



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 090

Year: 2019

Alternative Care Inspection and Monitoring Service
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Registration and Inspection Report

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| Inspection Year: | 2019 |
| Name of Organisation: | The Cottage Home Child & Family Services |
| Registered Capacity: | Four young people |
| Dates of Inspection: | 13th & 14th February 2019 |
| Registration Status: | 17th October 2017 to 17th October 2020 |
| Inspection Team: | Lorraine Egan Cora Kelly |
| Date Report Issued: | 31st May 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 on-going 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 October 2000. At the time of this inspection the centre were in their seventh registration and were in year two of the cycle. The centre was registered without attached conditions from 17th October 2017 to 17th October 2020.

The centre's purpose and function was to provide medium to long term care for four young people of both genders from age thirteen to eighteen years of age. Their model of care was described as providing a safe, secure and supportive environment which encourages the development of each young person.

The inspectors examined aspects of standards 2 'management and staffing', aspects of 5 'planning for children and young people', 7 'safeguarding and child protection' and 8 'education' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 13th and 14th February 2019.

1.2 Methodology

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

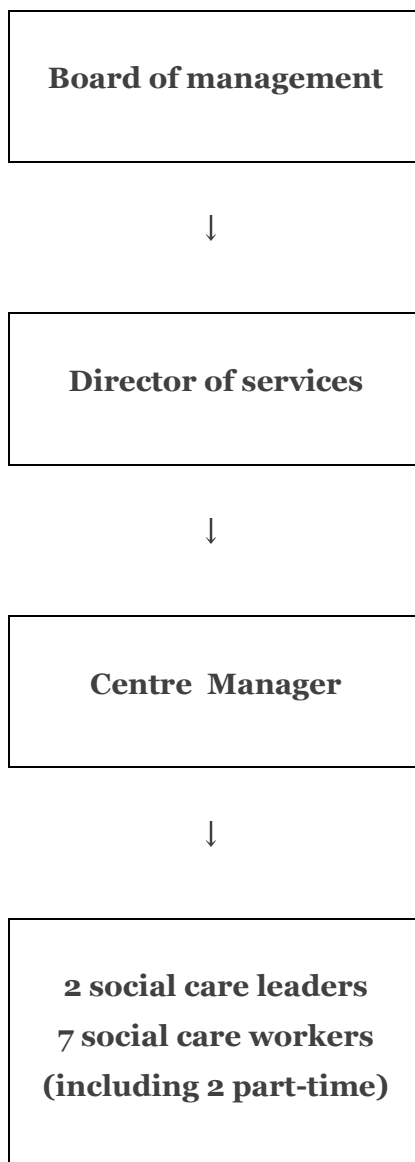
- ◆ An examination of inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) nine of the care staff
 - b) one young person residing in the centre
 - c) two social workers with responsibility for two young people residing in the centre
 - d) the service director
- ◆ An examination of the centre's files and recording process.
 - care files
 - daily log books
 - staff personnel files
 - supervision records
 - handover book
 - maintenance log
 - training records
 - team meeting minutes
 - management meeting minutes
 - centre registers
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) the centre manager
 - b) the service director
 - c) one young person
 - d) three staff members
 - e) three social workers with responsibility for four young people residing in the centre
- ◆ Observations of care practice routines and the staff/young person's interactions.

- ◆ Shared lunch with staff and young people during the inspection process.

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 25th April 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 29th May 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 090 without attached conditions from the 17th October 2017 to 17th October 2020 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

None identified.

3.2.2 Practices that met the required standard in some respect only

Management

The centre had a full time manager in place who had been in post for six years and had a recognised qualification in social care. They had worked within the centre for five years prior to taking up the post and in their current role had responsibility for overseeing the day to day operation of the centre. They were rostered to work from nine to five, Monday to Friday. The manager reported directly to the director of services. There were two social care leader posts in place, one of whom deputised for the manager in their absence. At interviews both the director and staff members stated that the manager was very supportive and available to the team and there were very good communication systems in place. Inspectors found that the centre manager had a good understanding of the complex needs of the young people and had formed positive relationships with the young people on placement.

Inspectors saw evidence that the centre manager read and had oversight of administrative records and care files. The manager prepared monthly reports for the service's board of management and provided a weekly report to the director of services. Management and staff told inspectors that the director visited the centre from time to time and was in daily phone contact in relation to its governance. Evidence of external oversight was not consistently observed by inspectors on centre records. When interviewed, the director stated that there were constraints on their time and therefore it was difficult to complete these particular functions. These outstanding issues must be addressed by senior management.

