



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 096

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:	Four young people
Dates of Inspection:	25th and 26th of June 2019
Registration Status:	Registered from the 20th March 2019 to 20th March 2022
Inspection Team:	Linda Mc Guinness Lorraine Egan
Date Report Issued:	30th August 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 on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on 13th March 2013. At the time of this inspection the centre were in their third registration and were in year one of the cycle. The centre was registered from the 20th of March 2016 to 20th of March 2019 pending the outcome of an inspection. A certificate of registration was issued for an extended three month period in year three of the previous cycle of inspection subject to the findings of this inspection.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as trauma and attachment informed care delivered through the person centred approach and which strived to create a therapeutic alliance in a structured home like environment.

There were three young people living in the centre at the time of this inspection. The inspectors examined aspects of standard 2 'management and staffing', standard 4 'Children's rights', aspects of standard 5 'Planning for young people' and aspects of standard 6 'Care of young people', of the National Standards for Children's Residential Centres, 2001. During the inspection it was decided to expand the inspection to cover aspects of standard 7 'safeguarding and child protection' of the National Standards. The centre manager was informed of this.

1.2 Methodology

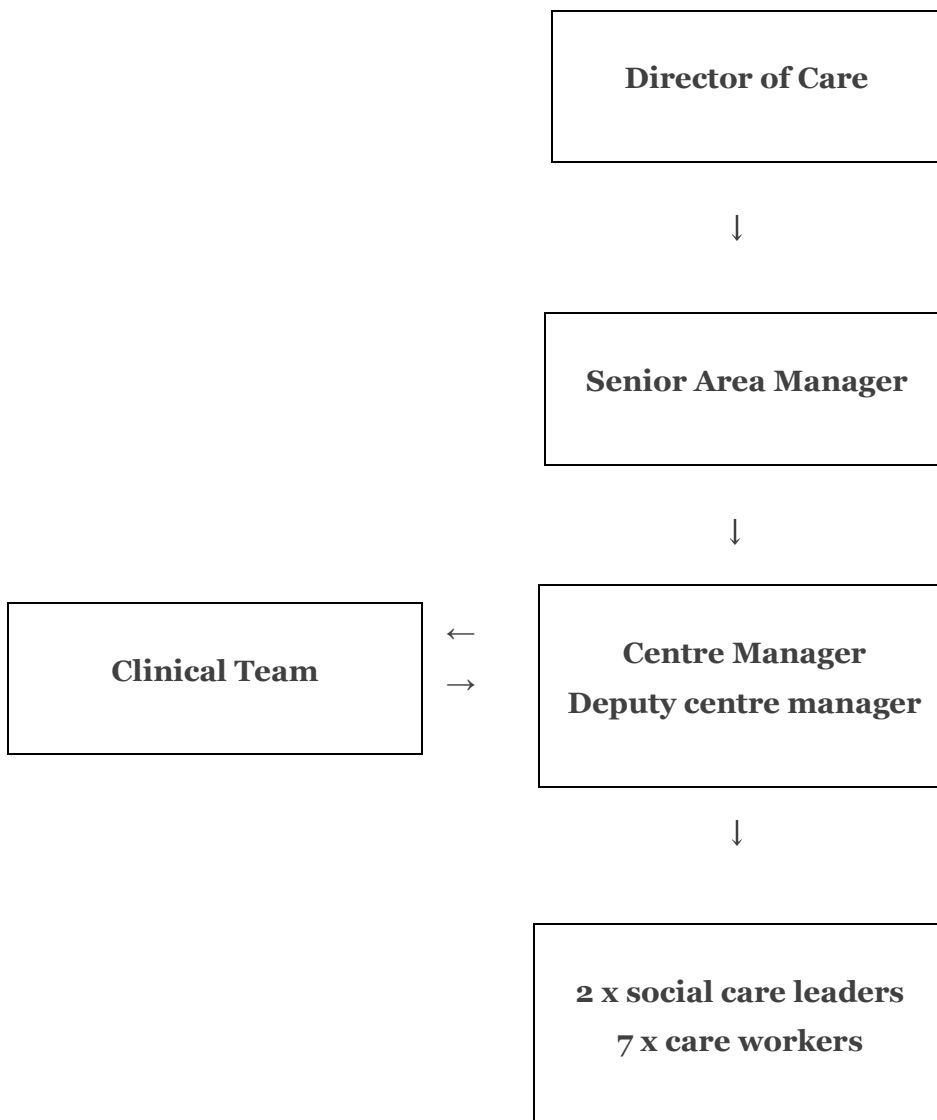
This report is based on a range of inspection techniques including:

