



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 066

Year: 2019

Alternative Care Inspection and Monitoring Service
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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Three Steps
Registered Capacity:	One young person
Dates of Inspection:	23rd and 24th October 2019
Registration Status:	Registered from 30th November 2017 to 30th November 2020
Inspection Team:	Linda Mc Guinness Paschal Mc Mahon
Date Report Issued:	20th December 2019

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1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2008. At the time of this inspection the centre were in their fourth registration and were in year two of the cycle. The centre was registered without conditions from the 30th November 2017 to the 30th November 2020. The purpose and function was described as medium to long term. It set out to accommodate two young people of both genders from age 12 to 18 years of age. The centre was described as working together with professionals and families to provide care to young people with complex needs who are experiencing, emotional, behavioral and family problems. The basis of the model of care was outlined as a person centred approach creating a therapeutic alliance in a structured home with an emphasis on individual strengths. It was further noted that they would utilise the area of neurobiology to inform working in an attachment and trauma informed model of care.

By agreement with one social work area and with the Child and Family Agency private placement team there has been only one occupant of the centre since August 2016.

The inspectors examined, aspects of standard 2 'management and staffing', standard 4 'children's rights', aspects of standard 5 'planning for children and young people', and aspects of standard 6 'care of young people' of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 24th and 25th of October 2019.

1.2 Methodology

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

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager

- ◆ An examination of the questionnaires completed by:
 - a) Five social care workers
 - b) The social care leader
 - c) The young person
 - d) The allocated social worker
 - e) The senior area manager within the organisation
 - f) Three ex-social care staff members

An examination of the centre's files and recording process including the

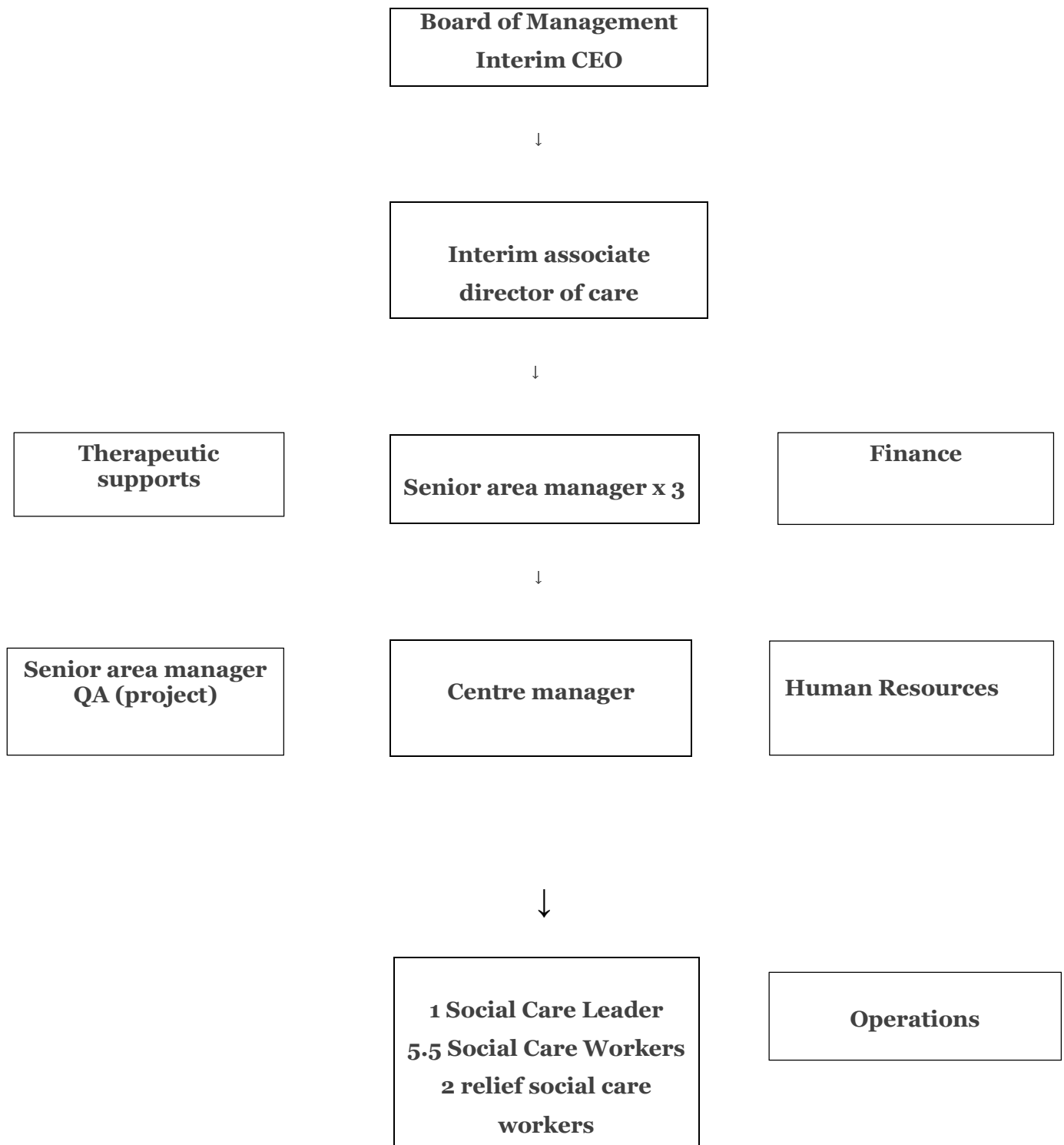
- young person's care records
 - handover book
 - staff supervision records
 - training records
 - centre registers – admissions and discharges, complaints.
 - management meeting minutes
 - internal quality assurance audits and action plans
 - centre policies and procedures
 - personnel files
 - exit interviews
 - the annual service report
-
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The social care leader
 - c) Three social care workers
 - d) The young person
 - e) A significant family member
 - f) The allocated social worker
 - g) The appointed guardian ad litem
 - h) Three ex-social care staff members

- ◆ 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 person, staff and management for their assistance throughout the inspection process.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 8th November 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 completed action plan (CAPA) on the 12th of December.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre not to fully operating 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: 066 with attached conditions from the 30th November 2017 to 30th November 2020 pursuant to Part VIII, 1991 Child Care Act.

