



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

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

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

**Centre ID number: 039**

**Year: 2019**

Alternative Care Inspection and Monitoring Service  
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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Daffodil Care Services</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Dates of Inspection:</b>	<b>6<sup>th</sup> and 7<sup>th</sup> of March 2019</b>
<b>Registration Status:</b>	<b>Registered 17<sup>th</sup> September 2017 to 17<sup>th</sup> September 2020</b>
<b>Inspection Team:</b>	<b>Catherine Hanly Eileen Woods</b>
<b>Date Report Issued:</b>	<b>7<sup>th</sup> May 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 ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

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

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

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2011. At the time of this inspection the centre were in their third cycle of registration and were in year two of the cycle. The centre was registered without attached conditions from 17<sup>th</sup> September 2017 to 17<sup>th</sup> September 2020.

The centre was initially registered to accommodate four young people of either gender from age thirteen to seventeen years on admission however in 2018 the director requested a change in their capacity reducing it to two and this was approved in October 2018 by the registration committee of the inspection and monitoring service. The centre, and indeed the whole organisation, utilise a therapeutic model of care described as STEM – Systemic Therapeutic Engagement Model. This model is described as providing a framework for positive interventions with young people to develop relationships focused on achieving strengths based outcomes through daily life interactions.

The inspectors examined standards 2 'management and staffing', 5 'planning for children and young people' and 6 'care of young people' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 6<sup>th</sup> and 7<sup>th</sup> of March 2019.

## 1.2 Methodology

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

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) Nine of the care staff
  - b) The acting centre and regional managers
- ◆ An examination of the centre's files and recording process including:
  - care files or both young people
  - a sample of staff supervision records and personnel files
  - centre registers
  - team and management meeting minutes
  - auditing mechanisms
- ◆ 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 acting centre manager
  - b) The acting regional manager
  - c) Three members of the care staff team
  - d) One young person
  - e) A parent of one young person
  - f) The allocated social worker for one of the young people
- ◆ Consideration of detailed information provided by the lead inspector based on their oversight of significant event notifications arising from this centre and their ongoing contact with centre management.
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

## 1.3 Organisational Structure



## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of care and the relevant social work departments on the 4<sup>th</sup> of April 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 19<sup>th</sup> of April and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 105 without attached conditions from the 17<sup>th</sup> September 2017 to the 17<sup>th</sup> September 2020 pursuant to Part VIII, 1991 Child Care Act.



## 3. Analysis of Findings

### 3.2 Management and Staffing

#### ***Standard***

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

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

##### **Management**

At the time of this inspection, there was an acting manager in post at the centre. A regional manager had gone on maternity leave and the full time manager of this centre had stepped up into an acting regional position. The acting manager had initially worked in this centre as a social care worker then social care leader before being promoted to cover an acting manager role in another of the organisations' centres. When this manager post became vacant they were asked to fill it. The manager has a social care qualification. The manager had a range of systems in place through which they could assess the quality and effectiveness of the service being provided and inspectors found evidence that these were effective. These included presence in the centre, attendance at team meetings and daily hand over, ongoing monitoring of care files, involvement in care and placement planning meetings, participation in strategy meetings involving the range of professionals involved in the care of the young people. Inspectors found that the acting manager was familiar with all aspects of the placements of the two young people residing in the centre at the time of this inspection and knew the staff team well. The monthly placement planning meeting was found to be a good mechanism for tracking outcomes.

Inspectors reviewed minutes of significant event review groups, team meeting minutes and management meetings and found good evidence of oversight of practices at the centre with a particular focus on significant events, thematic issues emerging and the challenges involved in ensuring therapeutic follow up. There was a lack of focus on safeguarding evident however which will need to be addressed going forward and should present as a regular agenda item within these forums.

The acting manager compiled weekly service and governance reports and submitted them to the regional, or at the time of this inspection, acting regional manager. These records demonstrated good tracking of young people's placements, highlighted any

staffing issues arising and also provided an opportunity to identify any issues requiring action. The latter point was not as readily or well tracked through these records. For example some deficits in the property had been identified two months prior to this inspection and were only being addressed when inspectors were onsite. Centre management will need to ensure that actions are responded to and tracked through these reports.

