



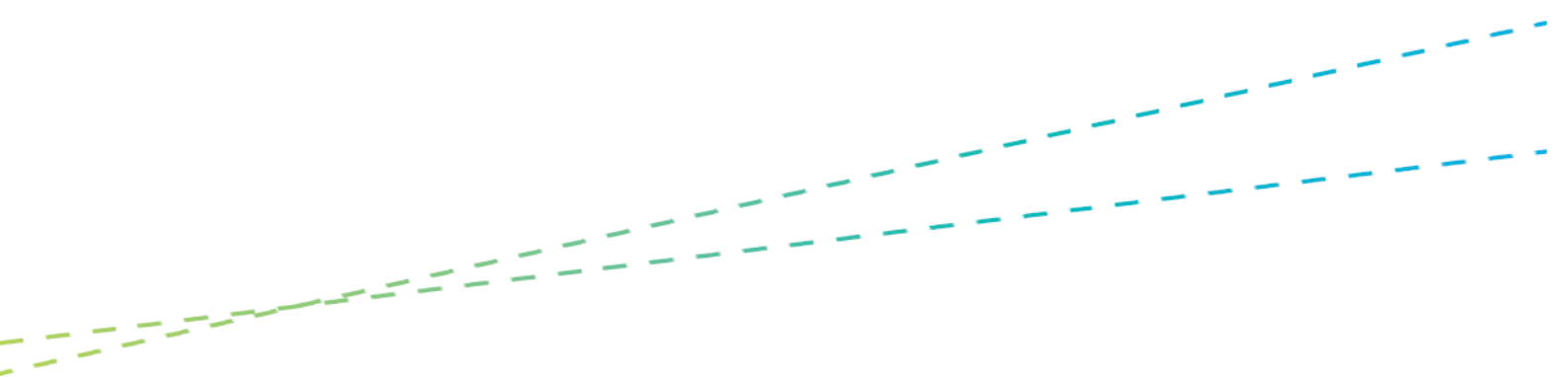
**An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency**

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

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

**Centre ID number: 063**

**Year: 2019**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Pathways Ireland</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>23<sup>rd</sup> &amp; 24<sup>th</sup> January 2019</b>
<b>Registration Status:</b>	<b>30<sup>th</sup> January 2018 to 30<sup>th</sup> January 2021</b>
<b>Inspection Team:</b>	<b>Catherine Hanly Michael McGuigan</b>
<b>Date Report Issued:</b>	<b>15<sup>th</sup> March 2019</b>

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## 1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

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

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

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on 30<sup>th</sup> January 2015. At the time of this inspection the centre were in their second registration and were in year one of the cycle. The centre was registered without attached conditions from 30<sup>th</sup> January 2018 to 30<sup>th</sup> January 2021.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. Exceptions outside of this age range are permitted for young people under thirteen in line with the derogation process governing same. At the time of this inspection there was one young person aged under thirteen residing in the centre and two other young people between the ages of 13 and 17. Their model of care was identified as 'The Competency and Relationship Framework' which was described in centre documentation as promoting effective and accountable professional practice and a client-centred approach.

The inspectors examined aspects of standards 2 'management and staffing', 5 'planning for children and young people' and 6 'care of young people' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 23<sup>rd</sup> and 24<sup>th</sup> of January 2019.