During interview, the manager informed the inspectors that management meetings took place on a six weekly basis and these were chaired by the director of services. Inspectors reviewed a sample of these minutes and found that they were taking place

on average every two months, however there were long gaps found between some meetings. While this time line was not in keeping with what was indicated at interview, this was an improvement from the last inspection. Areas discussed at the meetings focused on child protection training, the introduction of new audit forms, appraisals, leadership training, updating of the complaints policy and cloud storage of records. While the minutes reflected salient detail in some of these areas and on occasion, people were identified as having responsibility for particular items, there was an absence of follow-up of the tasks from meeting to meeting. Furthermore, there was no stated timescale for completion of the actions. Inspectors recommend that these issues are addressed by senior management.

During interview, the director of services showed a keen awareness of the daily running of the centre and from observations by the inspectors at meal time, was familiar with the young people in the centre. However, as highlighted in the last report, there was no evidence that a formal auditing system had been implemented. The centre manager stated that the director of services was currently working on a template and conducted a checklist version when they visited the centre. This document was not available to inspectors to review at the time of inspection and inspectors were provided with an incomplete audit template. The director stated at interview that while they had completed an audit of the centre in June 2018, the findings from this had not been recorded. External management must implement a formal written system of governance within the centre.

Staffing

The centre had a core staff team of one social care manager, two social care leaders and seven social care workers, including two part time posts. The roster was also supported by a relief panel. The manager was assisted by one of the social care leaders who deputised in their absence. Each staff working within the centre held a qualification in social care or a related field. Inspectors found that there was a balance of experienced staff on each shift and the centre aimed to have one qualified staff member at social care leader level on the daily roster.

The staff team were very experienced and the turnover of staff was low. When interviewed, the centre manager and director of services stated that there was a necessity for more staff to be employed within the centre so that three staff could be on shift each day. This was highlighted as an issue by centre management at the last inspection; however, funding has not been allocated in the intervening period. Management made changes in response to this deficit by reducing the capacity of the

centre from five young people to four. This change will stay in place for the foreseeable future but still does not address the staffing issue.

A review of a sample of personnel files was conducted by inspectors and it was found that staff files contained CV's and a copy of professional qualifications along with evidence of verbal verification from the awarding institutions. Training certificates were present on file for each staff. However, for one staff member three references were on file but could not be checked as the name of the referees recorded on their CV did not correspond with the employer references verified on file. Centre management must ensure that past employers references are checked as per the staff member's CV and application form.

Induction training was provided to new staff prior to commencing work at the centre. The duration of the training was one day and included an introduction to the centre policies, procedures and practices.

Supervision and support

The centre's written policy on supervision stated that staff would be supervised once every month. The manager and deputy social care manager had received training in a supervision model for the delivery to staff. However, the manager had sole responsibility for supervising all staff members. Inspectors examined a sample of the supervision files and found that while there was a marked improvement in terms of frequency from the last inspection, supervision was not occurring consistently in line with the organisation's policy. Inspectors recommend that management review the policy timeframes for supervision in order for consistency of provision to be more achievable. For two of the staff files examined supervision contracts were not in place.

The supervision template used contained sections relating to the young person's placement plan, a summary of discussions and decisions reviewed. However, while there was evidence of discussion on issues that related to the young people, there was an absence of dialogue in respect of the placement planning goals and care practice. Inspectors observed some improvement from the most recent inspection in relation to decisions being recorded with the person who had responsibility for the actions being named. There was an absence of oversight of the supervision files observed by inspectors. This deficit in governance had been emphasised in the last inspection report.

The centre manager was supervised by the director of services and this occurred on average every six weeks. From a review of the supervision minutes it was noted that

while there was a broad record of the discussions that had taken place in respect of each topic, there was an absence of agreed actions on decisions reached.

As informed by the centre manager, team meetings took place on a weekly basis and the minutes reviewed showed evidence that they occurred regularly. There was good attendance observed in general and the role of chairing the meeting was rotated. Inspectors reviewed the staff team minutes and found that there was a clear agenda set with a review of the previous meeting minutes in place along with a plan outlined for the coming week. There was a section included for specific decisions reached. Some of the issues discussed included; training, young people's incidents, unsafe use of phones, education plans, significant event notifications and there were red flags identified for some young people for staff to be cognisant of. There were comprehensive discussions recorded in some instances relating to specialist services to be put in place for one young person. There was evidence of good direction being given by the manager on how to manage a mental health incident. Inspectors found that the minutes evidenced very good communication between the team and supported good understanding of care practices with young people. External oversight was noted on some of the minutes.