Internal auditing mechanisms were found to be effective also, they involved both announced and unannounced visits by the acting regional manager and also the quality assurance manager. Four thematic audits had been completed in the year prior to this inspection and issues requiring attention had been identified in these. These audit mechanisms did not consistently demonstrate whether actions had been completed or not and this will need to be more consistently overseen and documented by senior management.

### **Register**

The centre had a register in place that contained records of all young people that had accessed this residential service. Inspectors noted that this was a ring binder format that was coming undone and therefore will need to be replaced with a more secure format for the purposes of ensuring a secure perpetual record. All entries should be re-entered into the new format.

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

### **Training and development**

The acting manager was responsible for overseeing the ongoing training and development needs of the staff team and ensuring that all mandatory training was completed. Training completed at the time of this inspection by the staff team included child protection – both the e-learning programme and a 1-day programme provided to the team, first aid, fire safety, manual handling and a recognised method of de-escalation techniques and physical intervention. In addition, the staff team have completed training in topics including report writing, relationships and sexuality and self harm. There were some staff members awaiting training in the organisation's therapeutic support model which provides the framework for the delivery of practice and the completion of this should be prioritised.

### **Administrative files**

Inspectors found that the young people's files were well maintained in a manner that facilitated effective management and accountability. There was good evidence of

oversight by the acting centre manager and acting regional manager across records reviewed for the purpose of this inspection. Inspectors did note that some of the centre registers and staff supervision records would benefit from attention, the former to ensure a secure long term record is maintained, and the latter to ensure clarity and cohesion.

The petty cash system is overseen by the acting manager with additional requests for funding submitted to senior management. There were no issues or deficits identified with regard to the financial records or management of same.

Original care file records are returned to placing social work departments six months post-discharge with copies being maintained with a storage company by the service provider in perpetuity.

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

#### **Staffing**

At the time of this inspection, the centre had an active complement of one social care leader and eight social care workers with additional relief being utilised as required. The usual staff complement comprises two social care leaders however due to fluid changes at centre and regional management level across the organisation in this area, a decision had been made by management not to fill the second social care leader role on an interim basis. Inspectors found that the staffing levels were adequate to fulfil the centre's purpose and function as a dual occupancy service. The level of experience in residential care across the staff team is relatively low with only the appointed social care leader and one other full time staff member having had the requisite post-qualification experience to equate to child care leader. Inspectors did find that on the whole the staff team presented with a clear and unified understanding of their respective roles and of the overall purpose of their engagement with the young people in this service. Individual and key work records as well as staff interviews conducted for this inspection, demonstrated a good ability by staff to engage well and communicate with the young people. Some staff will require additional and ongoing support given their lack of previous experience of working in residential care and the acting manager currently and full time manager on return will need to be attuned to this.

The organisation has a dedicated Human Resource person who is responsible for conducting the vetting of all staff. The acting manager informed inspectors that since commencing in their current post, they verify references for new staff being recruited and ensure that all vetting requirements are in place prior to commencement of duties. Inspectors reviewed a sample of three personnel files for staff that were

working in this centre and noted that two of these had commenced employment for the organisation prior to their Garda vetting and references having been returned. In the response to the draft inspection report, the centre manager stated that this was an error on both of these personnel files and that contracts had been signed in advance of receipt of completed vetting however staff did not work on the floor. Centre management must ensure that staff do not commence employment without all of the relevant vetting being completed and on file. Not all staff had copies of qualifications on file where relevant and the manager must pursue these for the files.

There is a dedicated induction programme in place for all staff, records of which are maintained, and which all staff reported as being informative and beneficial to them in the context of their employment in this centre.

