



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 054

Year: 2016

Lead inspector: Orla Griffin

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Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Three Steps Ltd.
Registered Capacity:	One young person
Dates of Inspection:	July 19th and 20th 2016
Registration Decision:	Registered without attached conditions from January 23rd 2015 to January 23rd 2018
Inspection Team:	Orla Griffin Sinead Diggin
Date Report Issued:	February 3rd 2017

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1. Foreword

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

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

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

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined.

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

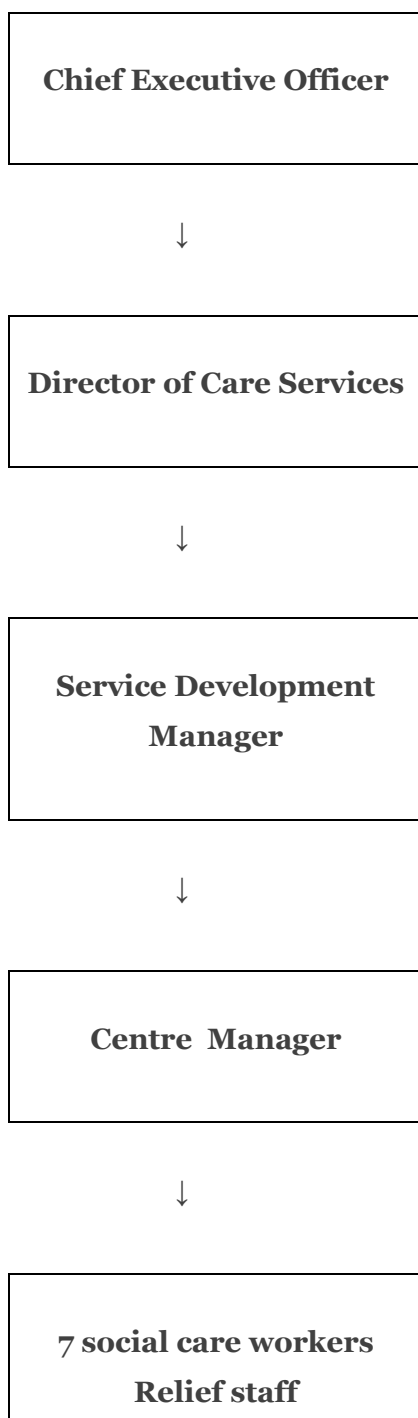
An application was duly made by the proprietors of this centre for continued registration on 11th July 2016. This themed inspection took place on 19th and 20th July 2016 over a two day period and this report is based on a range of inspection techniques including:

- ◆ 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) One young person residing in the centre
 - c) The social worker with responsibility for a resident young person
 - d) Other professionals
- ◆ An examination of the most recent report from the monitoring officer
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Two social care staff
 - c) One young person
 - d) One allocated social worker
 - 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 people, 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 this date 9th of December 2016 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 23rd January 2018.

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

In January 2015, the centre was established specifically for a young person who required a therapeutic residential care setting on an urgent basis. Following a period of assessment and regular review the duration of the placement was determined. The centre has a written statement of purpose and function that was reviewed by the service development manager and director of care services. The statement sets out that the centre was established to provide a medium to long term single occupancy care to a young person experiencing emotional, behavioural and family problems aged twelve to eighteen years. Interviews with the manager and staff team reflected a good working knowledge of the written statement of purpose and function.

Practice at the centre is informed by the wider organisations policy and procedure document and guidance from the services clinical team. The centre delivers a therapeutic model of care that is underpinned by a person centred approach with an emphasis on relationship building. The written statement of purpose and function states that various individual therapies and assessments are available to young people based on their needs. The review of the care file evidenced that clinical assessments and interventions had taken place and informed a young person's needs and practice at the centre. At the time of inspection a current therapeutic plan was pending following restructuring of the clinical team as discussed further in this report. The purpose and function also states that the staff team is supported to work therapeutically with young people through their contact and consultation with child and adolescent psychotherapists, employed by the organisation. While inspectors had been informed that this practice regularly takes place, records of contact between

the staff team and the child and adolescent psychotherapist had not been maintained to evidence this aspect of service provision and demonstrate the integration of clinical recommendations into social care practice.

Further to this, the review of staffing over a three month period demonstrated that, in the absence of a relief panel, numerous different staff had completed shifts at the centre to cover gaps in the rota. This practice had been incongruent to the service provision set out in the centre's written statement of purpose and function. The services development manager must ensure that the development of a panel of relief social care staff takes place without delay to ensure that gaps in the rota are covered by consistent staff with the knowledge to deliver the individualised care to a young person in line with the statement of purpose and function.

The organisational policy and procedures document and its availability to young people, parents and professionals is outlined in the centres statement of purpose and function. The centre manager has developed individualised booklets for young people and their parents. The centre specific information booklet for parents has been circulated to the Child and Family Agency social work team who placed a young person in this centre.

3.1.3 Practices that did not meet the required standard

None identified.