The following conditions were attached to the centres registration under Part VIII, Article 61, (5) (b) (I) (II) of the Child Care Act 1991, at that time. The conditions being that:

- The service must ensure full implementation of the corrective and preventative actions plan as set out in this report. This condition will be reviewed on or before 30/06/2020.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Register

Inspectors conducted a review of the centre register and found this to contain details on the name, gender and date of birth of the young person as well as admission and discharge details. Details on parents and social workers were also included. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

3.2.2 Practices that met the required standard in some respect only

Staffing

This centre had a complement of a centre manager, one social care leader and 5.5 social care workers. The 2018 inspection report highlighted that high staff turnover was a significant problem at the time of last inspection. Inspectors noted that during the period covering May to October 2019, 27 different staff had worked shifts in the centre with many shifts being covered by staff from other centres. It was further noted that on occasion members of this team had to cover shifts in other centres. New staff had been appointed in September 2019 and during this inspection there were sufficient numbers of staff to have two on each shift without the need for supplementary staff. Notwithstanding this, staffing levels were not in line with set requirements. The centre was registered to provide care to two young people and the single occupancy agreement remained under continual review. There was no capacity to staff dual occupancy or to provide for an extra day shift or live nights, if required, from within the current staff complement. Both of these measures had been required in the past five months and staff not familiar with the young person had on occasion been sourced to work in the centre. The director of care must ensure that there are adequate levels of staff to fulfil the purpose and function.

The majority of the social care workers assigned to this centre held a relevant qualification. From a review of staff personnel files, inspectors found that these contained up-to-date Garda vetting, contracts of employment, references, copies of qualifications, CVs and training certificates.

Inspectors found that with the appointment of the social care leader there was the beginnings of balance of experience to inexperience on the staff team. It is acknowledged that the young person was due to move on and that there was a possibility that this centre would close so some staff changes were due to uncertainty relating to their employment. Four of the 6.5 staff had been appointed to this centre since May 2019.

While there was an induction policy and process in place inspectors found that this was not recorded as completed for all staff members and that the induction for one staff member was postponed during a period of crisis and had not been rescheduled. The social care manager must ensure that all staff members receive a formal induction.

Supervision and support

This centre had a policy on supervision that stated it would be provided every six to eight weeks. From a review of a supervision records since the last inspection inspectors noted substantial deficits in provision both to the centre manager and the staff team. Supervision to team members was significantly outside the timeframes set in policy and some staff had received only three formal supervision sessions in a one year period. Not all staff members had a signed supervision agreement. A social care leader had been providing supervision and support to staff however direction was given that this must be provided by the centre manager. Inspectors observed no evidence that supervision to staff was brought into line with policy after this and in some instances the frequency reduced. The issue of deficits in implementation of the supervision policy was a recurring theme in consecutive inspections and in the organisation's own annual report. Previous corrective and preventative actions (CAPA) identified in response to inspection recommendations had not been implemented and this points to the need for more robust governance. These issues must be addressed as a matter of urgency.

Review of records from January to October 2019 reflected that supervision had not been occurring between the senior area manager and the centre manager within the stated timeframes. The quality of the records was not to an acceptable standard to include all aspects of the role and responsibilities of the social care manager. A

senior area/line manager was appointed in August 2019 and since then there have been improvements evident in the quality of supervision to the manager. There was evidence that the planning of care was discussed, they were being held accountable in their role and extra supports were provided. The director of care must ensure that senior area managers meet all their obligations in respect of professional supervision to social care managers.

The records of the staff meetings were not up to the required standard and this recommendation was also made in a recent inspection of another centre within the organisation. Inspectors found that team meetings were not taking place regularly and when they did they were not well attended despite an expectation of compulsory attendance. This had not been addressed in a timely manner by senior management as would be expected through robust governance mechanisms. The centre manager stated that during that time they tended to use handover meetings as a forum for group discussions as a substitute to the team meeting.

By the time of inspection, the issue of irregular team meetings and lack of attendance had been noted in management meetings and a recent decision had been taken to hold team meetings every two weeks and that issues from the mid-month meeting would be brought forward to the clinical meetings. This, if implemented, would address a gap identified by inspectors in respect of how issues are brought forward from the social care to the clinical team and further facilitate effective and responsive planning. Attendance was now being addressed by the centre manager and was improving. A new team meeting template was implemented on 7/10/19. This was an improvement and would guide the process more effectively. Inspectors recommend that complaints child protection, health and safety and a section relating to young person's meetings are added as standard agenda items. The director of care must ensure that team meetings take place regularly, are fit for purpose and that there is a set agenda, records of discussions, decisions and required actions with named person's responsible and set timeframes. Each meeting should begin with a review of previous or outstanding actions.

Inspectors noted that while there was a focus on the care of young person there was not an obvious link to the model of care in records of team meetings and this could be improved with continued input from the clinical team. Inspectors reviewed the records for handover in the centre and found the centre manager attended regularly. This meeting included a reflection of the previous shift, handover of core duties and appointments. However, on many occasions there was no identified plan for the

coming shift to include the young person's daily plan, placement planning and key working.

