



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

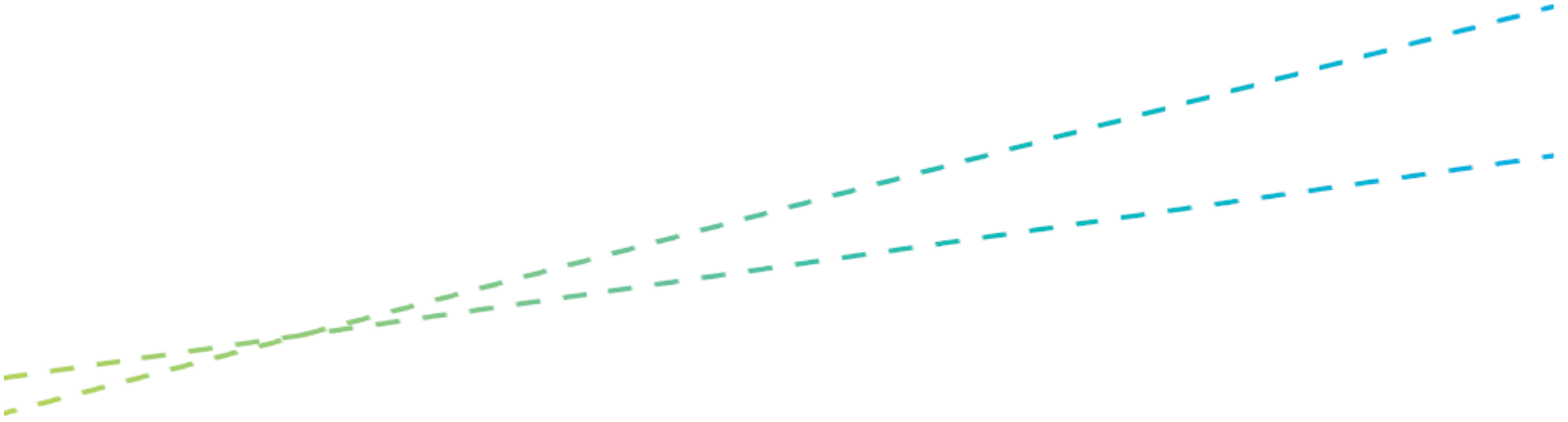
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 054

Year: 2015

Lead inspector: Catherine Hanly

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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Three Steps Ltd.
Registered Capacity:	One young person
Dates of Inspection:	23rd and 24th September 2015
Registration Decision:	Registered without conditions from 23rd January 2015 to 30th September 2016
Inspection Team:	Catherine Hanly Gary O'Connell
Date Report Issued:	7th December 2015

Contents

1. Foreword

- 1.1 Methodology
- 1.2 Organisational Structure

2. Findings with regard to Registration Matters

3. Analysis of Findings

- 3.1 Purpose and Function
- 3.2 Management and Staffing
- 3.3 Monitoring
- 3.4 Children's Rights
- 3.5 Planning for Children and Young People
- 3.6 Care of Young People
- 3.7 Safeguarding and Child Protection
- 3.8 Education
- 3.9 Health
- 3.10 Premises and Safety

4. Action Plan

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 and 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.

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 management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

1.2 Methodology

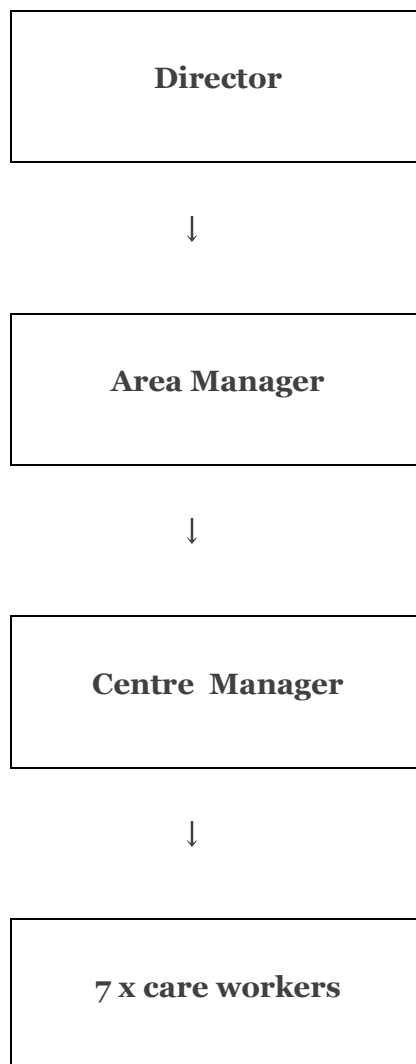
An application was duly made by the proprietors of this centre for continued registration on 17th September 2015. This announced inspection took place on the 23rd and 24th of September 2015 over a two day period and this report is based on a range of inspection techniques including:

- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
 - a) Six of the care staff
 - b) The young person residing in the centre.
 - c) The social worker with responsibility for young person residing in the centre.
- ◆ An examination of the most recent report from the monitoring officer.
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of the HSE on our behalf.
- ◆ 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 manager
 - b) Three staff members
 - c) The young person
 - d) The line manager for the centre
 - e) The monitoring officer
- ◆ Observations of care practices 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 person, staff and management for their assistance throughout the inspection process.

1.2 Organisational Structure



2. Findings with regard to registration matters

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health and Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on 23rd November 2015, if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 23rd January 2015 to the 30th September 2016.**

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

None identified.

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

This centre was established to provide care for one young person for an undetermined period of time approximately nine months prior to this onsite inspection. The length of placement was at this time unknown due to the concerns held by both the placing social worker and centre management of the implications of placing a young person on a long term basis on their own but was under constant review through the statutory care planning mechanism.

The centre's current statement of purpose and function does not specify that the centre caters for one young person only at this time and should be amended to reflect this key information. It does state that young people will be facilitated in placement for at least six months.