Required Action

- The manager must ensure that contact and consultation between the staff team and the child and adolescent psychotherapist, as set out in the written statement of purpose and function, is recorded and a copy maintained on site.
- The services development manager must ensure that the development of a panel of relief social care staff takes place without delay to ensure that gaps in the rota are covered by consistent staff with the knowledge to deliver the individualised care to a young person in line with the centres purpose and function.

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.

Notification of Significant Events

The centre has a written procedure for the prompt notification of significant events to internal management and relevant professionals and this had been implemented in practice. The manager communicated thresholds for the reporting of significant events, devised by the manager in conjunction with the clinical team and behaviour therapist, to the social work department in response to findings of the previous inspection report. Inspectors were satisfied that the staff team had a good understanding of the behaviour that constituted a significant event. The supervising social worker found significant event records to be detailed and supported event analysis and this mirrored the inspection findings. The manager maintains a significant event register that had been signed off by the manager and senior management. The centre manager advised that at a senior level new forms are being developed to include commentary from the director of care services.

While there is a system in place for the review of significant events on a monthly basis, the analysis of events had not been robust. The services development manager had identified this as an area for development in an audit prior to the inspection and actions in this regard are identified in the management section of this report.

Training and development

The training and development needs of the staff team are monitored by the manager through regular training needs analysis that is maintained on the personnel files. All staff members had completed training in child protection, fire safety, first aid and a recognised and reputable method of restraint and refresher training had been completed every two years.

The manager and members of the staff team informed inspectors that internal training had taken place connected to the needs of a young person and had been beneficial to the staff team. On review of personnel files, inspectors had not observed records of staff completion of internal training and it is recommended that is addressed to evidence participation in internal training and the development of the staff team. Inspectors were informed that the development of the staff team had been further supported through regular communication with a child psychotherapist within the organisation. As stated in this report, records of these meetings had not been maintained and this is an issue that needs to be addressed by the director of care services. The manager informed inspectors that training for the staff team in supporting a young person's cultural identity is being pursued. Given that this training is requested by the staff team to assist in their capacity to meet the cultural needs of a young person in placement it is recommended that this takes place.

3.2.2 Practices that met the required standard in some respect only

Management

The last inspection at this centre took place in September 2015. The inspection found that oversight mechanisms of the manager and external manager had not been effective to ensure that suitable care practices and operational policies were in place at the centre. The registration of the centre had been restricted to twelve months post inspection. Deficits in external management systems in this organisation had been a recurring theme found in monitoring and inspection reports that had been raised with senior management. In response, the director had made a number of changes to the organisational structure including the appointment of a director of care services in February 2016 and the appointment of a services development manager, as an external manager, to this centre six weeks prior to inspection. Restructuring and changes have also taken place in the clinical-therapeutic support team as will be discussed further in this report.

The last inspection report stated that while the manager had systems to oversee the work of the centre it was the effective implementation of these systems that had been significantly lacking and the need for more robust support and direction from the external manager. The findings of this inspection reflected that adequate oversight and support from external management had not been consistently in place to support the centre manager. For example, the manager, who remains in post in this centre, had not received formal supervision for a four month period.

In interview, the manager advised that improvements had taken place in the implementation of oversight mechanisms implemented in the centre. The manager had oversight of staff practice at the centre through regular supervision of the staff team, observation of staff practice and contact with a young person, attendance at handover meetings, facilitation of team meetings and attendance at clinical and care planning meetings for a young person in the centre. There was evidence that the manager consistently signed off on centre records including registers and logs. The manager found the introduction of monthly manager audits had been beneficial in structuring the oversight of staff practice at the centre. Practice in the centre had improved in areas including supervision of the staff team, the reporting and notification of significant events, provision of emotional support in line with therapeutic plans and managing behaviour.

However, inspectors identified that further development is required by the manager in establishing effective leadership. Inspectors identified deficits in the identification and response to staff practice issues and the robust management of allegations in the centre and these areas are detailed further in this report. The services development manager identified the need for more robust and monthly analysis of significant events in the centre. Inspectors require evidence from the services development manager that oversight of significant events is in place and contributes to learning and practice development in the centre. Inspectors recommend that the services development manager in conjunction with the manager set out a schedule to address the professional development needs of the manager in line with the findings of this report.

The external manager position for this centre had changed from the alternative care manager to the services development manager who was appointed to this post six weeks prior to inspection. The services development manager previously managed a centre in the service for two years and has responsibility for three children's residential centres in the organisation.

The services development manager set out that oversight of the work of the centre is to take place through regular supervision of the manager, receipt of monthly manager audits, completion of quarterly audits on centre practice, attendance at team meetings and care plan meetings and facilitation at monthly managers meetings. Inspectors examined a review/audit document completed by the services development manager on a range of centre practices that had been comprehensive and focused on service improvement. Inspectors recommend that these reviews continue on a regular basis as part of wider mechanisms to oversee that suitable care practices and operational procedures are in place in the centre.