One inspector attended the handover meeting. The process was found to be child centred and provided good detail of the events and incidents of the previous day. Each young person was discussed along with the plan that was in place for the coming shift. Each staff member spent time reading the records from the previous day and there was time for clarification of any issues if required.

Training and development

The centre manager provided inspectors with a training audit which included a recognised behaviour management programme, child protection, first aid, fire safety and suicide awareness training. The recording system had dates of when staff were due updates or refresher training in the specific modules listed. However, it was not clear to inspectors whether the Children First E-learning programme was documented as part of the training audit or not. From a review of personnel files sampled, it was observed by inspectors that the information on the individual files was not in line with the training audit, for example, there were no certificates on file for a number of staff members for first aid and fire safety training. Furthermore, inspectors found that one of the staff team had not completed the Tusla Children First E-learning programme.

Staff had completed additional training which included assessing and managing risk, drugs awareness and professional supervision. From the questionnaires completed by the staff team members they stated that the training needs within the centre were well met but would welcome training in areas such as a revised reporting system. Centre management must ensure that all training completed/not completed by the staff members must correlate with the training audit conducted. All of the staff team's training requirements must be up to date.

3.2.3 Practices that did not meet the required standard

None identified

3.2.4 Regulation Based Requirements

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

- External management must demonstrate evidence of oversight of centre records.
- The director of services must ensure that a formal documented system of auditing is implemented within the centre to support external governance systems.
- Centre management must ensure that past employer' references are checked in accordance with the Department of Health Circular on vetting.
- The centre manager must ensure that supervision contracts are in place for all staff. Records of discussions at supervision must demonstrate an effective link to the implementation of individual placement plans.
- The centre manager must ensure that the training audit tracks all of the core training needs of staff members and that this information is used to update the individual files.

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

None identified.

3.5.2 Practices that met the required standard in some respect only **Statutory care planning and review**

At the time of the inspection, there was one up-to-date care plan in place for the four young people in placement despite statutory reviews having taken place. This was particularly concerning for two young people as they were reported missing from care a significant number of times in the last number of months and it was acknowledged by the centre and the placing social workers that both their placements were at risk of breakdown because of the current level of absences. Inspectors saw evidence on some young people's files of consistent communication between the centre and the social work department requesting the care plans to be forwarded. At interview one social worker stated that a care plan had been sent from the social work department since the conclusion of the inspection. However, there had been a four month gap since the date the care review took place. Another social worker stated that they were awaiting sign-off by their team leader before the care plan could be submitted to the centre. The Child and Family Agency social work department must ensure that an updated statutory care plan is submitted to the centre as a matter of priority in respect of each young person placed there.

Inspectors saw evidence of placement plans on file for all young people which were based on the centre's own minutes that they recorded at the child in care reviews. The placement plan duration was six months and outlined the individual goals of each young person. For the purpose of the inspection, the inspectors focused on the areas of education when examining these documents. There were also placement plan notes on file which were a record of the one to one sessions conducted between individual staff members and the young person and they related broadly to the goals of the placement plan. However, the link between this sessional work and the goals of

the placement plan were not consistent and there was no review of the tasks undertaken so that it was not clear if the goals were being achieved or not. Centre management must ensure that the placement plan clearly documents how the goals are to be achieved in relation to the young person's specific needs within the placement plan and that there is evidence to show how these actions are progressing in the individual work completed with young people.

3.5.3 Practices that did not meet the required standard

None identified. Not all criteria assessed under standard 5.

3.5.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

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

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 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

Required Action

- The Child and Family Agency social work department for three young people must supply an updated care plan to the centre as a matter of priority.
- Centre management must ensure that the placement plan clearly documents how the goals are to be achieved in relation to the young person's specific needs and that there is evidence to show how these actions are progressing in the individual work completed with young people.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

None identified.

3.7.2 Practices that met the required standard in some respect only

Safeguarding

The centre had a child safeguarding policy in place that included procedures for: safe recruitment practices, reporting concerns, dealing with allegations of abuse, code of behaviour and a complaints policy. While the policy had been reviewed in 2018, the document requires further revision to include reference to the procedure for mandated persons, updated signs and symptoms of abuse, whistleblowing policy, children's rights, training and induction of staff, a procedure for monitoring colleagues practice, dealing with a retrospective allegation and exemption from requirements to report (underage consensual sexual activity).

