through children's first guidelines.</p>	<p>The directors have reviewed the complaints policy and recognise requirement to provide direction around effective implementation to ensure young people and staff have confidence in the process. This will be achieved through education for both staff and young people, robust systems for provision of accountability, and education around external channels such as Tell Us and EPIC. This will be completed in August 2019 and reviewed again in October 2019 as part of team facilitation.</p> <p>Senior management have reviewed the bullying allegations and associated follow up and found that there were shortcomings in recognising and responding to concerns raised. Regional manager will ensure that staff members are fully aware of policies and procedures relating to bullying allegations.</p>	<p>Regional management will ensure action plan is adhered to and follow up with young people and staff members completed.</p> <p>The senior management team and quality assurance department will provide additional oversight in relation to bullying allegations and will develop a specific young person qualitative audit tool to provide additional opportunities to raise ongoing concerns.</p>
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	<p>The regional manager must ensure a full review of the investigation of this complaint is completed and the centre manager must liaise with the young person's allocated social worker to establish if it merits a child protection notification and ensure follow up actions are evidenced.</p>	<p>The regional manager reviewed the complaint and the investigation and found that there were shortcomings in the investigation process and follow up with young person, staff member in question, and social work department. The allocated social worker confirmed that they were satisfied that the complaint did not require further action. The regional manager will address the findings.</p>	<p>The quality assurance department have developed a specific auditing tool to audit complaints, both formal and informal. This is scheduled for implementation in October 2019 and will be repeated on a regular basis.</p>
<p><b>3.9</b></p>	<p>The centre manager must ensure all young people's health issues are noted on practise guidelines to ensure all staff are aware of issues.</p>	<p>Centre manager will ensure that all documentation is fully updated upon any change to health issue.</p>	<p>Centre manager will cross check health issues to ensure accuracy.</p>