The services development manager reports to the director of care services and informed inspectors that senior management meetings take place regularly. The senior management meeting minutes had not been available onsite for inspectors to review onsite and were submitted following the issuing of the draft report. The minutes reflected that these meetings took place regularly, were well attended and focused on operational matters and service development across the organisation.

The effective implementation of the strategies set out by the services development manager would contribute to good oversight of centre practice. However, given that the services development manager was in post for a short period prior to inspection, it was not possible to evaluate the effectiveness of these strategies.

Given the findings of this inspection, centre manager and external manager must ensure that mechanisms are in place to satisfy themselves that appropriate and suitable care practices and operational policies are in place.

Supervision and support

The centre had a written policy for the supervision of care staff and the manager has responsibility to provide supervision to the staff team at six to eight weekly intervals. The previous inspection findings highlighted that supervision had not taken place in line with the policy and a clear connection had not been made to the implementation of the young person's placement plan. While supervision had generally taken place at regular intervals, there were instances where supervision had not taken place in line with the policy and this was identified in the services development manager audit. The manager must ensure that supervision of the staff team takes place at six to eight week intervals in line with the centre policy. Inspectors recommend that more frequent supervision is considered for new staff to the centre and where members of the team require additional support.

The records of supervision reviewed by inspectors had demonstrated an improvement in the connection to the implementation of the goals of a young person's placement plan and support to the staff team. Inspectors recommend that the location and timing of supervision is reviewed by the manager as some records indicate that supervision in the centre at times does not afford staff the privacy needed to engage in the process and supervision scheduled at the end of shift isn't supportive to the process.

There is a policy in place for team meetings to take place every three weeks. The records of meetings were clear and reflected good communication about the work of the staff team and progression of goals for the young person and staff found these meetings to be supportive to their work. Attendance at the team meeting was impacted by the need for staff to be available on site and fulfill the required staffing ratio. While team meetings generally took place within three weeks, an eleven week gap existed between April to June in 2016 and the manager reported that some team meetings had not taken place due to poor attendance. The manager must ensure that team meetings take place at regular intervals and strategies to improve staff attendance levels are reviewed.

The working environment for the staff team can be testing as they are working closely with a young person with complex behaviours. The staff team reflected positively on the support received from the manager and their colleagues. The organisation has a child psychotherapist who is available to meet with the care staff team on a weekly basis to provide support and consultation regarding the provision of care at the centre. The staff found regular sessions with the child psychotherapist to be particularly helpful to informing practice with the young person and improving their capacity to manage the behaviour. However, as stated the lack of written records of the support offered by a child psychotherapist to the staff team must be addressed by the centre manager.

The manager informed inspectors that debriefing was available to staff who experienced stressful events at work and took place following handover meetings. Staff members interviewed confirmed that debriefing took place, it was facilitated by the manager and supportive. However, no records of these meetings were kept and thus not available to inspectors to evidence the frequency and quality of the practice taking place. The manager must ensure that records of debriefing with the staff team are maintained to evidence this mechanism of support provided to the staff team.

Staff had a good knowledge of and how to access external supports provided by the organisation.

3.2.3 Practices that did not meet the required standard

Staffing

The centre operates with a manager and seven full time social care workers positions. Prior to inspection two staff had recently left post for amicable reasons and relief staff had been required to cover gaps in the staff rota for the centre.

Of the seven staff that were in post, six of care staff have an appropriate and recognised qualification and one staff member does not have a third level qualification. Inspectors were informed by management 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 and there was evidence that a staff member had gained a relevant social care qualification following employment with the support of the centre.

The balance of experienced to inexperienced staff had not been adequate to ensure that the service operated with at least one qualified staff member at child care leader level on each shift. The services development manager identified recruitment had been scheduled for a deputy manager and three social care leader positions for this centre.

The review of the care files reflected improvement in the consistency of staff practice overall and demonstrated that the issues around staff boundaries noted in the last inspection report had been addressed. However there are some staff practice issues to be addressed and these are discussed further in the safeguarding and child protection section of this report.

Following a review of staffing levels across the organisation in February 2015 the requirement for a relief panel to be developed to cover gaps in centre rota's was identified. Furthermore, this requirement was mirrored in the inspection of September 2015. The findings of the onsite inspection identified that this issue remained fully unresolved. In the absence of a stable relief panel, during a three month period reviewed by inspectors, 16 different relief members had been scheduled to complete 30 shifts.

Inspectors gathered evidence that the frequent change in staffing during this period negatively impacted the young person. As the approach to care is individualised, therapeutically informed by clinical assessment and intervention, the inspectorate require that the development of a relief panel takes place as a matter of priority.

Inspectors reviewed employee exit interview forms for two staff members who had been previously employed at the centre. The records of interview reflected that staff had left post for amicable reasons including improved pay.

Given these findings, the manager must provide updated information to the inspectorate on the current staffing complement, experience and qualification to

evidence that the full staffing complement has been restored. The manager must demonstrate that the balance of experience on the staff team is adequate to facilitate the scheduling of at least one qualified staff member at child care leader level on each shift.