Inspectors reviewed exit interviews provided during inspection. Also six staff who had moved on from the service returned questionnaires or were interviewed by inspectors. There was some positive feedback from individuals in exit interviews and to inspectors in relation to good individual work with the young person, training and clinical support. Issues of dissatisfaction expressed through both processes were in respect of induction, lack of staff, management changes, supervision, rates of pay, team morale, lack of staff meetings, consistency and structures and boundaries in the work with the young person. A repeated theme was the lack of support from senior management when the issues above were made known. Support and debriefing to staff after incidents of violence or aggression was raised. Some staff stated they did not feel heard and that actions were not taken despite the concerns being raised at team and other meetings. There was no evidence of a formal plan to respond to the issues which were raised in exit interviews.

Training and development

From a review of staff personnel files and information provided by the centre manager, it was observed that staff had up-to-date training in fire safety, and Children First: National Guidance for the Protection and Welfare of Children and the model of behaviour management. Some staff required first aid training. Training had been provided in relation to the model of care. Inspectors found however, that neither staff nor management were fully able to explain the model of care and how certain aspects of it were implemented in daily practice. This arose also in interviews and feedback with ex staff members. The senior area manager and centre manager acknowledged that this had been recognised as an issue and that plans were in place to ensure staff received further training and that they would be confident in all aspects of the model of care and its application through their work. It is noted that this recommendation has been made previously and it must be addressed as a matter of priority.

A training needs analysis for the centre was provided during the inspection process. This required improvements to ensure that training was scheduled in a timely manner to meet the needs of resident young people. Self-harm and suicide ideation was a consistent theme in the centre from 2018 and supervision records showed that staff had been requesting training relating to this issue. They had also named this as specific training which would be beneficial during the 2017 inspection process and in returned questionnaires. This training was named on the training needs analysis but

had not been provided or sourced at the time of this inspection. The director of care must ensure that there is an effective on-going staff development and training programme which is linked to the needs of young people and staff supervision and appraisals.

3.2.3 Practices that did not meet the required standard

Management

The centre had a full time manager who had been in post since 1st of July 2017 and had previously held a social care manager position elsewhere within the organisation. This person held a social care qualification and reported to the senior area manager for the organisation in this area who was accountable to the associate director of care. The centre manager worked Monday to Friday each week and had overall responsibility for the day-to-day running of the centre. The centre manager was supported in their role by one recently appointed social care leader. Inspectors found evidence of centre manager oversight across the young person's care files, centre registers and significant event notifications and there was some evidence that they followed up with team members when corrective actions were required. They also had responsibility for chairing staff team meetings and attended statutory child in care reviews.

The centre manager reported to the recently appointed senior area manager who provided their supervision. This person had a regular presence in the centre and on occasion met with the young person and staff members. They also attended the therapeutic planning and team meetings. As part of the governance structure for the organisation two senior area managers had conducted an audit of the service in October 2018.

A recent change saw a dedicated senior area manager appointed to the position of quality assurance on a project basis initially. This person had conducted an unannounced audit of the service in March 2019 and a comprehensive report was provided to the centre manager and the area manager. Some deficits and issues requiring attention had been noted through this process and improvements were starting to take place at the time of this inspection. Notwithstanding that, inspectors found that numerous issues relating to good governance which required immediate attention. These related to the model of care, policies and procedures, supervision, team meetings, training, complaints and oversight of behaviour management. The deficits are detailed within the relevant standards within this report.

Inspectors found that some deficits noted during this inspection process had been identified in the centre's last inspection report of June 2018. A corrective and preventative action plan had been submitted and accepted at that time however this inspection found that a number of these reported actions had not been fully implemented pointing to a lack of responsive management and robust governance. These issues included good governance mechanisms, adherence to supervision policy, staff training, team meetings and behaviour management. Many of the same issues arose in a recent inspection of another service within the organisation but had not yet been fully implemented in this centre as per the CAPA received following inspection. Good governance and oversight requires robust tracking, follow up of identified actions and an organisational approach to service improvement. The director of care must ensure that deficits noted through external inspection processes and internal auditing mechanisms are consistently implemented without delay.

From review of exit interviews and interviews with staff inspectors found that many of the issues identified also arose as areas of non-compliance or requiring substantial improvement through this inspection process. It was not evident in any of the management meetings that issues arising from exit interview processes were being analysed and used for service development purposes in line with good governance. They were not referenced in the annual service review and it is recommended that they do so going forward.

Despite a previous inspection recommendation in respect of governance and policies in 2018, the policies and procedures in the organisation had not been updated since November 2016 even though a review date of June 2017 was set. Some policies were seriously outdated with no reference to new legislation or national guidance. One draft updated policy was given to inspectors during this inspection and the senior area manager indicated that work had begun on updating others to comply with new national standards. The lack of clarity in policies and procedures was not without impact on day to day practice in the centre, for example through the recording and management of complaints.

Through review of records and inspection interviews inspectors found that the support and direction provided to the centre manager until recently was lacking and this had an impact on the team and the delivery of care to the young person. There were a number of staff changes and from January to October 2019 there was no social care leader on the team to support the manager in their role. There was also a shortage of staff during this period and the centre manager had on a number of occasions to cover shifts in the centre.

There was an out-of-hours on-call service to support the staff team at evenings and weekends if required. Interviews with staff members and review of questionnaires returned to inspectors evidenced that the staff team now felt more supported by the centre manager who had provided consistency and support through a period of crisis. A number of the staff team noted that this was the longest period without a change of manager in a number of years.

Inspectors reviewed the service's own report of November 2018. This report assessed performance against the themes in the 'national standards for children and adults with disabilities'. While the framework may have been useful it is noted that this document does not apply to this service type. This report was based on a review of centre documents, observations of practice, and questionnaires with service users and communication with a relative. Some areas of good practice were identified including, relationships, health, diet and keyworking. The improvement plan contained actions relating to supervision, management of risk, review of policies and procedures, staff retention and training needs analysis. A number of these actions were still outstanding at the time of this inspection.