- ◆ An examination of documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
 - a) The regional manager
 - b) The social care manager and deputy manager
 - c) 7 social care staff
 - d) Two young people
 - e) One social worker
- ◆ An examination of the centre's files and recording process including:
 - young people's care files
 - policies and procedures
 - daily and weekly records
 - young people's booklet
 - supervision records
 - handover records
 - team meeting minutes
 - management meetings minutes
 - centre registers
 - young people's meetings
 - governance records and centre audits
- ◆ 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) three young people
 - b) the centre manager
 - c) the senior area manager
 - d) three staff members
 - e) the social workers for two of the young people
- ◆ Observations of care practice routines and the staff/young person's interactions.
- ◆ Attended handover meeting

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

At the time of this inspection the centre was registered from the A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 19th of July 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 2nd of August 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: 096 without attached conditions from the 20th of March 2019 to the 20th of March 2022 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

Register

During this inspection, the centre register was reviewed and found to be complete and in line with regulatory requirements and the National Standards for Children's Residential Centres, 2001. The register contained details of young people, their admission dates and information on their parents and social workers. There was a system in place where duplicated records of admissions and discharges were kept centrally by Tusla, the Child and Family Agency. Inspectors noted that the register had been reviewed and signed by the centre manager and senior area manager to evidence their oversight. This was also reviewed during quality assurance audits of the centre.

Notification of Significant Events

The centre had a policy in relation to behaviour management which governed notification of significant events. There was a system in place to record and notify the Child and Family Agency of all significant events relating to young people living in the centre. Review of care files and centre registers found that significant events were subject to oversight by centre management and notified promptly.

Social workers who were interviewed confirmed that they were satisfied with the prompt notification and effective communication relating to significant events.

3.2.2 Practices that met the required standard in some respect only

Management

There was a clear management structure in place within the organisation. There was an acting centre manager in place who was covering a period of leave by the permanent centre manager. They had a recognised qualification in social care, many years' social care experience and had previously acted up in the post. The acting manager had responsibility for overseeing the day to day operation of the centre. Inspectors found that they were supportive in their leadership of the centre and

provided good oversight of care practice and systems. The acting manager was continuing to develop in the role with support of the senior area manager. Staff who completed questionnaires indicated that there was support from management and the team and good communication amongst team members.

There was evidence that the centre manager reviewed and had oversight of placement plans, significant events, behaviour support plans, risk assessments and safety plans. They attended child in care review meetings and strategy meetings relating to young people. There were centre manager monthly audits on file and recently a manager's monthly report for senior management had been implemented. The monthly audits had a section which referred to implementation of actions from quality assurance processes following governance report.

The senior area manager had direct line management responsibility for this and another mainstream centre within the organisation as well as one disability centre. There was evidence that they had a regular presence in the centre (weekly) and were available to young people and the staff team. This person also conducted audits to quality assure care practice and records in the centre. There was evidence of their oversight across care and administrative records.

Management audits had covered compliance with the National Standards for Children's Residential Centres, 2001. These quality assurance audits picked up a number of issues requiring attention and there was evidence of appropriate follow up. The action plans had been addressed promptly by the acting centre manager. There was a plan in place to begin assessment of compliance with National Standards for Children's Residential Centres, 2018.

Inspectors were provided with a detailed governance and management report which was based on an unannounced audit completed by a senior area manager (who was not responsible for the line management for this centre) and the executive assistant (who had no line management responsibility) on 27th and 28th of February 2019. In total 60 individual required actions had been identified many of which had been addressed in full at the time of this inspection and others which were on-going and still being attended to. Centre management must ensure timely responses to all required actions.