Practices in the centre are guided by the wider organisations' policy and procedures. However inspectors did find that the policy on admissions, even though there is one for unplanned admissions, was not adhered to with regard to this placement. There were no placement specific information booklets for the young person, parents of social workers and centre management must develop such documents.

Inspectors found that the staff team had a clear understanding of the centres' purpose and function and were clear in their understanding of the delivery of their role within this service.

Required Action

- Centre management must amend the current statement of purpose and function to reflect the specific nature of the current placement.
- Centre management must develop centre-specific information booklets for the young person, parents and social work team.

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

Register

The centre has a register which includes the pertinent details relating to the young person's admission, including their placing social workers' details. A copy of this information is held centrally by the Child and Family Agency as required by the relevant Child Care Regulations. Inspectors recommend that all known information pertaining to parents of young people admitted to this centre are included in the register.

3.2.2 Practices that met the required standard in some respect only

Management

The centre is managed by an appropriately qualified person who has a number of years experience of working in residential care however does not have any prior experience of managing such a service. The manager was appointed approximately one month after the placement commenced and although is named as the full time manager, their contract states that they are acting social care manager. This status should be clarified from an organisation perspective to ensure the stability of the management structure for this service.

The manager stated that they have oversight of the centres operational practices through a number of mechanisms and identified these to inspectors as staff supervision, attendance at team meetings and daily shift hand over, being on the floor and observing staff practice as well as engaging directly with the young person, and reviewing all paperwork on an ongoing basis. The centre manager is line managed by an alternative care manager within the organisation who has responsibility for oversight of a number of the organisations residential centres. The alternative care manager supervises the centre manager on a regular basis, and attends meetings with the staff team from this centre. Inspectors found that although there were identified systems for oversight, the implementation of these was significantly lacking leading to deficits across a number of areas of practice which are highlighted throughout this report. This matter needs to be addressed by centre management as a priority in order to satisfy the requirement of the regulations governing the appropriateness and suitability of care practices and operational policies.

Inspectors met with the alternative care manager who acknowledged that although they are in this role a year, having previously worked within the organisation as a centre manager, the role has continued to evolve and was subject to a review of tasks. Currently they oversee all significant event records produced by the centre prior to these being issued and they are in regular contact with the centre manager from an advice and support perspective, particularly because the centre manager is new to the role. The alternative care manager has recently established a forum for all centre managers to meet on a monthly basis as an opportunity for support, guidance and accountability to senior management regarding operational practice in each centre. This forum had to date occurred once. The alternative care manager also stated their intention to spend one day per week in each residential centre which would allow the opportunity to become more familiar with the young people in the organisation, the staffing in each centre and the daily operation of each service.

Based on inspectors overall findings from this inspection they have identified that there is a need for the realization of governance systems in a more robust manner. The manager requires ongoing support and direction from the alternative care manager who in turn needs to have ongoing close oversight of practices in this centre in order to ensure that centre management are in a sound position to satisfy themselves of the appropriateness and suitability of all practices and operational policies in this centre. Inspectors found that clarity of understanding is needed amongst the staff team and manager of safeguarding and child protection matters, and also with regard to significant events and the recording and reporting of same. In addition further clarity and real understanding of the young person's behaviours is required so that accurate progress can be tracked and measured in the context of assessing the quality and effectiveness of the service that is being provided in this centre.

Notification of Significant Events

The centre has a notification procedure in place for reporting significant events to relevant professionals. The manager and alternative care manager review these records prior to them being forwarded to the allocated social worker, monitor and other relevant professionals as necessary. Both the monitor and social worker informed inspectors that they have provided feedback to the centre manager on the content of some of these records however the manager was unable to recall this at the time of interview with inspectors and as a result inspectors recommend that the manager maintain a log of contact with external professionals or include documentary on significant event records where relevant.

Inspectors found from a review of all records within the young person's file that there were a high number of incidents and events that had not been reported as a significant event to relevant professionals outside of the centre. This echoes the

recent findings of the monitor. Inspectors have highlighted this issue as a matter of concern with the centre manager, monitor and allocated social worker. It is perhaps reflective of a higher tolerance level amongst the staff team of behaviours that are unacceptable and are in fact not representative of base line behaviours of this young person. It may also be reflective of a lack of clarity amongst the staff team and manager of what constitutes a significant events for this young person. Either way, an accurate account of the young person's behavior is not being recorded as it should be therefore giving a skewed picture of their progress in this placement. The centre manager must liaise with the incoming social worker for the young person to determine what specifically constitutes a significant event and is thus required to be reported as such.

Training and development

The manager informed inspectors that a training needs analysis has recently been completed for the staff team. Records showed that staff had attended first aid, children first, manual handling, fire training and training in an identified model of behaviour management. Although the manager had attended training provided by CARI in the management of sexualized behaviours the staff team had not had an opportunity to attend this. This was an area of training that was repeatedly highlighted by staff as a significant need and must be addressed as a priority.

Administrative files

Inspectors found recording systems in the centre to be relatively clearly organised and maintained. Although the manager oversees all recording and signs to indicate this there was no evidence of commentary from the manager regarding the quality of records and inspectors recommend that this practice may be of benefit to the staff team. In addition, there were instances whereby information/events were not recorded and reported as significant events and this had not been picked up on by the manager. Closer oversight of file review task is required.

The manager or staff team have not attended training regarding the Freedom of Information Acts and inspectors recommend that such training would be of benefit, particularly because there was a lack of clarity regarding the storage of the young person's file in terms of what they could access without third party permission. Based on their experience during this inspection, inspectors have asked the manager to reconsider the current storage of the files in the office, particularly given the lack of clarity regarding access to same.

The manager is aware of the organisations responsibility to maintain young people's file in perpetuity.

The manager stated that the budget for the operation of this service is adequate and they have responsibility for its oversight.