Review of records showed that five manager's meetings also took place in 2019 to date. These were generally attended by all managers across the mainstream and disability centres. The minutes of these meetings included discussions relating to the model of care, planning for young people, training, supervision, SEN analysis, rights and restrictive practices, new reporting templates, health and safety and workforce engagement. It was not always clear what actions emanated from these meetings and the meeting did not start with a review of previous actions.

Inspectors reviewed the minutes of senior management meetings which took place on a monthly basis and were chaired by the CEO. There was a dedicated template for these meetings which included operations, human resources, training, policies and procedures, risk, referrals, therapeutic team, serious incident management and prevention, responding to and learning from complaints, care planning, inspection processes audits and senior manager updates amongst others. The minutes on file were in respect of all centres within the organisation and there were actions identified and person's responsible for these named.

3.2.4 Regulation Based Requirements

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

-Part III, Article 6, Paragraph 2, Change of Person in Charge

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

-Part III, Article 16, Notification of Significant Events.

The centre did not meet the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***

-Part III, Article 5, Care Practices and Operational Policies

Required Actions

- The director of care must ensure that there is a robust and functioning governance system in place.
- The director of care and senior area manager must ensure that regular audits of compliance with required regulations and standards take place and have appropriate follow up to ensure all required corrective actions are completed. Quality assurance mechanisms must bring about effective change.
- The director of care must ensure that all corrective actions from inspection processes are fully implemented.
- The director of care and senior area manager must ensure that exit interviews and feedback from significant professionals and family members is used to inform service development.
- The senior area manager and centre manager must ensure an effective training needs analysis is in place and a training schedule developed which is linked to the needs of young people and addressed through the supervision process. Identified training needs must be prioritised.
- The director of care must ensure that there are adequate levels of staff to fulfil the purpose and function.
- The social care manager must ensure that all staff members receive a formal induction.
- The director of care and senior area manager must ensure that staff members receive appropriate training and that they are confident in all aspects of the model of care and its application through their work.
- The senior area manager and centre manager must ensure that team meetings take place more frequently and are recorded appropriately to include agenda discussions and decisions taken.
- The social care manager must ensure that the handover includes a formal plan for the shift ahead.

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

Access to information

The young person was informed of their rights and responsibilities on admission to the centre and the young person knew they could access information related to their care and sometimes added to their records. Inspectors note that staff could better evidence offering access to their information and it could possibly be included on the agenda at the young people's meetings.

3.4.2 Practices that met the required standard in some respect only

Consultation

There was a policy in place in relation to consultation with children and young people. The young person was encouraged where appropriate to attend at their child in care review meetings, participate in children's meetings and have choices of food and involvement in shopping. Meetings took place with the young person approximately every two weeks with the exception of a gap from January to April 2019. Records also reflected that this meeting often turned into a 'wish list' of items and things the young person wanted. There was very little evidence that topics such as advocacy, their views on living in the centre, risk taking and respect for each other were discussed and the team should consider more creative ways of engagement. There was no evidence of oversight of these minutes by external line managers and this meeting was not a standing item in the team meeting agenda. In total the young person made nine requests for a double bed from 10/11/18 to 02/10/19 and only one response was recorded in May 2019 where it indicated that a bed had been requested. This issue was not noted through any external oversight or auditing processes. The young person informed inspectors that they got a double bed the week prior to the inspection in October 2019 and made an association between the two.

Key working records in the centre evidenced on-going consultation and the young person was supported to have their views heard before meetings related to their care. They were consulted about the décor of their room, menu planning and activities.

3.4.3 Practices that did not meet the required standard

Complaints

The centre had a policy on complaints which was contained within the child protection policy and was dated the 18/11/16. This policy had a set review date of 18/06/17 but this was still outstanding at the time of the inspection. An inspection of another centre within this organisation had highlighted this issue and the response in the CAPA was that the policy would be revised and in operation by August 31st 2019. It was still outstanding at the time of this inspection in October 2019.

The complaints policy in place at the time of inspection stated that ‘All complaints whether verbal or written are logged and stored in the house complaints log and are responded to in a manner that is comparable with the nature and extent of the complaint.’ Inspectors found that this policy was not being implemented in practice. Review of records showed that only one complaint had been noted from 20/05/16 to 17/10/19. Inspectors found that the young person had made several expressions of dissatisfaction which had not been recorded or managed in line with policy. This was also the case in respect of issues which were raised repeatedly by a significant family member. One inspector was in communication with the family member subsequent to the inspection and they stated that issues which were brought to the attention of management and staff included poor communication, and boundaries relating to the young person’s risk taking behaviour including their mobile phone use at age 13. There was evidence that the centre did not adhere to the ‘contact with families’ aspect of their purpose and function in this instance. The family member had not been satisfied with responses received and had not been afforded the opportunity to make a formal complaint.

One senior management report after a change in management noted that there were too few complaints and that this must be addressed. Complaints were discussed at the organisational management meetings in July and August. Centre management indicated that there would be training for staff when the new complaints policy was finalised.

3.4.4 The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.*

Required Action

- The director of care must ensure that the complaints policy is updated as part of an urgent policy review and that training is provided to staff.
- The senior area manager and centre manager must ensure that all complaints, whether notifiable or not, are recorded for tracking purposes.
- The area manager should retrospectively review all dissatisfactions raised by the young person and determine whether these require a response and notification to the social work department.
- The area manager must take action to address the issues put forward by a significant family member.

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

Statutory Care Plans and Reviews

The young person had a care plan on file in the centre dated January 2019. Much had changed since that time and another child in care review was scheduled by the social work department and took place during this inspection. The young person's care plan on file was not very detailed and did not give a good assessment of their needs under the various headings of educational, social, emotional, behavioural, and health. The new care plan must be a more comprehensive document to meet regulatory requirements and provide clarity to the centre in terms of what is expected through placement planning. The current plan detailed arrangements for family access as required.