## 1.2 Methodology

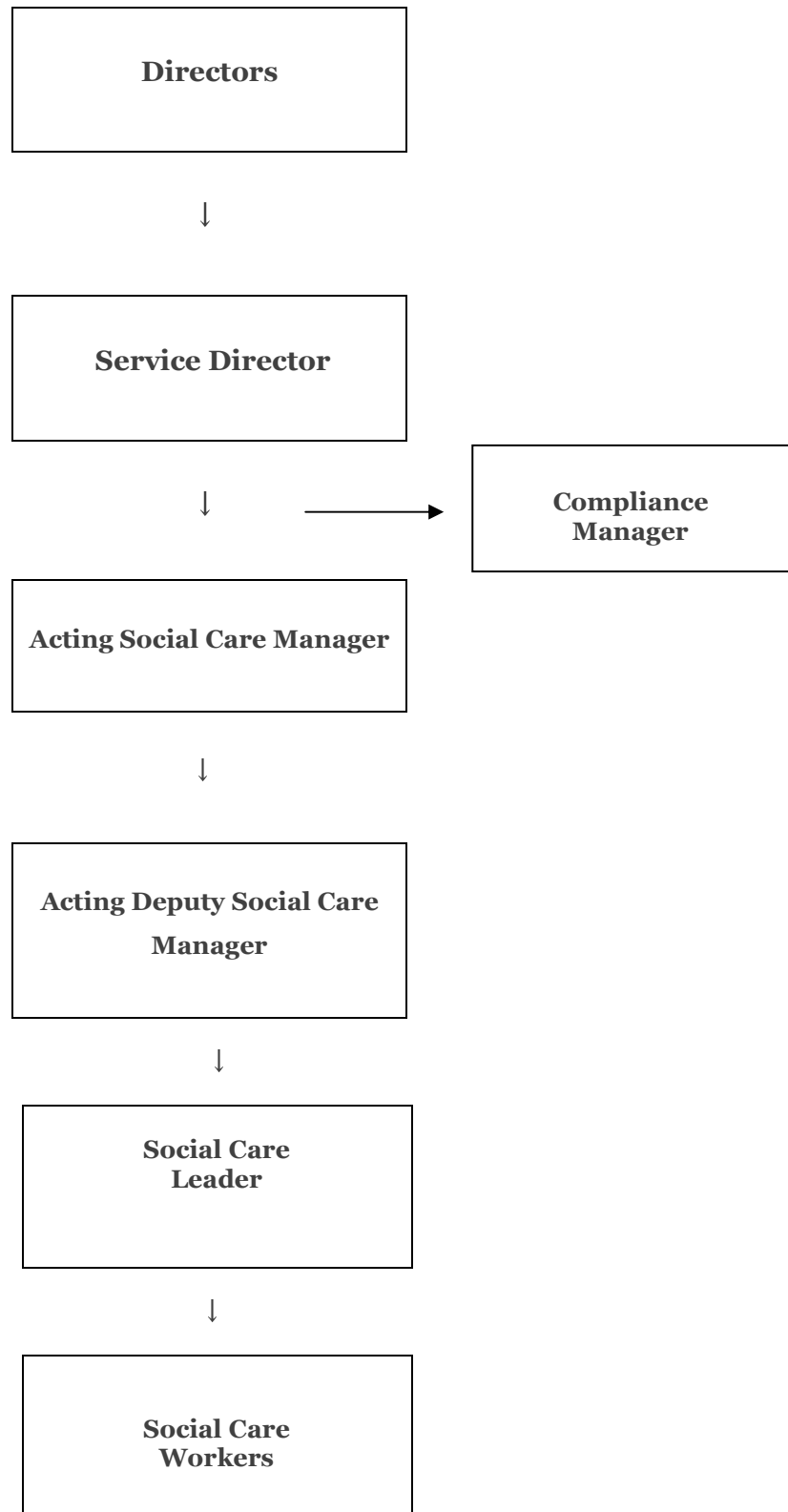
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) Seven of the care staff
  - b) All three social workers with responsibility for young people residing in the centre.
- ◆ An examination of the centre's files and recording process.
  - Each of the young people's care files
  - Staff and acting manager supervision records
  - Personnel files
  - Centre registers
  - Meeting minutes
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively
  - a) The acting centre manager
  - b) The service director
  - c) One social care leader
  - d) One social care staff member
  - e) Two of the young people residing in the centre at the time
  - f) The compliance manager
  - g) The lead inspector within Tusla
  - h) The allocated Tusla social workers for each of the young people
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

## 1.3 Organisational Structure



## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, service director and the relevant social work departments on the 21st of February 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 6<sup>th</sup> March 2019.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 063 without attached conditions from the 30<sup>th</sup> January 2018 to the 30<sup>th</sup> January 2021 pursuant to Part VIII, 1991 Child Care Act.



## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

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

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

None identified.

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

##### **Management**

At the time of this inspection in January 2019, the acting centre manager had been in post since July 2018, having completed an internal interview for the post. They were appropriately qualified for this position. This person had previously held the position of deputy centre manager within this centre and had commenced as a social care worker in the centre when it opened. The acting manager of this centre was expected to be in post until March 2019 at which point, it was reported to inspectors, the full time centre manager would return here to their original post.