### **Supervision and support**

The centre had a detailed policy on supervision which listed its various functions and identified the delivery of its frequency as four to six weekly. The acting manager was responsible for the supervision of the full time staff members and the social care leader responsible for the supervision of relief staff members. Inspectors sampled the supervision records of four of the full time staff as well as reviewing a sample of the acting manager's supervision sessions. Inspectors did find it difficult to track through each staff member's records as there had been changes in supervisors due to management changes and there were supplementary supervision records on file, conducted by up to three different people for one staff member. The acting manager must reorganise supervision records and contracts so that they facilitate more effective oversight and accountability for work practice.

Records reviewed were inconsistent in identifying actions or decisions and thus follow up was difficult to track. As the placement plans for young people are reviewed and discussed in a separate forum to supervision, a link to placement planning was not evident in the records reviewed. Whilst the placement planning meeting records were representative of an effective mechanism for planning, review and evidence of outcomes, these meetings were convened by the identified case manager and the two key workers for each young person. General supervision should also include reference to the delivery of interventions and work in accordance with the placement plan aims particularly as such tasks are deemed to be a shared responsibility of the staff team.

Staff team meetings took place generally on a fortnightly basis with records showing numbers in attendance varying with consistently seven to eight people present. The director of services and acting regional manager had on occasion attended also. The

records of these meetings showed evidence of good discussion of young people within the context of their placement plan and also consistent focus on significant events occurring. There was little evidence of focus on safeguarding which, given some of the issues presented by young people, should be a regular feature on the agenda. Shift hand over occurred daily with the manager sitting in on this where possible and this was presented as an important forum for exchange of information and ensuring consistency of approach.

Staff members had copies of their contracts on file and there were various support mechanisms in place for staff members including supplementary supervision, debriefing following a difficult incident, facilitation with an external professional, time off between shifts facilitated, all of which staff members referenced as providing a highly supportive work environment.

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

None identified.

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency have 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 have 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**

- Centre management must ensure that all vetting documentation and qualifications are on file prior to commencement of employment.
- Centre management must reorganise supervision records and ensure going forward that there is an effective link between supervision and the implementation of placement plans.

### 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 had a written policy which guided the process of admissions to this centre. Potential referrals were screened at regional management level and then shared with centre managers. The suitability of young people referred is determined via a collective pre-admission risk assessment with consideration of all known information on existing residents and proposed admission. The potential for harm from one another is also identified in this risk assessment process with management strategies identified. For the most recent admission, there was a significant emphasis documented in the collective pre-admission assessment on the use of high supervision levels and separate routines as risk management strategies.

There were documented efforts by management on the file of the young person most recently admitted to secure additional information and documentation from the placing social work team however some of this was still outstanding at the time of the inspection ten months after their admission. In the absence of direct information from the placing social work team, centre management must rely on the accuracy of the information provided by the Tusla National Private Placement Team. It was apparent from the information on file that the centre would have been reliant upon the social work team to provide supplementary information to guide the planning process however this was not forthcoming due to a lack of resources in the social work team.

Only one of the young people agreed to meet with inspectors and they stated that they had a good understanding of the reasons for their placement in this centre. The acting manager stated that the other young person had demonstrated a good understanding of the reasons for their placement here also.

## **Contact with families**

Visits from family members and significant others in the lives of young people were encouraged and facilitated at the centre. The young person that inspectors met with confirmed that their parent is welcomed to the centre and that staff are always respectful in their interactions with them. Records reviewed indicated that access and contact arrangements with family members were clearly in place and were being supported by the staff team. There was evidence on file of regular reports being provided to parents of their child's progress and relevant aspects of their placement in this centre.

Inspectors met with the parent of one of the residents during this inspection as they were visiting their child onsite for a scheduled access. The parent was satisfied with all aspects of the care that had been provided to their child since residing in this centre and expressed the view that they had progressed within the placement and had made achievements that would otherwise not have been possible.

## **Emotional and specialist support**

Inspectors found evidence to indicate that the acting manager and staff team had a good awareness of the emotional and psychological needs of the young people and endeavoured to meet these needs through the implementation of agreed placement plans. Individual and key work completed with both young people by the staff team was representative of efforts to meet their identified emotional needs. Some of these pieces of work were opportunity led rather than planned and this was particularly the case for one of the young people who was identified as more difficult to engage.