Inspectors found that in general the mechanisms in place at the time of this inspection were working effectively to provide good governance across most aspects of care provision and day to day operations. However, senior management review

had not picked up and addressed some issues noted during this inspection. For example, some improvements were required in respect of updating certain policies and the implementation of others in the centre. It was noted that the last review of many of the policies took place in 2016. A review date of June 2017 was stated on the documents however this review had not taken place.

Inspectors noted that this centre was staffed by a team with a variety of qualifications only two of whom had a social care qualification. In light of that, centre management should ensure a training needs analysis to determine if further training is required to up-skill the team in their work with young people and to ensure they can achieve their stated model of care.

Staffing

This centre had a staff complement of one acting manager, two social care leaders and seven social care workers. One social care worker had recently been deployed to another centre within the organisation and it was undetermined if they were to return due to them being needed longer term in the other centre. This must be decided and appropriate arrangements made if they are not to return. The senior area manager informed inspectors that this action was in response to a period of crisis and that the organisation had a policy in respect of not moving staff across centres to ensure stability of teams and delivery of quality care to young people. Nonetheless, this move of staff member was contrary to organisational policy. The social worker for one young person was not aware of this move as they referenced that staff member as having a 'significant and positive relationship' with their young person. They stated that they would raise this with centre management.

Inspectors noted that eight staff members had left employment in the centre since May 2018. A variety of reasons were given for these departures including personal reasons, pay, conditions, benefits and career progression. While there was an exit interview process in place inspectors were informed that most did not engage in the process. One record of an exit interview was provided to inspectors and that person gave mostly positive feedback to the organisation but identified pay and staff retention as areas which could be improved. There was no formal procedure in relation to collecting data from exit interviews and they were not currently being used for service improvement. Management indicated that this was under consideration.

Previously there had been a working group to consider staff engagement with a focus on staff retention and inspectors were provided with details of a current employee benefits package. A working group was not in place at the time of this inspection and

should be reconsidered. A number of staff members who responded to questionnaires flagged staff retention as an issue and stated they would like management to address the issue. They felt that if not addressed, it would have a negative impact on young people. It is recommended that recruitment and retention is an absolute priority within the organisation.

At the time of this inspection centre had adequate levels of staff to fulfil its purpose and function. There were two sleepover staff and one-day shift on each day. With the exception of the manager and one other person, none of the staff held a qualification in social care. Others held a variety of qualifications including psychotherapy, drug and addiction counselling, youth and community work and social science amongst others. Given that social care is the primary qualification for this field of work, management must ensure that this is a central consideration when recruiting for new staff members and that there are sufficient professionally qualified social care workers on the team.

While there was generally a balance of experienced to inexperienced staff working each day in the centre they did not meet the requirement to have a qualified staff member at child care leader level on each shift. The senior area manager stated that recruitment was on-going and that the organisation was also working towards full compliance with the European Working Time Directive, 2003 (EWTD 203/88/EC).

There was a formal induction process for staff which was overseen by the social care manager. Support or issues arising during this period were managed through the supervision process.

During this inspection a sample of six staff personnel files was reviewed. Inspectors noted that these files contained up-to-date Garda vetting documents and references for staff. Where an issue arose during Garda vetting processes there were appropriate risk assessments and follow up and a policy to guide this. Some educational qualifications were not verified as per the Department of Health circular in respect of the recruitment and selection of staff to children's residential centres 1994.

Supervision and Support

There was a policy in respect of professional supervision which indicated that supervision would take place with each staff member at intervals of six weeks to eight weeks. In general, inspectors found that the supervision being provided complied with the timeframes set out in the centre's policy. The centre manager provided

supervision to half of the staff team and was supported by the acting deputy manager who supervised the remainder. The acting centre manager had received appropriate training and also completed a 'HSEland' online supervision training skills course. The deputy manager had completed the online course which is not accepted as an adequate level of training for the provision of professional supervision. A governance and management report of February 2019 identified that the acting deputy manager required supervision training and that they should complete the on-line training in the interim, however this had not yet been scheduled at the time of this inspection. There were arrangements in place for oversight of the acting deputy manager's supervision until they had completed formal training. The audit also identified that supervision was taking place within the required timeframes but that contracts were not always on file and this was promptly addressed. There was evidence that the director of care had regular oversight of the supervision process.