There was evidence that the young person was helped to prepare for their review meetings and they attended and contributed to their review during this inspection.

The centre manager indicated that three planning meetings took place on one day each month to support planning for young people. These were the therapeutic planning meeting, the therapeutic support consultation with the psychotherapist, and

the staff team meeting. As noted previously the team meeting was not adhering to organisational policy.

Inspectors reviewed the therapeutic placement plan and the keyworking records for the young person. There were good records of staff members engaging in opportunity led and planned keyworking to include education attendance, free time, diet and exercise, activities, sexual health and relationships amongst others. There were minutes of the monthly review and planning meetings on file which were regularly sent to the social worker for review. This document was a set template which generally related to goals set out in the care plan. It also included records of professional and family contacts. This meeting took place on a monthly basis and there was evidence that there was discussion relating to the progress of identified goals. Actions were set for the next month to be carried out by specific individuals.

Social work role and supervision and visiting of young people

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.

There was evidence that the young person was meeting their social worker regularly. The social worker for the young person was interviewed by inspectors during the inspection process. As noted previously they were not entirely satisfied that the placement was suitable, was meeting the needs of their young person and that they were safe and well cared for. They were finding it difficult to source an alternative appropriate placement given the complex needs of the young person. This was still the goal at the time of inspection and it would be in the interests of all if clarity could be provided.

The social worker confirmed that they received prompt notifications of all significant events which took place in the centre. They stated that there was regular communication with the staff team and that professional meetings were taking place regularly. The social worker had been to the centre and read the young person's file. Following inspection process the allocated social worker indicated that there were some signs of improvements in relation to some of the issues which had been a cause for concern.

Inspectors noted an error on the care order for the young person and this must be rectified by the social work department.

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

There was one young person living in a single occupancy arrangement in the centre at the time of this inspection. The social worker and guardian ad litem interviewed by inspectors were not entirely satisfied that the placement was suitable and meeting the needs of their young person. They informed inspectors that the issues causing concern had been brought to the attention of the centre and senior managers within the organisation but that not enough improvements had taken place to meet their requirements. They had sourced another placement but this did not proceed due to issues of risk and child protection. At the time of this report a new placement was still being sought and the manager and team were working with the young person in a holding capacity. It is acknowledged that this lack of clarity poses challenges for both the young person and the centre. The centre manager felt the young person had made significant progress through the placement and while acknowledging certain difficulties felt that the placement could meet the young person's needs.

The centre was provided with information about young people from the national private placement team. During this inspection a previous issue was brought to the attention of inspectors whereby the social work department and guardian ad litem were not made aware that another referral had been accepted in to the centre. The senior area manager must ensure that policy is adhered to in respect of referrals to the centre and that all relevant information is shared to conduct robust pre admission impact risk assessments and determine suitability of placements.

The young person interviewed was very clear about the reason for the placement and stated that they wanted to remain living there.

There was a young person's booklet in place which gave appropriate information about most aspects of the centre including pocket money bedtimes, visiting, phone calls etc. The young person was provided with information about Empowering People in Care (EPIC) who advocate on behalf of young people in the care system.

Contact with families

There was a policy in relation to contact with families and significant others dated 18/11/16 which outlined that the organisation was committed to maximising young people and family participation in all decisions and planning that affect the life of

individuals and their family. The policy indicated that family may be parents or siblings, or extended family and stated that families will receive updates and have regular communication with the house manager and keyworkers detailing the person's progress, routines, plans etc. Inspectors interviewed the supervising social work department who stated that significant family members for this young person had expressed dissatisfaction about communication from the centre. The inspectors reviewed the records of contacts on file in the centre and made contact with the relevant people as part of the inspection process. From review of records and further inspection interviews with professionals, the young person and their family member, it was evident that there had been deficits in communication which were not in keeping with information provided in the purpose and function document. These had been ongoing for some time and had not been addressed in a timely manner nor dealt with in line with the complaints policy. This issue had also been referenced in the annual report but was not subject to appropriate follow up.

Inspectors made contact with the relevant family members about their experience of the care provided to the young person. A number of issues of concern were noted and they stated that these had been passed on to centre management. The social work department and guardian ad litem were aware of these concerns some of which were addressed at professional meetings.

Where it was considered safe and appropriate, there were arrangements in place for young people to have access with family members. There was evidence that the team made arrangements to support family access and to help young people manage emotions relating to this through keyworking.

Emotional and specialist support

There was evidence that individual staff members were aware of the emotional and psychological needs of the young person and that clinical guidance and advice was provided. The advice and findings of the clinical psychotherapist was evident upon review of the young person's planning file. The individual work and keyworking on file showed that staff members were making efforts to understand the causes of challenging behaviour in line with the trauma and attachment model.

Notwithstanding this, there was evidence that the approaches in use were sometimes negatively impacted by a lack of confidence and a fear of the young person. This is detailed further in the behaviour management section of this report. Internal and external specialist supports had been made available for the young person however they chose not to engage in direct therapy to date.

The area of communication to professionals and to family members arose as a theme in the annual report yet there was no corresponding action relating to this issue. All of the themes were recorded as partially or fully met based on feedback, whereas professionals informed inspectors that they were not satisfied with some aspects of care provision on a long standing basis and that this had been communicated clearly. This was also communicated to inspectors through interviews.

There had been an acknowledgement by senior management that there were deficits in respect of care provision and ‘good parenting’. At the time of inspection there was evidence that all professionals involved in this case were making efforts to co-ordinate their work through strategy meetings when there were interdisciplinary differences.

3.5.3 Practices that did not meet the required standard

None identified – not all aspects of practice were examined under this standard

3.5.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995***
-Part IV, Article 23, Paragraphs 1and2, Care Plans
-Part IV, Article 23, paragraphs 3 and4 , Consultation Re: Care Plan
-Part V, Article 25 and 26, Care Plan Reviews
-Part IV, Article 24, Visitation by Authorised Persons
-Part IV, Article 22, Case Files.