There were some aspects of their placement plan that did not have any completed piece of intervention at the time of this inspection and this, as well as the preference for opportunity-led work will need to be closely overseen by the acting manager to ensure that all work being conducted is achieving the goals set out in placement plan meetings.

One of the young people had a significant amount of external specialist support services made available to them that they had varying levels of engagement and outcomes with. In addition, the centre had sought specific training and information pieces to assist them with informing the delivery of their practice in accordance with identified needs. The centre had established good connections with various services in the local community that could be utilised as required to support either young people directly or the staff team in their work with them.

Both young people had behaviour support plans in place that had been informed by the work of an external forensic psychologist that had been contracted by the respective social work teams. This professional had delivered some specific training pieces to the staff team and additional days were long outstanding at the time of this



inspection despite repeated and many reported attempts by management to secure these for the purpose of completing the work. The social work team for the young person for who this specific support was being provided had a different view on the uptake of this support and informed inspectors that this matter was being addressed at senior management level between the social work department and the service provider.

This professional had also been due to conduct a specific assessment piece with one of the young people however this remained incomplete despite similar attempts by centre management to secure same. The interrupted social work service that had been provided to this young person throughout their placement as well as the centre's documented difficulties in securing support from and contact with this social work team did not help in the matter of securing the assessment.

The acting manager informed inspectors that the organisation contracts the services of a clinical psychologist that can be utilised to do specific pieces of work with the staff team as necessary. These services had not been formally contracted for either of the young people at the time of this inspection despite this centre being identified and registered as a dual occupancy service for the specific purpose of providing these young people with additional support and resources.

### **Discharges**

The centre had a comprehensive policy on discharges – both planned and unplanned. This policy detailed the various steps involved in the event of either type of discharge occurring with a focus on communication with all stakeholders throughout the process. Since the centre's last inspection in June 2017 there had been two discharges, one planned and one unplanned and ultimately conducted on an emergency basis with the young person being discharged to the care of their social work team.

During this inspection, the acting manager informed inspectors that, in accordance with their discharge policy, a placement protection meeting had been convened with regard to one young person for the purpose of initiating their discharge from this centre. No timeframe had been identified for this discharge however. Whilst there was evidence throughout records reviewed by inspectors of escalating concerns regarding this young person and the ability of the centre to continue to provide an appropriate placement for them that adequately met their identified needs, there was an absence of documented evidence naming the risks presented by this young person and efforts to manage these and also a lack of an explicit statement detailing that what the centre had to offer to the young person had been exhausted leading to the decision to discharge. This centre is dedicated as a dual occupancy thus inferring that there are additional resources available to young people residing here.



Additional specific information should be clearly recorded where relevant to support practice decisions and also to demonstrate that young people are in receipt of a more highly resourced residential service.

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

#### **Statutory care planning and review**

One of the two young people had an up to date statutory care plan on their file at the centre. This document was appropriately detailed and had clear actions outlined with responsibility for same assigned. At the time of this inspection, this young person had an allocated social worker however they did not respond to inspectors many and varied attempts to secure contact with them to discuss their statutory responsibilities. Following the onsite inspection, inspectors were informed that the social worker had left the team. Inspectors were therefore unable to verify much of what was on the care file at the centre pertaining to the social work duties and responsibilities as there was no one else made available from the social work team to do this.

The other young person did not have an up to date statutory care plan on their file or social work minutes from same. There were however minutes taken by centre staff of this review process. There was an email on file at the centre from the social worker stating that minutes and the updated plan would be forwarded however this did not occur. This case was transferred internally on an emergency basis with no hand over and thus the incoming social worker had not been made aware that the updated care plan was outstanding for the centre file. In speaking with the inspector, the social worker stated that they would forward a copy to the centre. The centre's own record of this statutory review was well detailed however does not replace the statutory record.

Each of the young people and their respective parents were involved in the statutory review processes and their views regarding the overall care and the placement in this centre were duly noted.