The manager described the mechanisms in place for overseeing delivery of care as having oversight of all recording within the centre; oversight of planning via individual weekly plans, formal review processes and review of various planning documents; communication with staff whilst on duty; and attending all relevant professional meetings. The acting manager referenced oversight of key working, individual work, placement plans and speaking with young people as ways in which they reviewed outcomes for young people accessing this service. There were no records of such stated oversight for inspectors to evidence this. The acting manager reports formally to the service director but stated that they also include the company's compliance manager on all relevant reports that are issued from the centre. The acting centre manager did not complete a formal report to the service director but stated that monthly management meetings are convened for the purpose of reviewing how each centre is functioning, how the young people within each are progressing or not, and any areas of work practice that may need to be addressed.

The service director also described their role in relation to their oversight of the delivery of care in this centre. They referenced systems of oversight including supervision with the manager, receiving and reviewing copies of all reports generated by the centre, monthly management meetings chaired by them, review of paperwork and key working, a regular presence in the centre and being available to young people.

Inspectors found that the reported internal systems of review and governance in place were inadequately robust in terms of achieving consistent governance. Inspectors reviewed a sample of records of the minutes of management meetings and one completed compliance report. Overall these minutes were of a poor standard and did not consistently give a clear and concise summary of the discussion and any decisions or actions arising subsequent to that. The minutes lacked evidence of standing agenda items; there was inconsistent recording of whether actions previously identified had been followed through, and some matters discussed on a recurring basis were representative of a responsive rather than a proactive planned approach to address the particular issue. These meetings should have a clear agreed agenda with standing items identified and there should be clear follow through on actions identified. Minutes of the manager's supervision with the service director evidenced overview of the respective placements of each of the young people within the centres but lacked evidence of oversight of solid planning and reviewing mechanisms.

Inspectors were provided with one record of an internal "strategy care meeting" that was convened by the service director with the acting centre manager and acting deputy manager in late October 2018. This forum reviewed the placements but not against the young people's placement plans or goals within same; there was no action identified for directing placements and there was no evidence of clinical input being considered as part of this review. The service director should consider a more focused structure for this review mechanism.

The compliance manager had completed one audit report in full since their commencement in the role and reported that a second audit was in draft format. The completed report was dated August 2018 and related to an overview of the delivery of supervision across the three centres in the organisation. The report included some recommendations made which broadly related to the template used by managers, the method of recording minutes and the detail within same. There was no evidence of changes in the records of supervision reviewed subsequent to this report being completed.

Specific commentary as it pertains to relevant areas of practice reviewed during this inspection is detailed throughout this report. However overall, centre management must implement the necessary mechanisms that evidence oversight of all aspects of work being conducted in this centre.

### **Register**

The centre maintained a register of all young people that have resided there since it commenced operations in 2015. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency. The exact address of discharge destination was not always listed and the acting manager must review this and make amendments accordingly.

### **Staffing**

The centre had a staff complement comprising acting deputy manager, social care leader, and seven social care workers at the time of this inspection. The manager stated that the levels and manner in which staff were deployed across each shift were adequate to meet the needs of the service and inspectors did not find evidence to dispute this. Inspectors did observe warm interactions and a natural rapport between some members of staff and two of the young people in the centre and the acting manager cited the importance of establishing positive working relationships.

The acting manager stated during interview that all staff were qualified; however inspectors noted from records provided for review that the acting deputy manager does not have a social care or equivalent qualification and one member of the relief staff also does not have a social care or relevant equivalent qualification. Inspectors did not find that there was a balance of experience on the staff team. Inspectors noted that of the four staff files randomly sampled, three had their only experience of working in a children's residential centre at this centre. From a review of placement plans and key working records inspectors found that the inexperience of staff was reflected at times in quality of work being undertaken with young people and staff's ability to engage them. Inspectors recommend that the acting manager familiarise themselves with the qualifications and experience base of all staff and in doing so give the requisite attention on the shift rota to ensure that there is at least one staff member qualified to child care leader level, that is with three years' post-qualification experience.