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children’s Residential Centres) 1996***
-Part III, Article 17, Records
-Part III, Article 9, Access Arrangements
-Part III, Article 10, Health Care (Specialist service provision).

Required Actions

- The senior area manager must ensure that policy is adhered to in respect of referrals to the centre and that all relevant information is shared to conduct robust pre admission impact risk assessments.
- The senior area manager and centre manager must ensure that there is appropriate communication with significant family members in relation to the care of the young person.

- The supervising social work department must ensure that the error on the care order is rectified.

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 – not all aspects of practice were examined under this standard

3.6.2 Practices that met the required standard in some respect only

Restraint

The centre used a method of physical restraint which was part of an overarching model of behaviour management. This was researched and based on reputable practice. All the staff team were trained in this model and refresher training was provided in a timely manner. There was a written policy in respect of restraint and restrictive practices. There was a rights and restrictive practice committee which was scheduled to meet on a monthly basis. Inspectors reviewed a sample of these meetings and they were found to contain analysis of interventions, review of the records and the outcomes. There was good evidence that events were being tracked for themes and patterns. Following this any required changes were noted, training needs and any implications for resources identified.

Inspectors noted that there were occasions when it appeared that staff did not use the training they had received up to and including physical interventions when they may have been deemed necessary. This was not addressed by senior management in their regular reviews of significant events but was noted as an issue at the rights and restrictive practice (RRP) committee meeting on 08/08/19. Staff members were then provided with refresher training to ensure that they were confident to respond appropriately. The senior area manager and the social care manager must ensure that the staff team are competent and confident in implementing all aspects of the model

of behaviour management up to and including physical interventions if required to ensure safety.

3.6.3 Practices that did not meet the required standard

Managing behaviour

The centre had a policy in respect of behaviour management and staff support which was dated November 2016 which referenced a suite of other policies related to behaviour management including significant events, key-working, children's rights, complaints, emotional and specialist support, risk assessments, consequences, challenging behaviour and physical intervention amongst others. It had not been updated since that time despite a review date of June 2017.

The issue of behaviour management was highlighted by a number of professionals including the social work department, the appointed guardian ad litem, a significant family member and through interviews with staff members and ex staff members as a matter of concern. Inspectors also observed practice and reviewed records relating to planning and the management of behaviour. The young person had complex needs and this often presented in very challenging behaviour, assaults, violence, property damage, self-harm and suicide ideation. All staff were trained in the use of a recognised model of behaviour management to use de-escalation techniques and if necessary physical interventions to keep the young person and others safe. A recurring theme from the interviews and review of records was that the young person was often not challenged and that the manager and team 'gave in' to avoid conflict and serious outburst behaviour. A number of people referenced a lack of confidence and a fear of the young person from the management down. A lack of appropriate structure and boundaries to a 13 year old was referenced many times and evident from review of the records. An example of this was when the young person had a smart phone and was expected to comply with an agreement regarding use of this including handing it up at night time. Staff at team meetings expressed concern about the mobile phone and did not agree that the young person was able to manage the device safely. It did not appear that this issue was managed appropriately when the young person did not adhere to agreed limits. Even after a child protection and safeguarding issue was identified the young person was allowed to keep their phone all night during the summer months. It was noted that they were often on the phone until four or five am and could not get up for school. Staff agreed that they had no idea what type of content the young person was accessing on line and who they were communicating with. Some staff interviewed expressed helplessness in relation to managing this issue. A sanction of withholding €1 pocket money per day was in place

but not proving to be effective. The issue was dealt with in support plans by referencing education work and rewards and reminders to hand up the device. The director of care must ensure that issues of child protection and safeguarding are responded to with adequate and age appropriate safety plans.

A number of people referenced that the young person was in control and that staff were fearful. While there were systems in place to ensure young people knew what was expected of them this was not implemented in practice. In interview, the young person themselves stated that some staff were afraid of them. It was brought to the attention of inspectors that staff had been directed to leave an area of the house or to go outside and they had done so. The young person subsequently expressed to their guardian ad litem that they did not feel safe and this was also referenced in their feedback for the service annual report with no evidence of follow up.

While it was evident that staff were trying to build relationships and to support the young person through keyworking and individual work, the basic adult child boundaries seemed to be blurred and the young person was placated rather than the behaviour being managed proactively in a coordinated way. The family member also felt strongly that behaviour was not being managed as would be expected with their age and the level of risk. While there was good evidence of review of incidents at the RRP meeting it was not clear how learning from review of significant events was communicated back to the staff team. Feedback from some ex staff members indicated that there was some under reporting of significant events and examples were provided. The centre manager and social work team should clarify the thresholds for reporting incidents and communicate this to all the staff team. There was evidence that the team made efforts to engage the young person in insight work following significant events and this was met with varied levels of success.

An Garda Síochána were called to the centre a number of times to manage situations of risk. There were occasions when staff could have intervened at an earlier point and this was addressed in the RRP committee on 08/08/19.

The social care manager and the senior area manager agreed that a more bounded and structured approach was required and indicated that this was being discussed and planned for at the team meetings at the time of inspection. There had been a recent reduction in serious significant events which the young person, internal and external professionals attributed to them not wanting to move to a new placement. This provided a good opportunity to work with them in a more structured way with very clear expectations and consequences alongside therapeutic work. A new social

care leader had been appointed and the plan was that there would be modeling and direction to support staff with revised approaches. A new 'go to' document titled an individual support plan contained daily plans, risk assessments, risk management, safety plans, absence management plans and sought to address some of the concerns. It was first implemented on 18/10/19 so it was too early to determine if it would be a successful tool to support robust behaviour management. The team members interviewed by inspectors were very committed to the young person and were willing to make required changes with the support of management and clinical direction. They hoped that if this was successful, the placement would be re assessed as being able to meet the needs of the young person and they would not have to leave where they considered home for the past number of years. The senior area manager and centre manager must ensure that day to day practices are in place to support staff in the management of challenging behaviour.