A review of the supervision records showed that there was a strong focus on professional development and on the relationships being built with young people. However, improvements were required in respect of ensuring a more effective link between supervision and planning/outcomes for young people. There were deficits in relation to specific discussion about the implementation of placement plans which is discussed under the relevant section of this report. Inspectors noted that the acting centre manager was providing supervision which was both supportive and challenging and that they were not afraid to address difficult issues with the team.

From a review of the staff team meeting minutes, inspectors found that these were scheduled to occur monthly, although the senior area manager indicated that they had determined that they needed to occur more frequently and had recommended that two meetings take place each month. Inspectors concur that monthly meetings are not sufficient to plan for young people and to facilitate effective reflection on the goals, progress and outcomes. The bi-monthly had been implemented since April 2019. Review of the team meeting records showed that they were not always well attended despite them being mandatory and that the acting centre manager had addressed this with the team with some success. Centre management must ensure full attendance at team meetings to facilitate effective planning for young people.

The system in place saw a dual process in respect of team meetings. Both took place on the same day as well as a separate session with the consultant psychologist. One meeting was the team meeting and the second had changed recently from being the IRPM (individual planning meeting) to being called the therapeutic planning meeting. The review of the team meeting minutes showed very brief records in

relation to planning for and keyworking of young people. A detailed report was prepared for each young person for the second meeting outlining the previous month. Following this, there were actions identified and there was also guidance and direction from the psychologist and the clinical team. It must be noted that there was no record of the social care team's discussions and reflections or how these informed the decision making processes in respect of care practices with young people. It is important from a children's rights perspective and for planning and tracking purposes that organisations keep a record of professional discussions and how decisions are taken. The thematic process overview provided to inspectors stated that therapeutic consultation and planning meetings took place every three weeks however, this was not found to be the case and management and staff members who were interviewed stated a frequency of monthly. Records also showed that they took place on a monthly basis. The management decision to hold more frequent team meetings must be upheld and implemented in practice.

The inspector who attended the handover on the day of inspection noted that they facilitated exchange of information relating to young people and house issues. However, there seemed to be a greater focus on the previous day than planning for the shift ahead and this could be improved. There was a reflective aspect to the handover process whereby staff expressed care and concern for young people. However inspectors found that there could have been a more effective analysis with direction provided on how best to understand and respond to the behaviours being discussed. Handover meetings must better reflect the planning of care for young people rather than a narrative of the previous day's events.

Training and development

The staff team had received training in the stated model of care. Staff members were provided with mandatory training during the induction process including, a recognised recognise model for the de-escalation of behaviours and physical intervention, first aid, fire safety. Staff had completed the Tusla e-learning training programme Children First National Guidance for the Protection of Children, 2017. However, they had not received organisational child protection training or guidance in relation to implementation of Children First in line with organisational policies. Management must ensure that the e-learning programme is supplementary to a comprehensive child protection training programme which is linked to revised and updated organisational child safeguarding policies and procedures.

A training schedule was provided to inspectors and this included some supplementary training to support the team in their work with the young people. The

social care manager indicated that this training schedule was managed by head office who were responsible for staff training across the organisation and they ensured that refresher training took place in line with required timeframes.

While there was oversight of training in respect of the model of care and ensuring mandatory training, inspectors found that there were some deficits in relation to the application of the organisation's policy. It was not being fully implemented as it stated that they would 'carry out a training audit with social care workers upon their employment in the centre' and 'review each social care workers training and learning needs on a regular basis to ensure that the training audit is updated to reflect any changes in the needs of the centre'. These training audits and audit updates were not held on staff personnel files reviewed during the inspection. A training needs-analysis should be conducted regularly to assess core training needs and specific skills requirements associated with the care of the young people. This should be linked to the supervision process and to young people's goals and placement plans.

Given that many of the staff team did not have a social care qualification there could be a more effective focus on skills development through the supervision process.