The company has a dedicated HR department that take responsibility for the recruitment and vetting of all staff. The acting manager stated that they have been involved in interview boards previously and had also on occasion verbally verified

written references provided. Inspectors noted that the manager of this centre had also verified references in the past. Inspectors identified some outstanding matters with regard to the vetting of staff on the files that they reviewed – one file did not have a copy of the qualification included which they had stated in their CV as having completed; another file was missing part of a written reference submitted; another file had a reference from a person in a named education institution, however this was not provided on headed paper or from an authentic email account. Inspectors recommend a thorough review of all personnel files and ensure that any outstanding deficits are rectified.

### **Supervision and support**

The centre had a written policy on supervision that identified its purpose as achieving the objectives of competent and accountable practice, continuing professional development and support. Inspectors reviewed a sample of supervision files and did not find evidence that these objectives were being consistently and successfully addressed within that forum. The supervision template was aimed at recording the discussion of work practice, professional development and support; however there were limited notes on completed records reviewed. One staff member stated in interview that they had consistently raised the need for supervision training in their own supervision sessions and was confident this would be reflected in records however this was not documented in any records reviewed. A second staff member stated that they have signed blank supervision templates without minutes having been recorded on the understanding that the detail of the session would be filled in afterwards. There was a separate template for recording discussion on young people and their respective placements. This template stated that this record was for the young person's file however this was maintained in the staff supervision file. These records did not evidence any direct reference to any young person's placement plan or key working tasks that had been identified elsewhere. Inspectors were also directed to key work meeting/supervision minutes as a record of a forum where the acting deputy manager supervised the delivery of the key work task. These minutes showed that this was a forum where the entire staff team attended, as opposed to key workers only. Although there were clear headings to record the discussion, the minutes of these were very limited and did not clearly present this to be a robust oversight mechanism. There was little evidence of action or direction by the supervisor and there were no named individual assigned specific responsibility for any task. Centre management must review the practice of supervision as a priority and ensure that it is delivered in such a way as to demonstrate an effective link to placement plans as well as realising the objectives stated in the centre's own policy.

Staff meetings took place on a weekly basis and shift hand over on a daily basis. Both forums served the purpose of facilitating good communication amongst staff members and ensuring a consistent approach to care delivery.

There are additional support mechanisms available to the staff team and staff members reported to feeling very well supported by centre management. All staff members files reviewed contained a signed contract of employment and the acting manager stated that these were on all staff files.

### **Training and development**

The centre had a written policy on staff training which had the stated aim of improving both the quality of care for, and the ability of staff to provide that care to, young people. The policy referred to regular audits being conducted to determine training and development needs as well as regular reviews of learning needs. The acting manager also stated that training needs are reviewed within the forum of supervision and one staff member stated that they had repeatedly referenced the need for training within their supervision; however there was no evidence to support this in the supervision records reviewed. In addition, the policy stated that staff were to be released to attend mandatory training provided. Difficulties with ensuring staff attended training scheduled was noted on a number of occasions in management meeting minutes, with some training having been cancelled/postponed as a result of limited numbers presenting. The acting manager and senior management will need to take corrective action to prevent against this issue.

Inspectors were provided with records of mandatory training completed by the staff team within the previous year. This included child protection, Children First e-learning programme, first aid, and crisis behaviour management. Some staff had completed additional training such as sexual exploitation and self-harm. In addition, inspectors were provided with a schedule of training for 2019 which included predominantly mandatory training programmes. The acting manager and senior management must ensure they provide an effective programme that meets the staff development and training needs specific to the needs of young people in this centre.

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

None identified.

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 7, Staffing (Numbers, Experience and Qualifications).*

#### **Required Action**

- Centre management must clearly evidence robust and effective mechanisms of oversight and governance.
- The acting manager must ensure that complete discharge address is included in the centre's register.
- The acting manager must ensure that the staff team demonstrate an effective skill set which appropriately meets the needs of the young people.
- The service director must undertake a review of all personnel files and ensure that any deficits are rectified.
- Centre management must review the practice of supervision as a priority and ensure that it is delivered in such a way as to demonstrate an effective link to placement plans as well as realising the objectives stated in the centre's own policy.
- Centre management must ensure they provide an effective programme that meets the staff development and training needs specific to the needs of young people in this centre.