3.2.4 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, 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 -Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***

Required Action

- The centre manager and external manager must ensure that mechanisms are in place to satisfy themselves that appropriate and suitable care practices and operational policies are in place.
- The services development manager must evidence oversight of significant events is in place and contributes to learning and practice development in the centre.
- The manager must ensure that supervision of the staff team takes place at six to eight week intervals in line with the centre policy.
- The manager must ensure that team meetings take place at regular intervals and strategies to improve staff attendance levels are reviewed.
- The manager must ensure that records of debriefing with the staff team are maintained to evidence this mechanism of support provided to the staff team.
- The manager must ensure that meetings between clinical staff and the care staff team that provide support and inform the provision of care at the centre are recorded and a copy maintained on site.
- The manager must provide updated information to the inspectorate on the current staffing complement, experience and qualification to evidence that the full staffing complement has been restored.
- The manager shall demonstrate that the balance of experience on the staff team is adequate to facilitate the scheduling of at least one qualified staff member at child care leader level on each shift.

3.4 Children's Rights

Standard

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

3.4.1 Practices that met the required standard in full.

None identified.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre has a written policy and procedure document specific to complaints. The centre has placement specific information booklets for young people and their families that contain written information about the complaints policy. A young person in placement had a good understanding of the process of complaint and appeals. The young person's communication with professionals and an external advocacy group had been facilitated by the staff team.

A complaint by a young person had been addressed by the centre staff, social worker and professionals involved and due to its recurring nature a threshold document had been developed to provide guidance to the staff team to use the significant event notification system rather than the complaints process. Inspectors identified that complaints of this nature were still required to be logged in the complaints register to evidence and facilitate manager oversight that the complaint is managed appropriately by the social care team in line with centre policy or via the threshold document as agreed with the Child and Family Agency social work department.

While the manager identified there is an expectation for staff to make complaints on behalf of a young person if a complaint form is refused, inspectors found confusion among the staff team about the pursuit of a complaint following redaction or refusal to complete a complaints form. Inspectors identified from the care records that a complaint had been made by a young person in terms of the use of relief staff in the centre. Staff members interviewed made clear distinctions between complaints and allegations.

The manager must ensure that members of the staff team are clear and consistent in the implementation of the complaints policy and this is refreshed regularly with the staff team.

3.4.3 Practices that did not meet the required standard

None identified.

Required Action

- The manager must ensure that all complaints are logged in the complaints register to evidence and facilitate management oversight that each complaint is managed appropriately by the social care team in line with centre policy or via the threshold document as agreed with the Child and Family Agency social work department.
- The manager must ensure that members of the staff team are clear and consistent in the implementation of the complaints policy and this is refreshed regularly with the staff team and overseen by the manager.

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 was established as a single occupancy placement and the registered capacity remains at one young person. Inspectors interviewed the social worker for a young person in placement. The social worker deemed the admission to be suitable given the young person's need for a therapeutic residential setting with clinical assessment and intervention in response to complex needs.

Inspectors were satisfied that the young person is supported to understand the purpose of the placement by the staff team and professionals. The young person has

made progress since placed in this centre including an increased capacity to communicate emotions and reduction in the level and frequency of high risk behaviours as well as maintaining an education placement.

The clinical team, the social care team and the social work department regularly review the suitability and impact of a single occupancy placement and whether this placement remains in the best interests of a young person. The services development manager informed inspectors that the nature in which clinical support for young people is delivered by the service has been reviewed and developed. Inspectors recommend that these changes in the role of the clinical team form part of the reviews considering the suitability of the placement for the young person.

Statutory care planning and review

The supervising social worker convened a care plan at the outset of the placement and regular statutory care plan reviews have taken place thereafter in line with regulations. Given the continued complexity of the case, the implications of a single occupancy placement as well as the changes of clinical approach in the organisation, inspectors recommend that the Child and Family Agency social work team leader considers convening special care plan reviews to ensure robust oversight of this case and formal review of the suitability of the placement.

The care plan and subsequent review meeting records closely considered the needs of a young person. The minutes of these meetings reflected attendance of involved professionals and consideration of a young person's wishes. The centre staff prepare good and comprehensive reports to inform the decision making process at the statutory care plan and review meetings. Inspectors have recommended to the social worker to further develop the emotional and behavioural development aspect of the care plan as this is a key focus for the young person at present.

The service uses a placement plan and a framework document to set out how staff are to support the needs of the young person, as described in their statutory care plan. The planning documents were clear, comprehensive and considered each developmental need of the young person in detail. Inspectors found that the implementation of the goals set out for the young person had been reflected in key work documents. Goals in terms of reduction in staffing ratios will need to be informed by clinical assessment and this is discussed in the safeguarding section of this report.

3.5.2 Practices that met the required standard in some respect only

Emotional and specialist support

A young person in placement at this centre has a recognised need for a therapeutic residential service informed by clinical assessment and intervention. The service has a clinical team, within which a number of changes have taken place in months prior to inspection.