Inspectors found evidence at interview that staff did not have an awareness of the procedures contained in the centre's child safeguarding policy or how they were being implemented in practice to protect young people in placement. In particular there was a deficit in understanding of the steps to be taken in the recording processes in relation to a concern of abuse. There was an absence of documentation on centre records of any safeguarding concerns prior to submission of a report or in the event that a concern remained but did not meet the threshold for a report to be forwarded to Tusla, the Child and Family Agency. There was no dedicated section on the young person's file for this information to be stored. Centre management must ensure that written records are maintained of all child protection concerns including those not reported to Tusla, Child and Family Agency.

At interview, the majority of staff were aware of their role as a mandatory reporter and were familiar with the systems in place to make a mandatory report.

Furthermore, child protection training had been sourced and provided to half the staff team by an external agency. The remainder of the team were scheduled to complete this module within the next month. Inspectors recommend that child

safeguarding training provided to staff is aligned to the centre's child protection policy so as to ensure full implementation in practice with young people. The centre's policy must be fully updated in line with Children First; National Guidance for the Protection and Welfare of Children 2017.

Inspectors observed evidence on the centre records of plans being implemented by the staff team in relation to immediate risks for young people should they go missing from care. There was also evidence of some protective interventions being implemented in relation to bullying issues for one young person with peers within the centre. However, the young person, when interviewed by inspectors said that the incidents of bullying usually occurred away from view of centre staff and the problems had not been resolved. The allocated social worker for this young person stated that in respect of one significant incident of bullying, they had not been informed about it as promptly as they should at the time. They also said they were not aware of any consequences that were implemented by staff for its effective management. However, the social worker said that the centre did respond positively to advice and guidance from them when the incident was reviewed. Centre management must revisit the incidents of bullying that are unresolved and ensure that they are appropriately managed for the young person involved.

The complaints register was reviewed as part of the safeguarding procedures in the centre and it was found that while the process to be followed to manage and resolve the complaints were clear, it was difficult to know if all of the steps had been taken or not in practice, as elements of the recording of the complaint were incomplete. Furthermore, inspectors observed that in respect of the bullying incidents noted above, they were not recorded as a complaint for the young person. Young people must be informed of the centre's complaints policy and facilitated to make a complaint.

Inspectors saw evidence of one incident that had taken place for one young person that related to a breach of a code of behaviour for staff. Along with this being documented and managed as part of this procedure, it should also have been tracked through the complaints policy. The allocated social worker for the young person stated that they advised the centre of this along with the necessity for them to be informed about the incident as promptly as possible. Centre management must ensure that all steps within the complaints process are fully recorded and completed as per the organisation's policy.

Child Protection

Standard

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

Social workers interviewed stated that the centre was very appropriate in their submission of child protection and welfare report forms and that in general they managed concerns well. They also said that they contacted them expediently to seek advice in this area and stated that the centre worked very collaboratively with the social work department in all aspects of safeguarding young people from harm. However, one social worker stated that in relation to a specific incident of concern, the staff team were not aware of the correct procedure to follow and took steps beyond the young person's individual crisis management plan that should not have been taken. They said that following a meeting in this respect, the centre made changes to ensure this did not arise in the future.

The centre's Child Safeguarding Statement (CSS) had been forwarded and reviewed by the Child Safeguarding Statement Compliance Unit (CSSCU) and had been deemed to be fully compliant. As stated above, from a review of a sample of the files, inspectors found that one of the staff team had not completed the Tusla Children First E-Learning programme.

Required Action

- Centre management must ensure that written records are maintained of all child protection concerns including those not reported to Tusla, Child and Family Agency.
- External and internal management must ensure that the centre's policy is fully updated in line with Children First; National Guidance for the Protection and Welfare of Children 2017.
- Centre management must revisit the incidents of bullying that are unresolved and ensure that they are appropriately managed for the young person involved.
- Centre management must ensure that young people are informed of the centre's complaints policy and facilitated to make a complaint.
- Centre management must ensure that all steps within the complaints process are fully recorded and completed as per the organisation's policy.
- All staff must complete the Children First E-Learning Programme with the Child and Family Agency.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

None identified

3.8.2 Practices that met the required standard in some respect only

Of the four young people in placement only one was attending full time education. Inspectors did not observe any educational assessments on the young people's files, however one of the placing social workers stated that there had been an assessment completed for the young person before they had been placed in the centre.