3.2.3 Practices that did not meet the required standard

Staffing

There are seven full time staff dedicated to working in this centre. Five of these have an appropriate and recognised social care qualification and both the manager and alternative care manager stated that there is an expectation that unqualified staff would commit to obtaining a relevant social care qualification as part of their employment agreement with the organisation. There had been a significant period of time at the outset of this placement where a stable staff team was not available to work in this centre. This is a matter that was identified in detail in the monitors report but effectively a stable staff team did not exist until approximately June 2015, six months into the young person's placement. Up to that point the centre was staffed by a mixture of two core staff team members dedicated to this centre, staff members from within the organisation but dedicated to working in other centres, and agency staff. This created a very unstable and at times chaotic environment for the young person who clearly struggled with the numerous changes as reflected in their behavior and for whom it was identified by the placing social work team the importance of stability for them. Both the allocated social worker and alternative care manager for this centre stated that due to a lack of commitment from the social work team in the initial stages of the placement regarding its continuity, the organisation was not in a position to commit to providing a dedicated full time staff team for this centre as it did not have the necessary resources within the organisation and thus would have required a process of recruitment. This process was undertaken once the social work team committed to placing the young person here on a long term basis however the process of recruitment was slow hence the delay in establishing a stable team. Having said this, a review by monitoring officers of staffing levels and arrangements across the organisation in February 2015 highlighted deficits with staffing resources and availability and directed that the organisation address these. This issue remained fully unresolved at the time of this inspection as there was no relief panel of staff available to cover any gaps arising in the rota at this centre. Hence the manager worked occasional overnight shifts and staff members worked extra shifts to cover gaps arising. At the time of this inspection, a six week gap had had to be covered in this way. Senior management within the organisation must prioritise the issue and ensure there are adequate staffing levels available to the centre at all times.

The staff team had a mix of experience with some staff having had no prior experience of working in residential care. From interview with three staff and a review of completed staff questionnaires, inspectors found that staff were familiar with the expectations of their role and demonstrated a commitment to the young person in this service. However inspectors found several recorded examples of staff sharing an inappropriate level of personal information with the young person. On

occasions the young person used this information when engaging negatively with the staff team. As these were recorded, the manager should have picked up on the issue and addressed it with the staff members concerned and the team in general however this was not the case. The manager must address the issue of professional responsibility and delivery of role with the staff team.

Inspectors examined six of the personnel files of staff in the centre and found the vetting of all to be in accordance with the necessary guidelines. The HR department within the organisation are responsible for the vetting of staff however a member of the management team with a background in social care will verify written references submitted by prospective employees.

Inspectors found evidence of induction completed by individual staff members on file. Staff referred to this as having been of benefit to their understanding of role and expectations regarding same.

Supervision and support

The findings at the time of this inspection with regard to the delivery of staff supervision, by the manager who is solely responsible for this task, are similar to those of the monitors during their visit. Supervision agreements were in place with staff members stating that it should occur every 6-8 weeks but at least seven times annually. However in reality the frequency of supervision was far less with a number of staff having only had two supervision sessions despite some being in the centre for a period of more than six months. The detail in the records was limited but there was consistent reference across records to the difficulties staff were experiencing in managing the young person's behavior. There was no clear evidence to indicate that staff were being well supported in their difficulties for example by being given clear direction in terms of managing presenting behaviours or coping mechanisms being discussed. The records also lacked obvious connection to the delivery and implementation of focused planning for this young person. The manager informed inspectors that they have received supervision training however the evidence found by inspectors indicates that there is significant development required in order to ensure the practice of supervision is appropriate to the needs of the staff team working in this service. It also needs to take place on a much more regular basis. Team meetings take place on a three weekly basis and inspectors examined a sample of the minutes of meetings that have occurred. These records were found to be clear and to the point with the young person being discussed in detail. It appears to be a forum for ensuring consistent staff practice as there was regular reference to the rules and consequences with consistency and risk assessments featuring in the minutes frequently. What was lacking in these minutes however was reference to staff

boundaries with the young person and the threshold of acceptable or unacceptable behaviour. As inspectors found this to be an issue of concern, it is a matter that they recommend should be discussed in this forum consistently.

An inspector observed a shift hand over and overall found that there was good discussion amongst the team members present about the young person. However the forum lacked the necessary planning for the day ahead and in particular contingency planning given known stress factors and the young person's current presentation. Although the team meeting had taken place the day before, only one on the four staff members present for the shift hand over had been present and there was limited feedback given to colleagues on the content of the team meeting or professionals views aired in that. The centre manager must ensure that there is better attention paid to communicating all relevant information and a better balance between forward planning and previous days' events.

The manager indicated that there are supports available to staff members both within and external to the organisation that they can avail of if necessary.

There were staff contracts on file however as previously stated the managers' does not reflect that they are in the post on a permanent basis and this matter should be addressed by senior management.

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 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.

The centre has not 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

Required Action

- Centre management must ensure the implementation of effective systems of management in order to comply with the regulations governing the appropriateness and suitability of care practices and operational policies.

- The centre manager must liaise with the incoming social worker for the young person to determine what specifically constitutes a significant event and is thus required to be reported as such.
- The centre manager must attend to the identified need for specialised training for the staff team.
- The manager must review the storage of the young person's file on site and implement a more appropriate system for this.
- The manager must address the issue of professional responsibility and delivery of role with the staff team.
- Senior management within the organisation must prioritise the issue of staffing and ensure there are adequate staffing levels available to the centre at all times.
- The centre manager must ensure that supervision takes place as frequently as is stated in policy and on staff supervision agreements. The focus of this should be clearly on the implementation of planning for the young person.
- The centre manager must ensure that there is better attention paid to communicating all relevant information amongst the team from meetings and hand over and ensure closer attention to forward planning.