Following admission, a clinical neuropsychological assessment had taken place to provide an up to date account of a young person's emotional needs. The social care team and the therapeutic plans had been informed by the clinical team through structured and regular multidisciplinary team meetings. There was evidence that a young person had comprehensive clinical input including intervention from a senior behavioural analyst and senior psychologist support by the staff team.

A clinical review report recent to the inspection demonstrated a comprehensive account of the progress the young person had made since admission to the centre including progress in emotional registration and regulation. These improvements had resulted in a reduction in the level and frequency of high risk behaviours expressed by a young person and this had been reflected by the care staff and in the centre paperwork.

The staff team had a good understanding of a young person's social history and had been empathetic to the young person's circumstances. The staff team reflected a good working knowledge of the approaches to emotionally support the young person as guided by the clinical team. The provision of emotional support by the staff team in this regard is undermined by the use of numerous relief staff, an issue that has been a recurring theme in this report due to its impact on the consistency of care for a young person.

While a young person was not in receipt of direct clinical intervention following changes in the clinical team, the social care team continued to work with the young person based on previous therapeutic plans. The social worker informed inspectors during interview that a meeting had been scheduled in August 2016 with the care staff and clinical team to therapeutically plan for the young person. The social worker had not been satisfied that direct clinical sessions were no longer in place and this was to be addressed in this meeting. The manager shall submit evidence to the

inspectorate that a current therapeutic plan has been developed for a young person and that this plan is subject to regular review.

Inspectors found that the social care staff had been consistent in their approach to supporting the young person and integrated recommendations by the clinical team into practice.

The staff team had reflected positively on support received from a child psychotherapist within the service in meeting the needs of a young person. As identified in this report, records of these meetings had not been maintained and this must be addressed to evidence the interface between clinical support and social care practice.

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

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

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

Required Action

- The manager must evidence that a current therapeutic plan has been developed for a young person and that this plan is subject to regular review.
- The manager must ensure that a record of every visit to a young person by the supervising social worker is entered in the centre's care file, together with details of any action taken as a result of a visit.

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.

None identified.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The centre has a written policy on managing behaviour that includes the management of actual and potential aggression; an approach to managing behaviour the staff team have been trained in. Approaches to managing a young person's behaviour had been individualised and informed by clinical assessment and intervention. From the outset of the placement it had been determined that a 2:1 staffing ration had been required to safely manage a young person's behaviours.

The care file contained a framework document incorporating behaviour intervention plans, risk assessments and monthly goals that had been informed by clinical assessments and reviewed regularly. The document clearly identified monthly goals for a young person and action plans to address these including the use of a points system, positive reinforcement and goal setting by the young person. The presence of new staff onsite was recognised within these documents as triggers for a young person; however, the use of various relief staff in the centre had not been rectified to address this issue.

The approach of the team focused on the de-escalation of behaviours and promotion of learning opportunities for positive coping mechanisms. The social worker had been satisfied that the team were managing behaviour appropriately. Records of significant events reflected a consistent approach from the staff team that included post incident work with the young person to explore and promote alternative coping strategies. The manager informed inspectors that sanctions are no longer implemented by the staff team following a review of their effectiveness. The manager

advised that the staff team focused on recognising and praising positive behaviour as observed in practice by the staff team while inspectors were onsite.

Inspectors found, in the course of interview, that management and staff had associated the reduction in high risk behaviours with increased safety for staff and other young people. Inspectors learned that the 2:1 staffing ratio had been relaxed at times to include short trips for the young person with one staff member. Members of the staff team discussed the possibility of this practice taking place more often in line with the wishes of a young person. While the inspectors acknowledge that importance of the possibility of change, current clinical assessment clearly states that 2:1 staffing ratio is required to safely manage the behaviour of a young person. Furthermore, recurring allegations against members of the staff team have taken place at the centre and inspectors find this staffing ratio is required as a safeguarding measure. Clinical input needs to be provided on the balance of managing the risk and supporting opportunities of safe and normal peer social development. The manager must ensure that any changes to the staffing ratio for a young person is clinically led, and takes place in consultation with the supervising social worker, to ensure that the behaviours of a young person can be safely managed by the social care team.

3.6.3 Practices that did not meet the required standard

None identified.

Required Action

- The manager must ensure that any changes to the staffing ratio for a young person is clinically led, and takes place in consultation with the supervising social worker, to ensure that the behaviours of a young person can be safely managed by the social care team.

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 written policy on safe practice and working alone. The policy references a range of operational policies and procedures that contribute to a safe living environment for a young person. Inspectors found evidence of good safeguarding practices including a 2:1 staffing ratio, advocacy support for young people and a young person in place understood their rights and how to make a complaint when required. The centre does not operate an internal alarm system or waking night staff.

The manager and staff team engaged in good practice identifying additional measures to provide a safe environment for a young person. Examples of these measures included supervised and restricted internet access, restricted phone use and supervised family contact. The restrictive practice records reflected that these practices were reasonable, required and subject to review. Restrictions and safeguarding policies and practices had also been discussed in team meetings and in supervision. However, safeguarding issues arose in regards to the staffing ratio, staff practice, the management of allegations and a lack of clarity regarding complaints in the centre.