Two of the young people had recently been suspended from school, one of whom was subsequently in attendance at a youth reach programme but had struggled with maintaining the placement. They were frequently absent from the centre for long periods of time. The fourth young person found formal education difficult and was being supported by the staff team to acquire an apprenticeship in an area of interest to them. When interviewed one of the placing social workers stated that there was a difference of opinion between them and the centre in relation to whose role it was to encourage and assist the young person to reach their educational potential. They said that while the centre were assisting the young person to participate in a training programme, they believed that they could be more proactive in supporting them to return to full time education as their outstanding goal was to achieve their leaving certificate. The centre manager at interview stated that they believed that enough was being done by the centre to assist the young person with their educational options and said that they were working jointly with the social worker to achieve this. While inspectors observed specific educational goals on the young person's placement plan in terms of re-engagement with learning and training courses, there was an absence of consistent follow-through on whether these goals were being achieved or not.

For one young person who is in full time education, the allocated social worker stated that the centre has strongly promoted and assisted them in school and that academically they were doing very well. Inspectors saw evidence on file of staff attending meetings and maintaining regular contact with schools and alternative education and training facilities. They also supported young people who were

struggling to maintain placements. Furthermore, it was observed that the team had made efforts to motivate and re-engage the young people whose attendance had dropped. However, from a review of the placement plans and key working sessions on file, for some young people, it was difficult to know if the educational goals were being reviewed regularly. There was a deficit in the tracking processes that measured whether their needs were being adequately met in practice. Centre management must ensure that young people's educational goals outlined in the placement plans are being reviewed within a specific timeline so that it is clear what is/is not being achieved.

3.8.3 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must ensure that young people's educational goals outlined in the placement plans are being reviewed within a specific timeline so that it is clear what is/is not being achieved.

4. Action Plan

| Standard | Issue Requiring Action | Response with Time Scales | Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again |
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| <p>3.2</p> | <p>The director of services must undertake oversight of centre records.</p> <p>The director of services must ensure that a formal documented system of auditing is implemented within the centre to support external governance systems.</p> <p>Centre management must ensure that past employers references are checked</p> | <p>The director of service will undertake oversight of the centre records and ensure adherence to centre policies and procedures. This will happen with immediate effect.</p> <p>The director has designed a paper work auditing system and has already carried out a paper work audit in each unit. This was completed by 2nd April 2019. To be forwarded to Alternative Care Inspection and Monitoring Service.</p> <p>All references have now been updated to reflect a list of all referees and contact</p> | <p>The director of services is scheduled to attend the staff meeting in the centre on a monthly basis. The director will sign off on all records relevant to their role at this time.</p> <p>If for any reason the director cannot attend on this day, another day will be scheduled in its place. At other times, the director will sign off on documentation when they are in the centre.</p> <p>Auditing will be scheduled in the centre on a more regular basis. It will include updates, suggestions for improvements and recommendations for change if and when needed.</p> <p>At the time of recruitment, potential employees will be asked to include a list of</p> |