Inspectors found that placement plans on file were well detailed and cognisant of the broader needs and specific actions identified in the statutory care plans. Placement plans were reviewed on a monthly basis with specific focus on the key work task. They showed evidence of consultation with young people and overall a good focus on identified goals. There was a connectedness between placement plans and meetings to review same, and monthly activity plans with evidence of outcomes being tracked through this system. There were easily identifiable areas of progress and other areas

that required continuous support and intervention, as well as areas of decline for the young person.

### **Supervision and visiting of young people**

The centre maintained records of all visits by social workers to young people including a brief summary of the purpose of their visit and any actions identified. One of the young people has had regular visits from their allocated social workers throughout the duration of their placement in this centre and there was evidence across their file of the social worker having reviewed it and signed to indicate this. The other young person did have regular visits from their allocated social worker from the time of their admission in May 2018 through to October. However from October 2018 to the time of this inspection, the young person did not have a visit from their allocated social worker and had only one visit from a designated person from that social work office to follow up on the matter of a complaint. This most recent interval without a visit falls outside of the timeframes specified in the Child Care (Placement of Children in Residential Care) Regulations 1995 and must be addressed by social work management.

### **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.

The social work service being provided to one of the young people at the time of this inspection was satisfactory and in general was in accordance with the requirements of the relevant regulations and national standards. This being said, the updated statutory care plan and associated minutes was not on the care file at the centre at the time of the inspection. The allocated social worker stated that they would address this. The young person had been visited regularly by their social worker during their placement in this centre and their statutory care reviews had been convened within the required timeframes. The social worker, although relatively new to the case at the time of the inspection, stated that they were satisfied with their communication processes with the centre and they had reviewed the young person's care file there. The second young person did have an allocated social worker at the time of this inspection however despite several attempts via phone and email, inspectors were unsuccessful in securing contact with this social worker. The young person had made

a complaint about their social worker and their dissatisfactions in general with the social work service in October 2018 and this had been reviewed by a social care manager designated by the social work team. There had been no visits to this young person by their social worker in recent months; contact with the centre and the social work team had not been regular or consistent due to periods of leave by the social worker and what appeared to be non-response to issues, although inspectors could not verify this from the social work team perspective. Following the onsite inspection, the acting centre manager informed inspectors that the social worker had left their post and the case was not being re-allocated to a professionally qualified social worker due to a lack of resources within the team. This social work team must prioritise the re-allocation of this case and ensure that all statutory responsibilities are being met.

### **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 22, Case Files.*

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 IV, Article 24, Visitation by Authorised Persons.*

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**

- Social work management must ensure that the young person's case is re-allocated to a professionally qualified social worker as a matter of priority.

- Social work management must ensure that social workers are fulfilling all of their statutory responsibilities in full.

### 3.6 Care of Young People

#### **Standard**

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

#### 3.6.1 Practices that met the required standard in full

##### **Managing behaviour**

The centre has a brief written policy entitled 'Preventative Approach to Behaviour Management' which describes a number of measures that staff can utilise to prevent and manage violent or aggressive behaviour. Inspectors were informed that the centre utilise the de-escalation techniques of the model of physical restraint that is used within the centre and were also utilising positive behaviour support plans for the young people that were resident at the time of this inspection.

The use of positive behaviour support plans (PBSP) had initially commenced on the direction of an external specialist who had engaged with one young person and also provided supervision sessions with the staff team to guide their work with them. This specialist had advised the use of PBSP with this young person and the initial one on file dated April 2018 was very detailed with a clear focus on harnessing the strengths of the young person and the best routes for success by staff in their engagement with them. The detail here was evident across other records examined on this young person's file, through discussion with staff and the young person themselves. However there was no evidence of this initial plan having been updated to take account of progression within the placement and/or increasingly challenging behaviours and an overall deterioration in placement.

It had been identified a number of months prior to their admission to this centre that the second young person attend with this same external professional for the purpose of completing an assessment. This however had not taken place at the time of this inspection and inspectors were unable to verify the reasons for same due to the absence of an allocated social worker. However, in the absence of this assessment and liaison with the professional, the centre had decided to utilise the same positive

behaviour approach with the second young person identifying consistent approaches and responses as being key to supporting positive outcomes. As with the first young person, the detail of this plan was evidenced throughout the care file and in discussions with staff. However, similarly no review date had been established. Centre management will need to clearly identify review dates for such plans and determine whether specialist input is required for same.