The requirement for 2:1 staffing ratio to safely manage a young person's behaviour had been identified at the outset of the placement and reiterated in clinical assessment reports. There have been instances whereby this ratio has reduced to 1:1 for short periods contrary to clinical recommendations. As stated earlier in this report, the manager must ensure that any changes to the staffing ratio for a young person is clinically led, and takes place in consultation with the supervising social worker, to ensure that the behaviours of a young person can be safely managed by the social care team.

A significant event record reviewed by inspectors demonstrated that a young person was led to believe that a staff member had not shared a conversation of a sensitive nature with other members of the staff team when events were to the contrary. For the young person it appeared that a member of staff was withholding information from other team members. The record also demonstrated that a staff member was dishonest with a young person and not practicing in line the policy on staff conduct and ethos of the organisation that values honesty, dignity and respect for a young person. The young person has a right to access records and the record of this event has potential to impact on relationships with the staff team. While the record had been overseen by the manager and services development manager the practice had not been addressed. Inspectors identified this staff practice issue at the time of inspection and require a response from the manager outlining the steps undertaken to address this issue.

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.

Child Protection

The centre has written policies and procedures for the management of disclosures and allegations from young people in line with ‘Children First; the national guidelines for the protection of children’. The manager and social worker responded to high levels of allegations against staff members by a young person by developing a threshold document to structure the use of formal reporting procedures to the social work department. On recommendation, the services development manager had agreed to review aspects of the threshold document to ensure clear guidance to the staff team and inspectors require evidence that this review has taken place.

There was evidence that members of the staff team had a good understanding of the management allegations by a young person in the centre. Inspectors recommend that the use of a ‘complaints form’ in response to an allegation is reviewed to make a clear distinction in the process of allegations and complaints.

The review of an allegation against a staff member reflected deficits in the management of the allegation and the investigation into this matter. On reviewing records pertaining to the incident inspectors determined that discrepancies within

the care records were questionable, had given rise to staff practice issues and that a comprehensive review of centre documentation had not taken place as part of the service response to this matter. The management of the allegation also included the offer of mediation to a young person and the transfer of the staff member to another centre prior to a robust investigation taking place. Inspectors had been informed that a risk assessment had taken place for this staff member; however, this had not been available onsite. Inspectors informed the services development manager and manager of stated concerns regarding this matter during the onsite inspection. The services development manager and centre manager must review the management and investigation of an allegation against a staff member, including a review of centre paperwork, as outlined in this report and identify that the learning and actions that have taken place from this review.

The centre had a child protection register that was overseen by the manager and services development manager. The manager must record allegations that the young person has made against staff in the child protection register to ensure that allegation's are appropriately managed by the staff team including those that are captured under the aforementioned threshold document.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- The services development manager and manager must identify the basis on which staff practice issues had not been identified and addressed by the manager and the actions that will be taken based on this review.
- The services development manager and manager must review the management and investigation of an allegation against a staff member, including a review of centre paperwork, as outlined in this report and identify the learning and actions that have taken place from this review.
- The manager must record allegations that the young person has made against staff in the child protection register to ensure that allegations are appropriately managed by the staff team including those that are managed under the threshold document developed in conjunction with the Child and Family Agency social work department.

3.10. Premise 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 & 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard

None identified.

3.10.2 Practices that met the required standard in some respect only

Accommodation

The accommodation was nicely decorated and clean at the time of the onsite inspection and areas of the centre had recently been painted. However, in July 2016 the services development manager completed an audit on this centre and during this process poor hygiene was observed in the kitchen and other rooms in the centre. In response, the manager was required to ensure that the system in place for staff to complete cleaning duties is fully and consistently implemented at all times. In conjunction with this, a company had been contracted to complete quarterly deep cleans at the centre. Inspectors communicated to the manager and services development manager the expected standard of cleanliness within the centre to ensure that it is a pleasant environment for a young person to live in. Inspectors recommend that this requirement is reflected in the centres policy on creating and maintaining a safe and homely environment.

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*

Required Action

- The manager must ensure that a good standard of cleanliness and hygiene within the centre is maintained to provide a pleasant environment for a young person to live in.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.1	<p>The manager must ensure that contact and consultation between the staff team and the child and adolescent psychotherapist, as set out in the written statement of purpose and function, is recorded and a copy maintained on site.</p> <p>The services development manager must ensure that the development of a panel of relief social care staff takes</p>	<p>Centre manager is responsible for ensuring that all minutes from both the internal review meeting and consultation time with the consultant psychotherapist are recorded effectively and are filed appropriately onsite. This process had just commenced prior to the inspection visit and has been consistently occurring every three weeks. All minutes, including actions, goals and discussion are on file and available for review.</p> <p>The service development manager in conjunction with the director of care service and HR completed a review of all the</p>	<p>Inspectors are satisfied that the stated action taken by the centre manager addresses the issue.</p> <p>Inspectors are satisfied that the recruitment of a deputy manager and team leaders to the staffing complement will</p>