There was a written policy on sanctions and efforts were made to ensure that the young person understood why a sanction was put in place. Incentives and rewards were used to encourage attendance at school. If used, sanctions were recorded separately for monitoring purposes.

3.6.4 Regulation Based Requirements

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

Required Actions

- The director of care and operations manager must review the system for analysis of significant events and how learning is communicated to the staff team.
- The director of care must ensure that issues of child protection and safeguarding are responded to with adequate and age appropriate safety plans.
- The senior area manager and the social care manger must ensure that staff are competent and confident in implementing all aspects of the model of behaviour management up to and including physical interventions if required to ensure safety.
- The senior area manager and centre manager must ensure that day to day practices are in place to support staff in the management of challenging behaviour.

4. Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The director of care must ensure that there is a robust and functioning governance system in place.</p> <p>The director of care and senior area manager must ensure that regular audits of compliance</p>	<p>The senior area manager has line management and supervisor responsibility for the centre manager.</p> <p>Supervision between the centre manager and senior area manager will take place every four weeks. This process will be supported by a comprehensive written report incl. supporting documentation being provided by the centre manager in advance of supervision ensuring that all reported issues are discussed and addressed. The senior area manager will regularly visit the centre, oversee SENs and review audit reports that are now scheduled to be carried out twice a year by a dedicated senior area manager.</p> <p>A senior area manager reporting directly to the CEO has been assigned to carry out twice yearly audits of all centres.</p>	<p>Utilising the new director of care role, an increased focus will now be placed on the importance of governance and support to all centres. The introduction of a monthly centre manager report and central registers including an SEN register and review process will allow for better oversight and governance on the part of both senior area manager and director of care. Senior and centre management meetings are now more structured and revised recording templates are being introduced throughout the organisation.</p> <p>The director of care and senior area managers are clear that all recommendations made in finalised audit</p>

	<p>with required regulations and standards take place and have appropriate follow up to ensure all required corrective actions are completed. Quality assurance mechanisms must bring about effective change.</p> <p>The director of care must ensure that all corrective actions from inspection processes are fully implemented.</p> <p>The director of care and senior area manager must ensure that exit interviews and feedback from significant professionals and family members is used to inform service development.</p> <p>The senior area manager and centre manager must ensure an effective training needs analysis is place and a training schedule developed which is linked to the</p>	<p>The senior area manager and centre manager will ensure that all corrective actions identified in inspections are implemented fully.</p> <p>The director of care and senior area manager working with the HR Department ensure that exit interviews are carried out will all personnel leaving the service.</p> <p>The senior area manager and centre manager will complete a training needs analysis at the next team meeting 23.12.2019.</p>	<p>reports must be implemented within the timeframes specified therein to bring about any/all changes needed.</p> <p>There is a schedule in place for internal audits ensuring that they are completed in line with standards.</p> <p>The director of care working with the senior area manager and centre manager will ensure that all corrective actions identified in inspections are implemented fully and in a timely manner.</p> <p>All exit interviews will be reviewed by the HR Manager, director of care and CEO on a routine basis and learning from same will be discussed at senior area manager meetings to ensure that feedback received informs service development on an ongoing basis.</p> <p>All centres will be required to complete a bi-annual training needs analysis. The first TNA will inform the organisation's overall training needs framework for the year while the second will be utilised to ensure that</p>
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	<p>needs of young people and addressed through the supervision process. Identified training needs must be prioritised.</p> <p>The director of care must ensure that there are adequate levels of staff to fulfil the purpose and function.</p> <p>The social care manager must ensure that all staff members receive a formal induction.</p> <p>The director of care and senior area manager must ensure that staff members receive appropriate training and that</p>	<p>Staffing levels within the centre will be increased to levels sufficient to fulfil the purpose and function by 19th December 2019.</p> <p>The centre manager will ensure that all staff members receive formal induction.</p> <p>The senior area manager and Centre manager will complete a training needs analysis at the next team meeting 23.12.2019.</p>	<p>needs arising are identified and the agreed training programme is revised accordingly to accommodate same. A comprehensive training schedule is currently in development for 2020 and will be completed by end Jan 2020.</p> <p>Director of care, working with the HR manager will continue to review staffing levels across the organisation to ensure that adequate staffing levels are maintained. Should an issue arise, it will be addressed appropriately and/or are brought to the attention of the CEO.</p> <p>Senior area managers will include regular checks ensure that all staff members receive formal induction as part of this ongoing governance and oversight of the centre.</p> <p>All centres will be required to complete a bi-annual training needs analysis. The first TNA will inform the organisation's overall training needs framework for the year while</p>
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	<p>they are confident in all aspects of the model of care and its application through their work.</p> <p>The senior area manager and centre manager must ensure that team meetings take place more frequently and are recorded appropriately to include agenda discussions and decisions taken.</p> <p>The social care manager must ensure that the handover includes a formal plan for the shift ahead.</p>	<p>(See also above)</p> <p>With immediate effect, centre team meetings will be scheduled to take place on a regular basis with a renewed focus on the residential task in addition to the therapeutic needs of young people.</p> <p>A new recording template will be introduced to all necessary agenda items are discussed and decisions made incl. required actions are recorded appropriately. With immediate effect, the director of care and senior area manager will provide increased support and guidance on what constitutes an effective</p>	<p>the second will be utilised to ensure that needs arising are identified and the agreed training programme is revised accordingly to accommodate same. A comprehensive training schedule is currently in development for 2020 and will be completed by end Jan 2020.</p> <p>The senior area manager and centre manager will implement the new team meeting format in line with the organisation update.</p> <p>A revised organisation shift plan and process is in development and will be implemented by End Jan 2020.</p>
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		handover and shift plan this involves attending handover meetings and assisting in development of formal daily plans. The senior area manager will also carry out increased oversight of these actions as part of their supervision.	
3.4	<p>The director of care must ensure that the complaints policy is updated as part of an urgent policy review and that training is provided to staff.</p> <p>The senior area manager and centre manager must ensure that all complaints, whether notifiable or not, are recorded for tracking purposes.</p> <p>The senior area manager should retrospectively review all dissatisfactions raised by the young person and determine</p>	<p>A draft complaints policy will be completed by 13th Dec 2019 and will be fully implemented and trained in all centres by end Jan 2020. In the intervening period, the Senior area manager will ensure that all complaints are identified, recorded and addressed without exception.</p> <p>Further to the above, the senior area manager and centre manager will instruct staff to ensure that all complaints made are recorded without exception.</p> <p>The senior area manager will retrospectively review all expressions of dissatisfaction raised by the young person to determine whether they require a</p>	<p>All policies and procedures are scheduled to be revised. This process is commencing in 16th Dec 2019 and will be completed by end Q1 2020.</p> <p>The senior area manager will carry out increased oversight of these actions as part of their supervision. This will also be part of the continued development of team meeting process and training.</p> <p>The senior area manager will provide a written report to the director of care by 30th December 2019. The director of care will ensure that where corrective actions are</p>