3.3 Monitoring

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

Monitoring

3.3.1 Practices that met the required standard in full

A monitor from the Child and Family Agency visited this centre on two occasions in July and August 2015 for the purpose of ensuring the centre's compliance with regulations, standards and best practice. Both of these visits were unannounced and the monitor subsequently issued a detailed draft report based on their findings to centre management and other relevant parties including the Registration and Inspection Service. This report was issued subsequent to the onsite inspection and in which the monitor identified a total of nineteen recommendations regarding the areas of practice and policy reviewed by them. The monitor met with the young

person and had a detailed conversation with them regarding their understanding of their placement in this centre and their overall care and placement plans.

A second monitor has had ongoing contact with the manager from this centre, particularly regarding responses to significant events however this contact is not recorded at the centre and the manager did not recall such contact in interview with inspectors. Inspectors recommend that the manager maintain a log of all relevant professional contact pertaining to the young person's care and placement.

3.3.2 Practices that met the required standard in some respect only

None identified.

3.3.3 Practices that did not meet the required standard

None identified.

3.3.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

3.4 Children's Rights

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

3.4.1 Practices that met the required standard in full

Consultation

Inspectors found ample evidence of good practices regarding consultation with the young person. They are involved in the development of their daily plans, meal planning, activities, décor of their bedroom and the communal living areas in the house. They have been involved in the development of their own placement plan, identifying goals for themselves, and were also consulted with prior to their statutory care plan reviews which they attended in part. The young person themselves informed inspectors that they felt listened to by staff and that they had a say in decisions made that affected them.

3.4.2 Practices that met the required standard in some respect only Complaints

The organisation has a detailed policy outlining all relevant aspects relating to their complaints process for young people. The young person was aware of their right to complain and demonstrated an awareness of the process in conversation with inspectors. There were two complaints recorded at the time of this inspection. Whilst there was evidence to indicate that both matters raised by the young person had been investigated both internally and externally, having been notified to the social worker, the records lacked evidence of what feedback, if any had been given to the young person. Both matters were concluded and determined to be unfounded. However, it is inspectors view that both of these matters should have been processed as an allegation as both related to alleged inappropriate behaviour towards the young person. Although the matter was reported to the social worker, they also did not identify this as a potential child protection concern and thus did not flag it with the centre as requiring to be reported as such. The policy on complaints clearly makes a distinction between complaints and allegations and yet the process was not correctly adhered to by centre management. The alternative care manager for this centre and the child protection officer within the organisation must ensure that the staff team and centre manager have a clear understanding of the difference between a complaint and an allegation and the separate processes for each.

Access to information

The manager stated that the young person was aware of their right to access their information and the young person themselves also reiterated this to inspectors. However the evidence on files of this occurring lacked in some respects and could be attended to more closely. Inspectors found that although there was an identified section within the care file for restricted access/information, this was not being utilised correctly and there was information scattered throughout the file that could be deemed to be 'restricted'. Given that the young person had relatively open access to the office, where the files are stored but not locked away, this matter requires attention. There must be a clear understanding regarding what information the young person can access/view with staff permission and what information requires third party consent. The filing of records and storage of same should reflect the varying levels of access.

The parent of the young person is given verbal information regarding their child's progress in this placement.

3.4.2 Practices that did not meet the required standard

None identified.

3.4.4 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 II, Article 4, Consultation with Young People*.

Required Action

- The alternative care manager for this centre and the child protection officer within the organisation must ensure that the staff team and centre manager have a clear understanding of the difference between a complaint and an allegation and the separate processes for each.
- The centre manager must ensure that there is a clear understanding amongst the staff team regarding the young person's access to information and their records should be stored accordingly.

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

Contact with families

Inspectors found good practices relating to supporting and maintaining the young person's contact with their family members. Staff members are cognisant of the importance of maintaining access with family and advocate for the young person with the social worker in this regard.

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 found that the allocated social worker had been fulfilling their statutory obligations and responsibilities. The social worker at the time of the inspection advised the inspector that they have been maintaining close contact with centre management and have ensured close oversight of the placement throughout its duration. Having said this, they did acknowledge that there had been a period of uncertainty at the commencement of the placement about whether the social work department was prepared to commit to the placement on a long term basis. In the weeks following this inspection the allocated social worker was transferring the case and they intended to have a detailed case hand over with the incoming social worker and apprise them of all relevant information including the preliminary findings of inspectors as discussed during this inspection process. They were having monthly visits with the young person until a few months ago until taking up a new post. Since then, they have had two visits with the young person and have had regular telephone contact with them. Although an updated care plan had been prepared the centre had not been provided with a copy of this in a timely manner following the statutory review. The plan was forwarded to the centre during this inspection at the request of inspectors however this matter should be addressed in future reviews convened.

Preparation for leaving care

This aspect of care planning is not relevant to the young person in the centre at this time. However as the placement progresses and in particular when the young person reaches sixteen years of age this aspect of care will become very relevant. This was acknowledged by both the centre manager and the allocated social worker at the time of the inspection with reference to planning for leaving care and aftercare supports that may be required in the future.

Discharges

This aspect of care planning is not relevant to the young person in the centre at this time.

Aftercare

This aspect of care planning is not relevant to the young person in the centre at this time.

3.5.2 Practices that met the required standard in some respect only **Suitable placements and admissions**

At the time of this inspection both the centre manager, alternative care manager within the organisation and the allocated social worker were of the view that this placement was a suitable one for the young person and expressed the view that it was meeting some of their identified needs at that time. Although the organisation has a policy document describing the general process of admissions to its various centres, this policy was not applied in this instance as the placement commenced on an emergency basis following a previous specialised arrangement with a specific model of care that broke down without time for the requisite planning.

There was no centre-specific information booklets for the young person, their parents or relevant others. Having said this, the young person had a clear understanding of the reasons for their placement in this centre but did lack clarity regarding the proposed length of stay here.

Due to the emergency nature of the commencement of the placement and the type of records that would have been maintained within the previous specialised arrangement, the staff team that initially came on board to work with the young person had very limited information about them or their presentation and so were working in a precarious and unstable environment for some period of time. This was addressed as the placement progressed and there was greater clarity of the intended purpose of the placement.