## 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 evidence of the staff team's willingness to support and facilitate family access and contact for each of the residents at the time of this inspection. Family contact and the arrangements for same was guided by the direction of the supervising social workers and for some young people was noted in their statutory care plans. Parents, where involved are provided with regular updates from the centre regarding their child's placement. Social workers were complimentary of the role of the staff team with regard to supporting family contact.

#### **Preparation for leaving care**

This centre has in the past prepared young people for moving on to various types of onward living arrangements. One of the residents of the centre at the time of this inspection was aged seventeen years. They did not have a preparation for leaving care plan developed although they did have an aftercare worker assigned to their case. Inspectors were informed that the young person was refusing to engage on any level with formal, or otherwise, preparation for leaving care. The staff team were committed to supporting the young person in their transition from the centre however they stated that the young person was not willing to share any plans or intentions with staff.

The inspector requested that the allocated social worker clarify with the aftercare worker the status of their involvement and associated planning should the young person not wish to engage with that service.

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

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

Of the three young people resident in the centre at the time of this inspection, only two had up to date statutory care plans on file. In general, both of these plans contained the required information with respect to the identification of the purpose of this placement and the overview of needs assessment; however neither could be described as ‘comprehensive’ as is stated in the national standards. One plan did not clearly state the care status for the young person; and in the ‘child’s view’ section it made reference to the young person having made their views known however what these were was not documented in this section. There was no review date identified although when speaking with the allocated social worker, they stated that a provisional date had been identified and was to be confirmed. The social worker for the third young person had taken over responsibility of the case after the young person’s relatively recent admission to this centre. They acknowledged that the statutory care plan was out of date and required review however stated that a lack of sufficient resources within the social work department impacted significantly on this. A statutory review date had been set for three months post admission. Social work management must ensure that statutory care plans are appropriately and accurately detailed and are in place as soon as is practicably possible.

One of the young people residents at the time of this inspection was aged under thirteen years and, as such, in accordance with the HSE policy on the placement of children aged twelve and under in the care or custody of the HSE, was required to have monthly statutory child in care reviews. Inspectors found that these monthly reviews had been complied with.

For the two young people that had up to date statutory care plans on file, there was evidence that they and their parents where involved had been provided with an opportunity to contribute to the development of these plans, including participating in the statutory care review process.

Inspectors examined placement plans on file for all three young people. These were extensive documents identifying each area of need, the goals within same and the action required to meet the identified need. Inspectors found these documents to be repetitive, not evidencing robust review and lacking in terms of who or what was directing their delivery. Key working and supervision records, including those of the dedicated key work supervision forum did not demonstrate an effective link between these placement plan documents and any key work completed. Inspectors found that



the evidence of progression of young people within the placement was lacking. Centre management will need to review the content of individual placement plans and the manner in which they are delivered upon. The content should be specific and indicative of a targeted intervention approach; it should also be inclusive of recommendations by external professionals engaged with the young person. Their review should determine and evidence the effectiveness of the plan and its delivery.

## **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.

Each of the young people had an allocated social worker at the time of this inspection and inspectors interviewed all three of these. The centre had been provided with sufficient background information of the young people via the Tusla referral process for non-statutory children's residential centres. One young person did not have an up to date statutory care plan on file, the relevant social worker stated that a review date had been set to address this. The two other statutory care plans were up to date on the relevant files at the centre, one of these would benefit from further clarifying information. Young people are encouraged to participate in the statutory care review process and to have their views made known within this. Social workers confirmed that they receive all copies of significant event notifications and are in regular contact with the centre. All social workers confirmed that they have visited the centre and have met with the young person.

### **Emotional and specialist support**

The acting manager and staff members interviewed noted the importance of developing and maintaining positive relationships with young people as being central to the work in this centre. Whilst inspectors found some evidence of a general awareness of the emotional needs of some of the young people, evidence of a deeper insight into and understanding of the psychological needs of each the young people resident in the centre at the time of this inspection was lacking. The placement plans, supervision and team meeting records and key working reviewed lacked evidence of robust strategies identified by the team to respond to some of the specific presenting behaviours of the young people. Key working records, in particular, were not of a sufficiently good quality to consistently reflect the staff teams' ability to effectively

communicate with young people. End of placement reports for four previous residents consistently referred to “extensive key working and individual work” having been completed for all four. Despite this reported level of intervention, all four discharges were unplanned with each report noting minimal engagement by the young person within the placement and the limited impact of staff interventions on problematic behaviours being displayed. The acting manager will need to ensure through robust oversight of key working and the implementation of placement plans via the supervision forum that staff demonstrate an effective skill set which appropriately meets the individual needs of the young people.