Individual crisis management plans and practice guidelines are also utilised in an effort to meet the needs of the child and ensure specific and consistent responses by the team with interventions used. Centre management should consider reviewing their written policy to reflect all of the various mechanisms that were described by management and staff and were evidenced by inspectors through records as being in use.

The centre had a written policy on anti-bullying. The acting manager stated that this was not a feature in the centre at the time of this inspection and where elements of bullying had presented in the past these had been responded to by staff effectively.

The centre had a written policy on the use of sanctions that referred to the approach of the organisation of emphasising connections and positive relationships. Sanctions, which were recorded separately, reviewed by inspectors were both positive in recognition of achievements and a deterrent in an effort to prevent the behaviour from reoccurring.

### **Absence without authority**

The centre had a detailed written unauthorised absence policy and procedures for staff to follow in the event that a young person was absent without authority. The acting manager reported that absences had not been a significant feature of each of the young people's placements.

Each young person had a written absence management plan (AMP) on file in accordance with both the centre policy and the children missing from care joint protocol between An Garda Síochána and the HSE. Inspectors found that these AMP's were unnecessarily lengthy and inclusive of detail that was in one case represented elsewhere on the young person's file and in the case of the second young person was not represented elsewhere on the file and would be more appropriate to do so.

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

#### **Restraint**

The centre has a written policy on the use of physical intervention that is based on a recognised and researched model. Staff members had received training and completed refresher training as required in accordance with the policy. Each young person had an individual crisis management plan which identified the type(s) of physical interventions that were permitted, taking into account their individual circumstances and behaviours. These had been shared with allocated social workers. The acting manager informed inspectors that there had been no incident involving the use of a routine physical intervention in the twelve months prior to this inspection however did state that on occasion non-routine interventions or “grounding of a young person” by placing hands on them had been utilised. These incidents were not readily identifiable within the centre’s significant event register and thus one would have to review individual records of events to determine what type of physical intervention had been utilised and the reasons for same. The acting manager must implement with immediate effect a separate register that records any event that involves the use of physical intervention – routine or otherwise. This register should then be monitored on an ongoing basis by centre management.

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

None identified.

### **3.6.4 Regulation Based Requirements**

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children’s Residential Centres) Regulations 1996, Part III, Article 16, Notifications of Physical Restraint as Significant Event.*

#### **Required Action**

- Centre management to implement a secure register of all physical interventions and ensure that this is routinely monitored.

## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	<p>Centre management must ensure that all vetting documentation and qualifications are on file prior to commencement of employment.</p> <p>Centre management must reorganise supervision records and ensure going forward that there is an effective link between supervision and the implementation of placement plans.</p>	<p>Centre Management confirm that practice is that all vetting documentation is on file prior to commencement of employment</p> <p>Centre Manager will ensure an effective link between supervision and the implementation of placement plans.</p>	<p>In the response to the draft inspection report, the centre manager stated that this was an error on both of these personnel files and that contracts had been signed in advance of receipt of completed vetting however staff did not work on the floor. The issue requiring action remains and centre management must devise a strategy to prevent this issue recurring.</p> <p>The Supervision record has been revised by senior management to prompt the explicit recording of discussions &amp; decisions around placement planning.</p>
3.5	Social work management must ensure that the young person's case is re-allocated to a professionally qualified social worker as a matter of priority.	Inspectors did not receive any response to these matters from the social work team involved.	

	Social work management must ensure that social workers are fulfilling all of their statutory responsibilities in full.		
<b>3.6</b>	Centre management to implement a secure register of all physical interventions and ensure that this is routinely monitored.	Centre Manager will revise the SEN register to ensure that all physical interventions are clearly recorded for monitoring purposes.	Guidance on appropriate recording of physical interventions will be appended to the SEN register to facilitate clear recording of required information in relation to routine and non-routine physical interventions.