Statutory care planning and review

There have been regular statutory reviews convened in accordance with the requirements of the regulations. Inspectors found however that the minutes and care plan document from the most recent statutory review were not on file at the time of their visit. This matter was addressed immediately following a request from inspectors directly to the social worker. The statutory planning documents on file were comprehensive in outlining the requirements of the placement; however given the complexity of this case close attention will need to be paid to ongoing planning by the social worker taking into consideration the changing presentation of the young person and their presenting needs.

The centre utilise their own internal planning documents that are developed around the needs identified within the statutory care plan. These include a placement plan and a framework document, the latter of which was recently developed and completed and had been requested by the social work team to give clear structure to

the planning and implementation of same within the placement. This document is very comprehensive and encompasses all aspects of care delivery within this service. If organised in full and reviewed on an ongoing basis it should ensure clear focus and structure for the young person within this placement. The social worker will need to maintain close oversight of its implementation and review.

Supervision and visiting of young people

The allocated social worker at the time of this inspection had regular contact with the young person and had visited them in the centre although inspectors could not find any records of contact, including visits, in the relevant section of the young person's file to support this. Such records should be clearly maintained in the centre in relation to the new social worker taking over the case.

Emotional and specialist support

The young person is regularly consulted with to ascertain their views regarding their plans; their feelings regarding many relevant aspects of their care and daily life experiences are discussed by staff on an ongoing basis, and the staff team demonstrated an awareness of their changing emotional state. However this young person demonstrates significant emotional needs that require specialised intervention and support on an ongoing basis by qualified and experienced professionals. They have had a number of assessments both prior to and since commencement of this current placement. Inspectors found evidence that some aspects of the recommendations of the most recent relevant assessment report were being implemented by the staff team; however a significant aspect of implementation was linked to specialist support and intervention. The young person had been attending specialist support services on a regular basis prior to and in the early months of this placement however this attendance had waned and continuing attendance was very much being left up to the young person's own wishes. Whilst the inspectors acknowledge the views of the professional on this matter, the young person's experience and presentation is such that it requires intensive ongoing specialist intervention and support.

Professionals within the organisation involved in the care of the young person provide brief records of their contact for the care file and have given some direction to the staff team with regard to the young person's presentation. However in the absence of the young person's consistent attendance at the specialist support offered the staff team is limited in their capacity to adequately intervene and support this young person. There was no evidence of an obvious intervention by centre management to address the decline in attendance or to seek additional supports from the specialist team working with the young person. Inspectors have asked the social work team and centre management to review the arrangements in place for specialist

support and perhaps look at incentivising attendance as a way of encouraging the young person to participate more frequently and in line with their presenting needs. This is a matter that should be organised in planning by the social worker.

Children's case and care records

The allocated social worker maintains a case file on the young person and referred to it in discussion and correspondence with the inspector. The care file in the centre contained a copy of birth cert and care order as required. Reference has been made prior in this report to relevant aspects of the care file that requires attention – these include clear understanding of what constitutes a significant event and recording and reporting this accordingly, adequate signing of all records by staff and the manager, evidence of sending all relevant records to persons outside of the centre, maintaining clear records of all relevant professional contact, in particular that with social worker, and the storage of files.

The manager informed inspectors that the organisation maintains young people's files in perpetuity in a secure location.

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 1 and 2, Care Plans

-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan

-Part V, Article 25 and 26, Care Plan Reviews

-Part IV, Article 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

- Centre management must adhere to guiding policies and procedures for any future admissions to this centre.

- The allocated social worker from the Child and Family agency must ensure that a copy of updated care planning documents and associated review minutes are forwarded to the centre in a timely manner.
- Staff and the manager in the centre must maintain a record of every visit by the social worker and other professionals to the young person on their care file.
- The social work team and centre management must review the current arrangements in place for attendance by the young person to their specialist support.
- The manager must maintain close oversight of the care file to ensure that all relevant matters are appropriately attended to.

3.6 Care of Young People

Standard

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

3.6.1 Practices that met the required standard in full

Individual care in group living

This young person is currently the sole resident in this centre which was established for the specific purpose of providing a care service to them. Therefore all aspects of the service provision are focused on attending to their needs in a sensitive and appropriate manner. The staff team and manager, as well as the allocated social worker are cognisant of the implications of a young person continue to reside by themselves for a long period of time even though their needs may warrant such a living arrangement. In light of this there are weekly activities in place that enables the young person to engage with peers on a positive level supervised by others.

Provision of food and cooking facilities

The young person is encouraged to participate in grocery shopping and meal preparation. There are no specific dietary concerns but at the time of this inspection staff were educating them using a healthy eating programme and attempting to encourage healthier eating choices.

Race, culture, religion, gender and disability

The organisation has a policy on respecting cultural differences and a separate one on recognizing diversity. Staff are aware of their responsibility to promote these policies in their daily practice and interactions with the young person. The young person is facilitated to maintain their family links so that their connection to their heritage is not lost through the care experience. They are also facilitated to practice their religion. Despite their relatively unique living arrangement, the staff team endeavour to provide the young person with opportunities and experiences similar to their peers.