The organisation recently contracted the services of a psychotherapist who meets with the staff team on a monthly basis. The acting manager described their involvement as listening to the views of the staff team on the young people and to provide suggestions for approaches that may be helpful. Inspectors reviewed the feedback provided to the team from their two sessions completed to date. These minutes which were unsigned and did not identify the author, appeared to represent a summary of the discussion brought forward by the staff team and lacked specific strategies by the therapist. Social workers informed inspectors that they did not have clear knowledge about this therapist’s role in relation to the young person that they had placed in the centre. There was no evidence of integration of the therapists’ views/feedback and individual placement plans. Inspectors recommend that senior management clearly define the role of this therapist with regard to this centre and interface with the staff team. There should be clear consultation with the placing social work teams also to ensure that there is a well coordinated approach to care delivery for each young person.

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

#### **Discharges**

The centre had a written policy on both planned and unplanned discharges of young people. The centre’s policy clearly sets out the arrangements to be followed when a young person is being discharged, including packing belongings and engaging with all relevant services to ensure a smooth and well informed transition for the young person.

There had been nine young people admitted to this centre since it commenced operations in January 2015 and six of these were subsequently discharged following varying periods of time in residence. The acting manager stated that the majority of these discharges had been planned and thus deemed them to be successful placements. Inspectors reviewed the end of placement reports of a sample of four of

the six young people discharged from this service. Not all of these were within this registration cycle. All four were unplanned discharges, each for differing reasons. These reports did not consistently identify the outcomes of the placement and there was no evidence to indicate that any learning from these four placements had been implemented within policy or practice at the centre. For example, two of these young people displayed bullying behaviour towards other residents, yet there was no evidence on the training records examined of a specific programme of anti-bullying being delivered to the team. In another example, a young person had significant difficulty in engaging with either staff or other young people within any peer group and yet there was no evidence that any targeted programme of learning had been implemented to inform staff practice in engaging with a resident who displayed similar characteristics. Centre management must ensure that robust review of placement post-discharge occurs and any learning is implemented into practice.

### **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 3and4, Consultation Re: Care Plan***

***-Part V, Article 25and26, Care Plan Reviews***

***-Part IV, Article 24, Visitation by Authorised Persons***

***-Part IV, Article 22, Case Files.***

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

***-Part III, Article 17, Records***

***-Part III, Article 9, Access Arrangements***

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

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

#### ***Regulations 1995***

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

### **Required Action**

- Social work management must ensure that statutory care plans are appropriately and accurately detailed and are in place as soon as is practicably possible.

- Centre management must review the content of individual placement plans and the manner in which they are delivered upon. This review should evidence the effectiveness of the plan and its delivery.
- Senior management must clearly define the role of the psychotherapist with regard to this centre and interface with the staff team.
- Centre management must ensure that robust review of placement post-discharge occurs and any learning is implemented into practice.

### 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**

There was ample evidence of an individual approach to caring for the young people resident in this centre. This was apparent not only in the weekly plans for each of the young people but also in the toys and resources available in the centre. Young people were supported in their attendance at activities and clubs outside of the centre and were encouraged by staff to develop these interests. Festive occasions and young people's birthdays were marked and celebrated at the centre by the staff team.

Inspectors met with two of the young people residing in the centre at the time of this inspection. One of these did not report any relationship with any member of the staff team and viewed the placement very much as a means to an end for them. The other young person spoke highly of some of the staff team and their relationships with particular individuals. The acting manager and staff team consistently referenced their relationships with young people and the importance of developing these in order to better support the young people within the placement.