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| | <p>in accordance with the Department of Health Circular on vetting.</p> <p>The centre manager must ensure that supervision contracts are in place for all staff. Discussions from supervision sessions must demonstrate an effective link to the implementation of individual placement plans.</p> <p>The centre manager must ensure that the training audit tracks all of the core training needs of staff members and that this information is used to update the individual files.</p> | <p>details. Verification correspondence that was in place at the time of their recruitment has also been added to the appropriate files.</p> <p>New supervision contracts will be completed for all staff following this inspection. Following the next round of supervisions they should be completed by the end of June 2019. The centre has begun bringing placement plans to each supervision session to be reviewed by keyworkers. All staff will discuss their work with young people at supervision. Placement plans will also be reviewed on a monthly basis as part of our team meeting.</p> <p>The EXEL training audit will be expanded to include all training mandatory and otherwise. Separate sections for the formal Children First training and E-learning will be added also. This EXEL should be completed by June 2019. Staff HR files have been re-organised so that it is now</p> | <p>referees on their CV. All correspondences regarding references will, as a matter of procedure, be added to all files so as to evidence that checks are completed in accordance with the Department of Health Circular on vetting.</p> <p>At the start of each calendar year, and following any absences of more than six months, a new supervision contract will be completed.</p> <p>Supervision forms have been updated to include discussion about work with young people for all staff.</p> <p>The centre manager has delegated responsibility for the management of staff files to the deputy manager to ensure they are presentable and easy to review.</p> <p>Individual training certs will be requested from our fire training provider, should they not furnish these, copies of the group certs</p> |
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| | | easier to find and review information. Training certificates for training that has been completed and logged on the audit will be added to individual files. Where appropriate this will include copies of “group certificates”. | will be kept in individual files. The original copy will remain in the main staff office. Quarterly reviews of the training audit will take place in order to ensure it is up to date. |
| 3.5 | <p>The Child and Family Agency social work department for three young people must supply an updated care plan to the centre as a matter of priority.</p> <p>Centre management must ensure that the placement plan clearly documents how the goals are to be achieved in relation to the young person’s specific need and that there is evidence to show how these actions are progressing in the individual work completed with young people.</p> | <p>One young person had left the centre since the time of the inspection and a care plan had not been forwarded before they had been discharged.</p> <p>Care plans are now in place for all young people in the centre currently.</p> <p>This work has begun whereby key workers have amended placement plans so that goals are more clearly outlined. Placement plans now include a section to record changes, progress, timeframes, programmes etc.</p> | <p>As an organisation we are in the process of reviewing our placement plans. The Director of Service and managers of both our centres met on the 8th of May 2019 to clarify and agree how Placement Plans are written and presented in order for this action to be met. Centre managers will oversee how placement plans are written by keyworkers and the wider team.</p> |
| 3.7 | Centre management must ensure that written records are maintained of all child protection concerns including those not reported to Tusla, Child and | The centre have put in place a new recording system for all child protection concerns including those that meet/don’t meet each of the thresholds for reporting | All concerns recorded will be tracked by the centre. |

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| | <p>Family Agency.</p> <p>External and internal management must ensure that the centre's policy is fully updated in line with Children First; National Guidance for the Protection and Welfare of Children 2017.</p> <p>Centre management must revisit the incidents of bullying that are unresolved and ensure that they are appropriately managed for the young person involved.</p> <p>Centre management must ensure that young people are informed of the centre's complaints policy and facilitated to make a complaint.</p> | <p>through the Tusla portal. This will be placed on each young person's file and forms part of the centre's child protection policy and procedure.</p> <p>Work has begun on updating the policy in line with Children First; National Guidance for the Protection and Welfare of Children 2017. The policy will be ready for presentation to all staff in The Cottage Home in a training taking place on 25th June 2019</p> <p>This incident has been revisited and the centre has implemented interventions including updating of safety plans to deal with ongoing bullying. The bullying policy will be reviewed by the end of June 2019.</p> <p>We have reviewed our Complaints policy and the director of service has re written this in order for it to be more robust and user-friendly. It will be presented to the</p> | <p>All staff have now completed the E-learning children first training as well as 6 hours child protection training with an external agency. We wanted all staff fully up to date with child protection training before presenting the new Child Protection Policy as we feel this will lead to a clearer understanding of the policy and legislation and will enable staff to speak to this in future inspections.</p> <p>The centre is regularly reviewing intervention strategies for young people. This is placed on the agenda at team meetings consistently.</p> <p>A copy of our updated policy will be forwarded to all stakeholders. Young people will be informed through their key-working sessions on an individual basis.</p> |
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| | <p>Centre management must ensure that all steps within the complaints process are fully recorded and completed as per the organisation's policy.</p> <p>Centre management must ensure that all staff complete the Children First E-Learning Programme with the Child and Family Agency.</p> | <p>staff, young people and social workers on 25th June 2019. This will be done through workshop format.</p> <p>As well as a new complaints policy new complaints logs have been developed and will be used to record the complaint going forward. Complaints and steps taken will be clearer and easier to record in these logs. All steps will be followed in the policy when dealing with a complaint.</p> <p>This has been completed. All staff are now all trained in the Children First E-Learning Programme with the Child and Family Agency.</p> | <p>The Children First E-Learning Programme will be included in the induction policy and manual.</p> |
| 3.8 | <p>Centre management must ensure that young people's educational goals outlined in the placement plans are being reviewed within a specific timeline so that it is clear what is/is not being achieved.</p> | <p>As stated above, work has begun to improve our placement plans. Particular attention will be paid to educational goals. Placement plans now include a section to record changes, progress, timeframes, programmes, etc.</p> | <p>Keyworkers now bring their key child's placement plan to their supervision where education goals are reviewed.</p> <p>Placement plans will also be reviewed at each team meeting. As with all the actions regarding placement plans, timely receipt of care plans is essential to ensure goals are clear and agreed to with social workers. Therefore we need to receive care plans in a timely manner.</p> |