3.2.3 Practices that did not meet the required standard

None identified

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.***

The centre 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) -Part III, Article 16, Notification of Significant Events.***

Required Actions

- Senior management must ensure there is timely and robust responsiveness to internal governance mechanisms

- Senior management must ensure that the deputy manager receives training in a recognised model of supervision within the social care field.
- Senior management must ensure that a regular training needs analysis is conducted and informs the staff development and training programme. This must be linked to the individual needs of young people and to the supervision process.
- The centre manager must ensure that there is a more effective link between supervision and planning/outcomes for young people.
- Senior management must ensure that a comprehensive child protection training programme supplements the Tusla e-learning training and that it is linked to updated centre policies.
- Senior management must ensure that the professional team discussions which inform planning for young people at team meetings are properly recorded and subject to oversight.
- Organisational management must aim to ensure that there is a staff member qualified to child care leader level on each shift.
- Organisational management ensure that they must adhere to their own policy on not moving staff between centres.
- Senior management must ensure that the staff retention programme is reviewed and that exit interviews inform service development and staff consistency.
- Organisational management must ensure that qualifications are appropriately verified in line with Department of Health Circular 1994

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

Consultation

There was a policy in place in relation to consultation with children and young people. It stressed that consultation with children was a fundamental element in the creation and maintenance of a safe living and working environment. Core aspects of

the policy were actively listening to and taking into consideration the views of young people and genuine engagement of young people throughout the decision making process.

There was evidence that the policy was being implemented in practice in the centre and that staff actively sought the views and opinions of young people in relation to all aspects of their care. Keyworkers made every effort to set realistic goals in consultation with the young people and these were evident across the care files.

Young people were encouraged and supported, where appropriate to attend their child in care review meetings and some of them had done so. The team facilitated participation in children's meetings and there was evidence that they had choices in respect of food and involvement in shopping.

There were regular young peoples' meetings held in the centre with varied involvement from the current group at the time of this inspection but they were generally well attended. The meetings had been taking place on a set day and time each week but the acting manager had felt that this was not facilitating the optimum involvement of the young people. It was decided that meetings could take place at any day or time or in response to an issue in the centre. This was reportedly working well. The management and team should continue to explore creative methods of engaging young people in this forum.

There was evidence that topics such as house and room decor, group living and respect, activities, positive feedback to young people, and menu planning were discussed amongst others. Young people's meetings and feedback to young people following discussion, was not evident on the records of staff meeting minutes and this should be addressed. It should be considered as a standing item on the agenda. There was a proposal to commence connecting meetings between young people and senior management to further improve direct consultation and communication with them.

Key working records reviewed during inspection also evidenced on-going consultation and young people were supported to have their views heard in advance of their child in care reviews and other meetings related to their care. This was confirmed by the two social workers who were interviewed during the inspection process. Two young people met formally with inspectors and also returned questionnaires and confirmed that they felt involved in decisions relating to their care.

Access to information

There was a policy in relation to access to information as required and young people were informed of their rights to access their records and assisted to understand the process in line with their age and level of understanding. Young people informed inspectors they knew they could access records but chose not to.

Young people were provided with an information booklet on admission to the centre and access to information was discussed with young people to ensure they understood this right. The centre were in the process of updating a booklet to provide information to parents/carers about the placement, however one had not been supplied to the parents of the current group of young people. This should be finalised as a matter of priority. One parent had visited prior to admission and been shown around however this was not possible for the others due to circumstances beyond the control of the centre.

3.4.2 Practices that met the required standard in some respect only

None identified

3.4.3 Practices that did not meet the required standard.

Complaints

There was a policy in place which outlined what constituted a complaint, how young people could make a complaint, the procedures to be followed and an appeals process. This complaints policy was part of the over arching child protection policy and that section of the policy had not been updated since 2016. Information relating to the complaints process was given to young people and their parents upon admission to the centre.

Inspectors reviewed the register of complaints held in the centre. There were only two complaints on file since the register opened in 2016 and these were allegations against a staff member and should have been addressed under the child protection policy. There were no other formal or informal complaint/grievances (in line with the policy) recorded in the past three years. There is further commentary in respect of this issue under standard 7 of this report.

There was evidence in daily logs and young people's meetings records to show that there minor issues arising were taken on board and rectified. However, neither the detail of the issue or its resolution was recorded, so this did not facilitate picking up on trends or patterns. These complaints did not have a recorded outcome and it was

not clear how the issue was resolved. This was not in line with the stated policy which said that ‘all complaints whether verbal or written are to be logged and stored in the house complaints log’. There was no evidence that complaints were discussed or addressed in team meetings.