Absence without authority

The staff team are aware of the Joint Protocol in place for reporting Children Missing from Care and the organisations policy on missing from care refers to the implementation of this protocol. There was an individual absence management plan on file in accordance with this protocol. Absences by this young person have not been an issue to date. This may be in part due to the high supervision levels both in the centre and in the community and so should be closely monitored if and when these levels reduce.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

There is an all-encompassing document on file for the young person that incorporates their background, the purpose of this placement, any assessments undertaken and the outcomes of same. This document is effectively an informative guidance tool that was developed over a period of time based on observations of the young person by the staff team and the input of the clinical team and was something that the social worker informed inspectors that their team had been requesting for some time. This document had only recently been implemented at the time of this inspection. It incorporated behaviour intervention plans, risk assessments, and monthly goals. Inspectors found this to be quite a good, if lengthy, document that clearly outlined targeted behaviours and action plans to address same. Having said this, as previously stated inspectors found that there was an unacceptably high tolerance by staff of some of the inappropriate behaviours being presented on a regular and consistent basis by the young person. In addition, the young person had previously resided in a residential placement that had utilised effective behavior management techniques and although information was on file from this previous placement, similar techniques or interventions were not effectively applied by the staff in this centre. Inspectors are of the view that the behavioural interventions outlined in this document will require further attention and fine tuning by all relevant parties to ensure that these behaviours are being accurately responded to and effectively

addressed. Although the manager and staff team expressed the view that the young person was aware of the behaviours expected of them, they appeared to not adhere to expected behaviours and inspectors found that the use of sanctions recorded were not effective nor were they linked to the behaviours displayed in a clear way. The behaviours being displayed by this young person require a focused approach that is clinically led, consistently deployed and closely monitored. The manager and supervising social worker will need to attend to this matter as a priority.

Restraint

It has been determined that physical intervention is not appropriate for use with this young person. The staff team has attended training in an accredited training programme; however a decision has been made to provide refresher training every two years. Whilst it is acknowledged that physical interventions are not currently in use, infrequent refresher training may lead to a loss of skills and knowledge in other aspects of the training programme. Inspectors are of the view that senior management within the organisation should review this decision.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

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

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

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

Required Action

- The centre manager and supervising social worker must jointly review the approaches to behaviour management and ensure that intervention plans are focused, clinically led and closely monitored.
- Senior management must review the decision regarding the timeframes for their refresher training in physical intervention training programme.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

None identified.

3.7.2 Practices that met the required standard in some respect only Safeguarding

The organisation has a policy on safe practice and working alone. In addition to this stand-alone policy, the policy document itself refers to a range of operational policies that contribute to a culture in which the welfare and protection of young people is upheld. Inspectors found some good practices in place with regard to safeguarding including 2:1 staffing at all times as a result of the young person's behaviour, advocacy for the young person through access to their social worker and to personnel at Empowering Young People in Care, and contact with family members. However inspectors did have some concerns about the lack of implementation of other necessary practices which should have been overseen by management such as incorrect use of the complaints process, inappropriate over sharing of personal information by staff with the young person, inappropriately high thresholds of staff towards inappropriate and unacceptable behaviours displayed by the young person which were in turn not being reported external to the centre as significant events. Despite the 2:1 staffing levels the young person was still finding and creating opportunities to target inappropriate behaviour towards individual staff members and inspectors whilst onsite. Inspectors found that the implementation of management systems were not sufficiently effective in order to monitor safeguarding practices thus leading to some of the concerns highlighted here. These matters will need to be addressed by centre management to ensure that there are robust and effective safeguarding systems and practices in place that are being closely monitored at all times.

3.7.3 Practices that did not meet the required standard

None identified.

Standard

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

3.7.4 Practices that met the required standard in full

None identified.

3.7.5 Practices that met the required standard in some respect only

Child Protection

The organisation has a detailed policy on child protection that is consistent with the Children First National Guidance. The staff team has all attended training in Children First and there is a designated person within the organisation to whom any child protection concerns are reported. The manager stated that there have been no concerns/incidents of a child protection nature. However as referenced earlier in this report, two matters identified by the young person and dealt with through the complaints process should have been reported to the social worker and dealt with as a matter of child protection due to the nature of these incidents. Although these matters were resolved to the satisfaction of the social worker and centre manager and the designated child protection officer was aware of them it is crucial that the manager and staff team have a clear understanding of the distinction between a complaint and an allegation and how each should be dealt with. Further guidance on this should be sought by the centre manager.

3.7.6 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must ensure that there are robust and effective safeguarding systems and practices in place that are being closely monitored at all times.
- The centre manager to seek further information/guidance for self and staff team regarding what constitutes an allegation.

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

The young person was attending an educational placement on a full time basis at the time of this inspection. It had only commenced two weeks prior to inspectors visit and was the first time they had attended full time education for a significant period of time. Some tutoring had been provided by the organisation earlier in the placement but this had then ceased. Assessments had been completed prior however further assessment was recommended as part of an overall assessment of need earlier this year and this should be attended to in due course. The manager and staff team place a value on education and are satisfied that the current educational arrangement will meet their needs in the short term at least. This will be reviewed on a regular and ongoing basis.

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.

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

The young person has had a recent medical assessment and does not have any identified medical condition that requires ongoing monitoring. They are registered with a GP practice and records of attendance at same are maintained, as are any medications consumed. Any current health issues that were identified are being addressed through the appropriate channels. The social worker has provided consent for medical treatment however the young person's parent is informed of any medical

issues. Inspectors did not view a record of all health and medical information from birth on this young person's care file. If the centre does not have such a record, they must secure one from the social worker. Diet and personal hygiene is taken account of within the placement plan and are matters that are receiving ongoing attention from staff. The manager informed inspectors that the young person does not smoke however during their onsite visit inspectors observed them to be smoking. The monitor also highlighted in their recent report that the young person was on an incentivised programme to encourage them to quit smoking but that they were persisting to do so. This is clearly a matter that needs to be addressed more robustly by the team. Staff members continue to have discussions with the young person regarding safe appropriate relationships, interactions and use of language. For this young person, this general area is one that requires specialist guidance in order to ensure the staff team are approaching and dealing with presenting issues in a productive way. Inspectors recommend that the manager seek such specialist input for the staff team as a priority.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 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 20, Medical Examinations.*

The centre has 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 secure a copy of the young person's medical and health history for the care file at the centre.

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 a detached house on its own extensive grounds situated in quite a rural location. There is a house car which staff members are licensed to drive and this is necessary to access local towns and to facilitate the young person's education, family access, hobbies and interests.