	<p>place without delay to ensure that gaps in the rota are covered by consistent staff with the knowledge to deliver the individualised care to a young person in line with the centres purpose and function.</p>	<p>organisations staff as part of a planned introduction of deputy managers and team leaders. There is ongoing recruitment for additional social care staff and there is currently a core team is in place in the centre to limit the use of relief or agency staff and ensuring that the staff team are consistent and have the knowledge to provide therapeutic care and environment to the young person residing in the centre. A further recruitment drive in January 2017 will allow for the re-establishment of a panel of relief social care staff.</p>	<p>address the issue.</p>
<p>3.2</p>	<p>The centre manager and external manager must ensure that mechanisms are in place to satisfy themselves that appropriate and suitable care practices and operational policies are in place.</p>	<p>The centre manager is required to review daily information and files as appropriate and complete full reviews as necessary. Part of this review involves senior oversight by the service development manager who completes monthly reviews in conjunction with the centre manager. This includes a review of all significant events, complaints, child protection issues, restricted</p>	<p>Inspectors are satisfied that the implementation of the stated actions will address the issue.</p>

	<p>The services development manager shall provide evidence that oversight of significant events is in place and contributes to learning and practice development in the centre.</p> <p>The manager must ensure that supervision of the staff team takes place at six to eight week intervals in line with the centre policy.</p>	<p>practices, consequences, rights based issues and accident/injury. This process is audited at an organisational level on a monthly basis. Within this emphasis is placed on learning and findings are communicated to staff through regular team meetings and supervision.</p> <p>The service development manager reviews significant events as they occur. In general this occurs via email communication. An overall review occurs on a monthly basis as outlined above. The manager submitted evidence of this oversight.</p> <p>Following verbal feedback from the inspectors the centre manager has facilitated staff supervision off site and has adhered to the centre policy in relation to time frames. This has been reviewed/ overseen by the service development manager who receives the supervision schedule a month in advance and have completed audits on same. Completion of staff</p>	<p>Inspectors are satisfied that the issue is addressed.</p> <p>Inspectors are satisfied that the implementation of the stated actions will address this issue.</p>
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	<p>The manager must ensure that team meetings take place at regular intervals and strategies to improve staff attendance levels are reviewed.</p> <p>The manager must ensure that records of debriefing with the staff team are maintained to evidence this mechanism of support provided to the staff team.</p>	<p>supervision is also included in monthly key performance indicators that are reviewed by the director of care services.</p> <p>Team meetings currently take place in line with the internal review and planning meetings, staff attendance at same is planned and scheduled as part of the monthly roster. In addition to this, extended handovers at the start of shift have proved successful in the past and these will be incorporated into the rota twice monthly going forward.</p> <p>This happens in a number of forums, during consultation time with consultant psychotherapist post internal review and planning meeting, during staff handover following a difficult shift and in staff supervision. The centre managers is responsible for the recording and filing the minutes for all of these forums and are evidenced on staff files, post</p>	<p>Inspectors are satisfied that the stated actions will address this issue.</p> <p>Inspectors are satisfied that the stated actions will address this issue.</p>
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	<p>The manager shall provide updated information to the inspectorate on the current staffing complement, experience and qualification to evidence that the full staffing complement has been restored.</p> <p>The manager must ensure that the balance of experience on the staff team is adequate to facilitate the scheduling of at least one qualified staff member at child care leader level on each shift.</p>	<p>incident review forms, team meeting minutes and the management files on site.</p> <p>The centre manager submitted the current staffing complement of the manager, three team leaders and five social care staff.</p> <p>The centre manager submitted the current staffing complement that reflects a balance of experience on the staff team that would facilitate the scheduling of a qualified staff member at child care leader level on each shift.</p>	<p>Inspectors are satisfied that the stated actions have addressed this issue.</p> <p>Inspectors are satisfied that the stated actions have addressed the issue.</p>
3.4	<p>The manager must ensure that all complaints are logged in the complaints register to evidence and facilitate management oversight that each complaint is managed appropriately by</p>	<p>It is the responsibility of the centre manager to report any complaints and complete immediate actions and follow ups. The service development manager will be a regular presence in the centre and will ensure oversight</p>	<p>Inspectors are satisfied that the stated actions will address the issue.</p>