	<p>whether these require a response and notification to the social work department.</p> <p>The senior area manager must take action to address the issues put forward by a significant family member.</p>	<p>response and notification to the social work department by 20th of December 2019.</p> <p>The Senior area manager will take immediate action to address the issues put forward by the significant family member by the 20th of December 2019.</p>	<p>needed they will be actioned immediately and completed fully by end January 2020.</p> <p>The director of care, working with the young person's allocated Social Worker will ensure that any issues raised by family members are considered and addressed where this is deemed to be in the best interest of the young person.</p>
3.5	<p>The senior area manager must ensure that policy is adhered to in respect of referrals to the centre and that all relevant information is shared to conduct robust pre admission impact risk assessments.</p> <p>The senior area manager and centre manager must ensure that there is appropriate communication with significant</p>	<p>Where it is the case that a referral is deemed potentially suitable, all referrals are processed by the relevant senior area manager and centre manager and robust impact risk assessments are always carried out with input from the social worker allocated to the referred young person and also those with children and young people already placed in the Centre.</p> <p>The senior area manager and centre manager working in conjunction with the resident young person's social worker will ensure that with immediate effect, there is</p>	<p>The director of care now oversees all referrals including impact risk assessments with a view to ensuring suitable milieu are maintained in all centres. All impact risk assessments will be shared with and will welcome input from social workers or exiting resident young people.</p> <p>The senior area manager and centre manager working in conjunction with the resident young person's social worker will develop a comprehensive set of plans that</p>

	<p>family members in relation to the care of the young person.</p> <p>The supervising social work department must ensure that the error on the care order is rectified.</p>	<p>appropriate communication with significant family members in relation to his/her care.</p> <p>The supervising social work department have committed to ensure that the error on the care order is amended.</p>	<p>ensure the young person's needs are met and that there is appropriate communication with significant family members in relation to his/her care.</p> <p>The senior area manager will ensure by 19th Dec 2019 that a date is confirmed with the young person's social worker when the care order will be corrected.</p>
3.6	<p>The director of care and operations manager must review the system for analysis of significant events and how learning is communicated to the staff team.</p> <p>The director of care must ensure that issues of child protection and safeguarding are responded to with adequate and age appropriate safety plans.</p>	<p>All significant events will be reviewed on an ongoing basis by the Senior area manager, Director of care, Behaviour Therapist and CEO. From Q1 2020, the Therapeutic Team will also have ongoing access to SEN in real time to inform their work.</p> <p>Newly introduced individual support plans will reflect safety planning in relation to child protection and safeguarding concerns. The senior area manager and centre manager will review these plans on a monthly basis and more often as required to ensure they are adequate and</p>	<p>A revised process for the organisational review of significant events has been developed and will be implemented by end Jan 2020. Learning from the above referenced Significant Event Review Group meeting will be a standing agenda item for senior management team meeting at an organisational level.</p> <p>A revised child protection policy draft will be completed by 19th Dec 2019 and will be fully implemented and trained in all centres by end Jan 2020. In the intervening period, the senior area manager will ensure that all child protection concerns are identified, recorded and addressed without exception.</p>

	<p>The senior area manager and the social care manger must ensure that the staff team are competent and confident in implementing all aspects of the model of behaviour management up to and including physical interventions if required to ensure safety.</p> <p>The senior area manager and centre manager must ensure that day to day practices are in place to support staff in the management of challenging behaviour.</p>	<p>appropriate.</p> <p>The senior area manager and centre manager will ensure that all care team members have completed two days Trauma and Attachment Training, “relational trauma requires relational repair”; two-day training in Management of Actual or Potential Aggression incl. refresher training as required.</p> <p>The senior area manager and the centre manager will complete an individual support plan for the resident young person that provides clear guidance on the management of daily routines, untoward and risk management by 12th December 2019. The Senior area manager and the Centre manager will provide further training to the care team on the effective use of the individual support plan by 19th Dec 2019. Training will also be provided on effective routine development and the</p>	<p>The director of care working in conjunction with the therapeutic team will ensure that all care teams are confident and competent in implementing the model of behaviour management that includes physical intervention.</p> <p>Through routine governance, supervision and support, the senior area manager and the centre manager will ensure that all new processes and tools referenced are understood and implemented effectively to ensure that day to day practices are in place to support staff in the management of challenging behaviour.</p>
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		development appropriate use of rules, expectations and consequences by 19 th Dec 2019.	
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