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

##### **Managing behaviour**

The centre's policy on behaviour management refers to the use of a range of behaviour management techniques that are agreed with all relevant persons and developed into a plan with the stated aim of assisting the young person move in a positive direction away from behaviour that has been shown to produce negative outcomes. In interviews, the acting manager and the staff members described the use of individual behaviour management and crisis management plans as informing this area of practice. In addition, the relationship between staff and the young people was named as an important aspect of behaviour management. Inspectors found that

there was significant overlap between crisis management and behaviour management plans on the files of the young people reviewed. Many of the behaviours listed in these plans were reflected as having been reported previously or documented in reports that were generated prior to the young person's admission to this centre. For the young person that had been resident in this centre for a period of eighteen months, the plans on file represented views and findings that were long out of date referring to behaviours that had certainly occurred in previous placements but had not thus far been shown in this current placement. A second young person's behaviour management plan runs to thirteen pages in length describing behaviours that have not presented thus far in the current placement. Whilst previous presenting behaviours must be taken cognisance of, a child's length of time in placement and the validity of previous presentation within the current context must be given due consideration for the purpose of proactive planning to manage current presenting behaviours. Behaviours listed within crisis management plans could not be sensibly or appropriately described as presenting as genuine crisis behaviour for that young person, rather they were inclusive of all behaviour deemed to having presented as a challenge at one time or another.

All crisis and behaviour management plans were extensive in content and did not clearly reflect a robust review with the input of all relevant parties. Nor did the review of these plans evidence a reflection on the underlying cause for the behaviours shown as is indicated in the policy document and is required by the standards. Whilst the overall level of significant event resulting from escalated behaviours was relatively low at the time of this inspection, the acting centre manager and senior management will need to ensure through their oversight mechanisms that robust and meaningful review of all behaviour management plans are being undertaken in order to proactively plan for the management of behaviour. All current plans should be reflective of behaviours being represented by individual young people and should be proportionate. Management need to ensure that there is no unnecessary overlap between plans.

Young people that inspectors met with appeared to have an understanding of the behaviours that were expected of them and that there could be consequences if they demonstrated behaviours that were unacceptable. The centre has a written policy on the use of sanctions and inspectors found evidence that these are minimally used. The register of sanctions noted all used as having been effective however it was evident that for some young people, the same type of behaviour continued to present. The acting manager must undertake an ongoing review of sanctions to determine their effectiveness or otherwise.

The centre had a written policy on bullying. Inspectors noted from a review of end of placement reports that bullying had been a significant feature of a number of previous residents' behaviour. There was limited evidence to indicate that the centre had learned from experiences of this behaviour and implemented effective strategies, as per the centre's own policy that prevented such behaviour from one young person to the next.

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

None identified.

### **3.6.4 Regulation Based Requirements**

The following regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996* were not examined as part of this inspection:

***-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 acting centre manager and senior management must ensure through their oversight mechanisms that robust and meaningful reviews of all behaviour management plans are being undertaken.
- Centre management must ensure that an effective preventative strategy towards bullying is implemented in practice.

## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>Centre management must clearly evidence robust and effective mechanisms of oversight and governance.</p> <p>The acting manager must ensure that complete discharge address is included in the centre's register.</p> <p>The acting manager must ensure that the staff team demonstrate an effective skill set which appropriately meets the needs of the young people.</p>	<p>Centre management will continue to complete daily, weekly checks and monthly audits in the centre to clearly evidence a robust governance system. The compliance officer will also visit the Centre on a weekly basis to ensure governance.</p> <p>The Social Care Manager (SCM) will conduct a full review of the centre register of young people and ensure complete discharge addresses are included. This work will be completed week ending the 08.03.2019.</p> <p>The Acting Manager will undertake a review of the current staff's skill set and introduce any training that will assist the care team to appropriately meet the needs of the young people. This review will be completed on 15.03.2019</p>	<p>Centre management will continue to complete daily, weekly checks and monthly audits in the centre to clearly evidence a robust governance system. The compliance officer will also visit the Centre on a weekly basis to ensure governance.</p> <p>This information is now included in the quarterly self-assessment audits completed by the SCM.</p> <p>Going forward a Corporate Induction has been developed and will be delivered to all staff before commencing the centre induction and shadow shifts. A skill mix check will be conducted to appropriately place staff in the centres.</p>