The centre was in good structural repair and had been recently decorated with the young person's involvement. They can have family or other visits at the centre in private should they wish as they are the sole occupant and there is ample space. They have decorated their own bedroom and can keep their belongings safely there.

Safety

The organisation has an occupational health and safety management system document and a site specific risk assessment document both of which were made available to individual staff members. In addition, there is also a health and safety procedures document that is generic to the organisation.

There is a designated staff member with responsibility for overseeing health and safety matters in the centre through necessary recording systems.

There are an adequate number of the staff team with up to date training in first aid and the manager should attend to any that is out of date.

There is a weekly check of the house car to ensure that any matters arising can be dealt with appropriately.

The young person was not taking any medication at this time however there is a facility in the staff office to store medication safely if necessary. In the past, the young person took responsibility for their own over the counter medication management.

Fire Safety

The centre manager submitted the necessary documentation signed by a representative of the county council stating that all statutory requirements relating to fire safety and building control have been complied with.

Inspectors did not view a separate fire safety statement although consideration of fire hazards had been given within the site-specific risk assessment document.

Inspectors recommend that if the centre does not have a fire safety statement, one should be developed as a priority.

Inspectors noted regular checks of all fire safety and firefighting equipment at the centre are conducted. Fire drills have been conducted regularly and inspectors would caution against conducting these too often lest the young person or staff become complacent.

The majority of the staff team have attended fire safety training.

3.10.2 Practices that met the required standard in some respect only Maintenance and repairs

There is a daily checklist of cleaning that was commenced following the monitors visit in August; this ensures good attention to any relevant matters. Inspectors were unable to determine the speed with which maintenance or repair issues are dealt with as this is not recorded and must be addressed. Inspectors did not find any issues requiring attention at the time of this inspection.

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

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

- The maintenance record should clearly note the dates on which the matter requiring attention was identified/reported and when it was resolved.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.1	<p>Centre management must amend the current statement of purpose and function to reflect the specific nature of the current placement.</p> <p>Centre management must develop centre-specific information booklets for the young person, parents and social work team.</p>	<p>Purpose and Function has been reviewed and amended by centre management. A copy was forwarded to Tusla Monitor and SWTL on 16.11.15 and subsequently to inspectors following a request for same.</p> <p>Welcome Pack completed in conjunction with young person. Forwarded to previous SW on 01.09.15. Forwarded to current SW and Team Leader on 09.11.15.</p> <p>Parents booklet completed and forwarded to, Social Work Team Leader on 19.11.15</p>	<p>Inspectors are satisfied with the revised document.</p> <p>Inspectors are satisfied with this action taken by the centre.</p>
3.2	<p>Centre management must ensure the implementation of effective systems of management in order to comply with the regulations governing the appropriateness and suitability of care practices and operational policies.</p>	<p>To date, two internal audits have been completed in the centre. An audit schedule has been set for 2016. The centre manager is liaising with the alternative care manager and multi-disciplinary team at weekly meetings regarding care practices within the centre. The manager is meeting with the alternative care manager on a monthly basis for supervision.</p> <p>A schedule of monthly managers meetings has been developed for 2016 at managers meeting, 20.11.15. This meeting will be a forum for discussing care</p>	<p>Inspectors are satisfied with these actions taken by the centre to address this issue.</p>

	<p>The centre manager must liaise with the incoming social worker for the young person to determine what specifically constitutes a significant event and is thus required to be reported as such.</p> <p>The centre manager must attend to the identified need for specialised training for the staff team.</p> <p>The manager must review the storage of the young person's file on site and implement a more appropriate system for this.</p> <p>The manager must address the issue of professional responsibility and delivery of role with the staff team.</p> <p>Senior management within the organisation must prioritise the issue of staffing and ensure there are adequate staffing levels available to the centre at all times.</p>	<p>practices within the centre and supports for Managers. A theme of this supervision will include implementation of regulations, care practices and operational policies</p> <p>Our thresholds for significant events devised in conjunction with the clinical team and behaviour therapist were sent to previous SW on 09.10.15. Sent to current SW and Team Leader on 15.11.15. Centre manager will liaise with Social Work at Care Review on 08.12.15.</p> <p>Self-Injury training was completed with all staff on 13.11.15 CARI Training is taking place on 08.12.15 for all staff.</p> <p>Files are now stored in locked filing cabinet in office.</p> <p>Manager has discussed personal boundaries and disclosure of personal information with the staff team at team meeting on 13.11.15.</p> <p>The centre has a full team of seven staff. HR and senior management are completing work on the development of a relief panel for the mainstream units.</p>	<p>Inspectors requested a copy of these documents and were provided with same. Inspectors are satisfied that these meet the required action.</p> <p>Inspectors requested and received a copy of the CARI training that staff will attend. Inspectors were informed that the clinical team also provided additional training to the staff team and were satisfied with the reported content of this.</p> <p>Inspectors are satisfied with this action taken by the centre to address this issue.</p> <p>Inspectors are satisfied with this action taken by the centre to address this issue.</p> <p>Inspectors urge that this issue be prioritised by management in the organisation.</p>
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	<p>The centre manager must ensure that supervision takes place as frequently as is stated in policy and on staff supervision agreements. The focus of this should be clearly on the implementation of planning for the young person.</p> <p>The centre manager must ensure that there is better attention paid to communicating all relevant information amongst the team from meetings and hand over and ensure closer attention to forward planning.</p>	<p>Further supervision has been carried out with staff and new supervision schedule has been implemented from 01.10.15. Planning will be an integral part of supervision going forward. The supervision form was reviewed with all managers on 20.11.15</p> <p>The meeting book is read and signed by all staff to ensure that any staff not in attendance are fully aware of any decisions made or changes to practice. The communication book is read and signed daily. Staff are aware of all BSP's and risk assessments for daily plans. Updated or new risk assessments/BSP's are included in handover book to ensure that all staff are aware of changes</p>	<p>Inspectors requested and were provided with a copy of forthcoming supervision dates however the manager will need to continue to attend to this matter.</p> <p>Inspectors are satisfied with this action taken by the centre to address this issue.</p>
<p>3.4</p>	<p>The alternative care manager for this centre and the child protection officer within the organisation must ensure that the staff team and centre manager have a clear understanding of the difference between a complaint and an allegation and the separate processes for each.</p> <p>The centre manager must ensure that there is a clear understanding amongst the staff team regarding the young person's access to information and their records should be stored accordingly.</p>	<p>Centre manager attended training in Safeguarding, Trust in Care and Duty of Care on 16.10.15. Information is in Training and Reference file with read and sign sheet attached for staff.</p> <p>Files are now stored in locked filing cabinet in the office. The young person's access to information was discussed by the centre manager with the staff team. The young person has been informed he may have access to certain information by arrangement with centre manager or Keyworkers. He reads and signs his daily log on occasion.</p>	<p>Inspectors were informed that the information forming the basis of this training was made available to the staff team and discussed at a staff meeting.</p> <p>Inspectors are satisfied with this action taken by the centre to address this issue.</p>