	<p>the social care team in line with centre policy or via the threshold document as agreed with the Child and Family Agency social work department.</p> <p>The manager must ensure that members of the staff team are clear and consistent in the implementation of the complaints policy and this is refreshed regularly with the staff team and overseen by the manager.</p>	<p>on a senior level through auditing process and day to day feedback and observation including guidance and follow ups re any complaints as they arise. This is to ensure that all complaints are managed in line with centre policy.</p> <p>It is the centre manager’s responsibility to ensure that all staff have a clear understanding of the complaints policy and are competent in following the guidelines set out by the policy. Upon the appointment of a new staff member it is the centre manager’s responsibility to ensure that they are aware of the complaints policy and provide training in relation to the recording a complaint and the thresholds in place. Following our initial feedback this was included on the agenda for our team meetings for a period of time to ensure that all staff received a refresher in relation to the policy and process relating to complaints</p>	<p>Inspectors are satisfied that the implementation of the stated actions will address this issue.</p>
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<p>3.5</p>	<p>The manager shall evidence to the inspectorate that a current therapeutic plan has been developed for a young person and that this plan is subject to regular review.</p> <p>The manager must ensure that a record of every visit to a young person by the supervising social worker is entered in the centre's care file, together with details of any action taken as a result of a visit.</p>	<p>The centre manager has taken responsibility to draft a therapeutic plan in conjunction with all professionals involved in the care of the young person residing in this centre. This has involved director of care services, service development manager, therapeutic supports consultant, consultant psychotherapist, social care team, social worker, guardian ad litem, aftercare worker and school principal. This is currently in draft form awaiting approval. A copy has been submitted to the inspectorate.</p> <p>It is the centre manager's responsibility to ensure that all visits are recorded on contact forms and filed accordingly in the relevant files. Responsibility for any actions as a result of the visit are assigned to the relevant people and it is the responsibility of the manager to ensure all actions are followed through to completion.</p>	<p>Inspectors are satisfied that the stated actions will address this issue.</p> <p>Inspectors are satisfied that the stated action will address the issue.</p>
<p>3.6</p>	<p>The manager must ensure that any changes to the staffing ratio for a young</p>	<p>It is the centre manager's responsibility to ensure that the staffing levels best meet the</p>	<p>Inspectors are satisfied that the stated actions will address the issue.</p>

	<p>person is clinically led, and takes place in consultation with the supervising social worker, to ensure that the behaviours of a young person can be safely managed by the social care team.</p>	<p>needs of the young person in the centre. Any changes to the staffing levels will be discussed in advance with the Child and Family Agency social worker, guardian ad litem, director of care services, service development manager and consultant psychotherapist as part of the internal review and planning process. Any changes or reduction will be planned carefully in advance in order to have a robust plan in place to ensure the young person is supported throughout. At present this is discussed regularly and a plan has been agreed with the Child and Family Agency social worker, that any 1:1 time spent with staff is recorded as an individual work and signed by staff and young person.</p>	
<p>3.7</p>	<p>The services development manager and manager must identify the basis on which staff practice issues had not been identified and addressed by the manager and the actions that will be</p>	<p>Both the manager and service development manager have reviewed the staff practice in relation to the event outlined. Based on the review, although intentions were perceived to be in the interest of the young person at the</p>	<p>Inspectors are satisfied that the actions stated will address the issue.</p>

	<p>taken based on this review.</p> <p>The services development manager and manage must review the management and investigation of an allegation against a staff member, including a review of centre paperwork, as outlined in this report and identify the learning and actions that have taken place from this review.</p>	<p>time, upon reflection the possible negative impact outweighed the decision to withhold information from the young person. Learning from the post incident review has been recorded in a post incident review and communicated in team meetings. It is the manager's responsibility to ensure staff are aware of the learning and to ensure staff conduct themselves in a professional manner and in accordance to centre policy.</p> <p>It is the centre manager's responsibility to record any child protection matters and demonstrate oversight of same. The Service Development Manager will be responsible for the reviewing standard reporting forms and child protection concerns as they arise. These will also be reviewed as part of the monthly review process, identifying any outstanding</p>	<p>Inspectors are satisfied that the implementation of the actions stated will address the issue.</p>
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	<p>The manager must record allegations that the young person has made against staff in the child protection register to ensure that allegations are appropriately managed by the staff team including those that are managed under the threshold document developed in conjunction with the Child and Family Agency social work department.</p>	<p>actions or responses. The centre manager will constantly seek feedback/ responses from relevant parties until resolved. The use of the on call manager has been refreshed with the staff team. The manager outline learning from this incident and that individual work with the staff members regarding will take place with the centre manager in this respect.</p> <p>The centre manager is responsible for the correct recording and investigation of any allegation made by the young person towards a staff member. Any investigation will be reviewed as per the policy and procedures. Reported, investigated and brought to conclusion under the supervision of the manager. The centre manager in conjunction with the Child and Family Agency social worker will undertake regular reviews of the threshold document to ensure that it is appropriate and protects both the young person and the staff team. The centre manager holds the</p>	<p>Inspectors are satisfied that the implementation of the actions stated will address the issue.</p>
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		responsibility of ensuring the register is kept up to date and this is reviewed and overseen by the service development manager.	
3.10	The manager must ensure that a good standard of cleanliness and hygiene within the centre is maintained to provide a pleasant environment for a young person to live in.	It is the manager's responsibility in conjunction with the staff team to ensure that there is a high level of cleanliness throughout the centre and that this standard is consistently maintained. There are daily and weekly cleaning duties assigned to the staff team with oversight of the centre manager to ensure completion. Quarterly deep cleans are scheduled in advance with external cleaners attending to all areas of the house. These are recorded in the house maintenance log.	Inspectors are satisfied that the implementation of the actions stated will address the issue.