	<p>The service director must undertake a review of all personnel files and ensure that any deficits are rectified.</p> <p>Centre management must review the practice of supervision as a priority and ensure that it is delivered in such a way as to demonstrate an effective link to placement plans as well as realising the objectives stated in the centre's own policy.</p> <p>Centre management must ensure they provide an effective programme that meets the staff development and training needs specific to the needs of young people in this centre.</p>	<p>The Service Director will ensure that a full review of all personal files is undertaken and that any deficits are rectified. This work will be completed by the 16.03.2019.</p> <p>The Compliance Manager will deliver a workshop on the objectives of supervision to include an emphasis on the importance of ensuring evidence of an effective link between supervision and placement planning, and that supervision in the centre is undertaken in accordance with policy. The workshop will be delivered on the 17<sup>th</sup> of April 2109.</p> <p>The Centre Management will ensure that the delivery of mandatory training is augmented by a non-mandatory training programme that reflects the needs of the young person.</p>	<p>The Compliance Manager will conduct quarterly audits of all staff personal files. The first will be completed by the 18.03.2019.</p> <p>The SCM will regularly monitor the quality of supervision on a regular basis to ensure adherence to this recommendation. The Compliance Manager will conduct six-monthly supervision audits to ensure the quality of supervision is maintained.</p> <p>The Centre Management will continue to run regular training needs analyses to ensure that staff receive non-mandatory training that is congruent with the presenting needs of the young person.</p>
<p><b>3.5</b></p>	<p>Social work management must ensure that statutory care plans are appropriately and accurately detailed and are in place as soon as is practicably possible.</p>	<p>The SCM will ensure that relevant Social Worker is advised of their statutory obligation to provide a care plan as per this recommendation. The ASCM will ensure to complete this task by week ending Friday 01.03.2019.</p>	<p>Wherever such issues arise, the ASCM will ensure that relevant Social Worker is advised of their statutory obligation to provide a care plan as per this recommendation.</p>

	<p>Centre management must review the content of individual placement plans and the manner in which they are delivered upon. This review should evidence the effectiveness of the plan and its delivery.</p> <p>Senior management must clearly define the role of the psychotherapist with regard to this centre and interface with the staff team.</p> <p>Centre management must ensure that robust review of placement post-discharge occurs and any learning is implemented into practice.</p>	<p>The Centre Management will conduct a full review of the format of the placement plans currently in use in the centre. The review will consider all the recommendations in the draft inspection report. It is envisaged that the review will yield a document that is less repetitious, more indicative of targeted interventions and one which provides more evidence of the link between key working and placement planning. This work will be completed by Friday 22<sup>nd</sup> March 2019.</p> <p>The Service Director will ensure that a clear definition on the role of the systemic psychotherapist and their engagement with the staff team is provided to the SCM. This information will be completed by the week ending Friday 22.03.2019.</p> <p>The SCM will ensure that any future unplanned discharges from the centre are fully reviewed and that review reports identify possible causes of the discharge. Any learning from such reviews will be considered in the on-going development of</p>	<p>The placement plans will form part of an overall review of the recording system currently in place in the centre. It is envisaged that the first stage of this project will be completed the 18<sup>th</sup> of April. The revised placement plans will be reviewed by the SCM on a regular basis to ensure the recommendations in the inspection report are adhered to. This action will form part of on-going internal and external compliance audits.</p> <p>The Service Director will ensure that the relevant SCM are advised of the role of any future consultants employed by Pathways Ireland going forward.</p> <p>The SCM will undertake the required actions identified in this recommendation, as an on-going preventative strategy to ensure that these issues will not arise again. SCM will continue to review any and all unplanned discharges for the purpose of</p>
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		the centres policies on behaviour management and staff training.	continuous learning.
<b>3.6</b>	<p>The acting centre manager and senior management must ensure through their oversight mechanisms that robust and meaningful reviews of all behaviour management plans are being undertaken.</p> <p>Centre management must ensure that an effective preventative strategy towards bullying is implemented in practice.</p>	<p>The SCM will review behaviour management plans (BMP) with key workers and remove any previous behaviours that have are not being displayed in current placement. This task will be completed by week ending Friday 09.03.2019</p> <p>To support the existing mechanisms in place to address the risk of bullying, the SCM facilitated the full attendance of the staff team and the young people at the Bully4U programme held in head office on the 12.02.2019.</p>	<p>The SCM will continue to review BMP to ensure that they do not contain behaviours that are not in evidence in the current placement.</p> <p>SCM will monitor the efficacy of the preventative strategies that are currently employed to prevent bullying to ensure they are robust. Further training will be provided to both staff and young people as often it is deemed this training is required.</p>