<p>3.5</p>	<p>Centre management must adhere to guiding policies and procedures for any future admissions to this centre.</p> <p>The allocated social worker from the Child and Family agency must ensure that a copy of updated care planning documents and associated review minutes are forwarded to the centre in a timely manner.</p> <p>Staff and the manager in the centre must maintain a record of every visit to the young person by the social worker and other professionals to the young person on their care file.</p> <p>The social work team and centre management must review the current arrangements in place for attendance by the young person to their specialist support.</p>	<p>House is single occupancy unit with no future admissions planned. However, the centre manager has reviewed the policies and procedures for same and if involved in the admission of a young person, will liaise with the Alternative Care Manager regarding the policies and procedures for same.</p> <p>All care planning documentation has been forwarded to the centre. Prompt forwarding of care planning documents and review minutes following care reviews will be discussed with the Social Work team at next Care Review on 08.12.15.</p> <p>Record of visits by SW, GAL and other professionals are filed in professional contacts section of the working file. A visitor sign in book is being utilised in the house.</p> <p>Behaviour Analyst now conducts weekly review sessions with the young person in the house. This will be faded back in line with individual's progress through the programme. Weekly internal meetings are held with the Clinical Team to review practices in house. Training is carried out with the staff team at these meetings.</p> <p>The young person attended twice-weekly psychotherapy since August 2014 with the Clinical Psychologist and continues to have weekly access to them. The young person choice about attendance in therapy is always respected by the team.</p>	<p>Inspectors are satisfied that this response from the centre will address the required action.</p> <p>Inspectors are satisfied that this response has addressed the required action.</p> <p>Inspectors are satisfied that this response has addressed the required action however do reiterate that this was not evident on file at the time of the inspection.</p> <p>Inspectors are satisfied that this response will address the required action.</p> <p>This latter point was discussed in detail with the Social Work Team Leader who indicated that it will be a priority point of discussion at the next scheduled care review meeting.</p>
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	The manager must maintain close oversight of the care file to ensure that all relevant matters are appropriately attended to.	Records have been signed by staff and manager and emails printed and filed up to date. Manager is recording contact with SW, Monitor and external professionals.	Inspectors are satisfied that this response will address the required action.
3.6	<p>The centre manager and supervising social worker must jointly review the approaches to behaviour management and ensure that intervention plans are focused, clinically led and closely monitored.</p> <p>Senior management must review the decision regarding the timeframes for their refresher training in physical intervention training programme.</p>	<p>Centre manager is liaising with SW Team Leader on these issues while a new SW is being allocated. The Behaviour Intervention Plan has been sent to the social work department and Guardian for collaborative review. Updates and changes to the Behaviour Intervention Plan and risk assessments will be forwarded for review. The document will be reviewed at the up-coming care review on 08.12.15. The behaviour management plan is monitored and evaluated by the Behaviour Analyst, with young person and staff on a weekly basis currently. Minor changes are made as appropriate and dependent on behaviour in previous week. Any changes to current intervention strategies employed will be communicated to social work department and approval sought if strategies differ to current intervention components, or lie outside the model of Positive Behaviour Support. The main focus of the current intervention plan is the reduction of challenging behaviour and to improve pro-social and adaptive coping strategies and to develop further social and emotional literacy skills for the young person.</p> <p>Standard behaviour intervention refresher training occurs every two years. However during this time refreshers occur in response to the needs of each centre. An associated risk matrix may also be</p>	<p>Inspectors are satisfied that this response will address the required action if implemented in full and robustly overseen by all concerned parties.</p> <p>Inspectors continue to be concerned regarding the timeframes for this refresher training and would ask senior management to review this on a more</p>

		completed to respond to the needs of the young people at any time. The organisation has four internal trainers working to allow for this need to be met as required.	frequent basis irrespective of the requirements of the behavior training programme.
3.7	Centre management must ensure that there are robust and effective safeguarding systems and practices in place that are being closely monitored at all times. The centre manager to seek further information/guidance for self and staff team regarding what constitutes an allegation.	Safeguarding training was conducted on 16.10.15 and information shared with staff. Training as above on 16.10.15	Inspectors requested and were provided with additional information on this training and are satisfied that this response will address the required action if implemented in full and robustly overseen on a consistent basis by management.
3.9	The centre manager must secure a copy of the young person's medical and health history for the care file at the centre.	Requested from SW and Team Leader on 15.11.15.	Inspectors are satisfied that this response will address the required action when received by the centre.
3.10	The maintenance record should clearly note the dates on which the matter requiring attention was identified/reported and when it was resolved.	This has been rectified and staff have been made aware of correct procedure for completing maintenance log.	Inspectors are satisfied that this response has addressed the required action.