Inspectors recommend streamlining the complaints system in line with the Tusla ‘Tell Us’ policy. When the policy is updated there should be training for staff. It was also evidenced in the questionnaires completed by staff that there was uncertainty in respect of the reporting procedure for both complaints and dealing with an allegation. An immediate training piece for the team in relation to the clear distinction between complaints and allegations should take place as a matter of urgency.

The governance report from February 2019 recommended that keyworking was completed with young people about the complaints process. This was actioned following the audit, however the points noted above in relation to confusion between allegations and complaints was not picked up during the formal onsite visits to the centre.

In the review of the questionnaires and speaking with young people, they informed inspectors that they knew how to make a complaint and felt they would be listened to.

Actions required

- Centre management must ensure that the policy on complaints is updated as a matter of priority and that following this all staff receive training in respect of the policy.
- Management must ensure that staff practice adheres to centre policy and that staff members understand the distinction between complaints and allegations and the respective route to follow.

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

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

Young people were referred to the centre through the National Private Placement Team (NPPT). Inspectors found from review of the files that there were robust pre-admission risk assessment processes.

Young people were provided with age appropriate information and facilitated to visit and have a planned transition to the centre. Social workers provided information to the centre during the referral process and young people were assisted to understand the reason for and the purpose of their placement. Centre management and social workers stated that they felt each placement was suitable. One social work department confirmed that their young person had made substantial progress through the course of the placement but that they were monitoring it closely to ensure that it continued to meet the needs of the young person whose engagement had deteriorated.

Statutory care planning and review

Each of the young people had a current care plan on file as required. These were a detailed assessment of needs and outlined required actions under the various headings. There were a number of different planning documents for each young person including standardised assessments, placement plans, therapeutic plans and monthly reports all of which were subject to review and oversight. All plans were agreed by social workers.

Care plan reviews meetings had been conducted within the required timeframes and families of young people were invited as appropriate. It was not clear if they were provided with copies of the minutes or updated care plans.

A placement plan was drawn up for each young person at the outset of placement and there were up to date versions on each young person's file. There was evidence that much of the keyworking was planned and focused on the sections outlined in the young person's placement plans. Key-working focused on areas such as self-care, education, sexual education, risk taking, managing emotions, health and group dynamics. There was evidence that staff members were pro-active with young people and used both planned and opportunity led keyworking.

There was a complexity relating to family dynamics for one young person which social work must address as a matter of priority. They stated that this was related to decisions made at a child in care review meeting. They acknowledged the delay with this issue and stated that there was a plan in place to address this as soon as practicable.

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.

Social work role and supervision of young people

All three young people had an allocated social worker who was involved in planning for young people as required. They provided information prior to admission to facilitate planning and transition to the centre. Two social workers were interviewed following the onsite inspection and both described the placement as positive. One social worker acknowledged that the young person was struggling to make progress however they described the team was making every effort to meet the needs of the young person. They stated that management and the staff team were committed to them and worked using a positive relationship approach. The placement and outcomes for the young person was remaining under close scrutiny and strategy meetings had taken place with a further one planned.

Social workers were made aware of and generally responded to all significant incidents involving the young people. They made arrangements to hold care plan reviews as required and provided minutes and updated care plans following review. All social workers had visited their young people in the centre and had read their care files from time to time as required.

Emotional and specialist support

There was evidence that staff members were being guided in relation to the emotional and psychological needs of young people through clinical support. Placement plans and key-working goals were set in line with the identified needs. The social care analysis and reflection could be better evidenced and subject to oversight by senior management as previously referenced in this report.

There were a number of specialists available including, psychologists, speech and language therapist, occupational therapist, play therapists and behaviour consultant.

Two of the young people had engaged with the specialist support available within the organisation. Each young person had assessments on file. There was evidence that clinical guidance was provided to the team and that the direction of clinicians informed young people's plans as required. The social worker for one young person was in the process of sourcing a consultant psychiatrist to support the team in the direct work with the young person as they were refusing all direct therapies at that time.

3.5.2 Practices that met the required standard in some respect only

None identified

3.5.3 Practices that did not meet the required standard

None identified.

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 1 and 2, Care Plans
-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan
-Part V, Article 25 and 26, Care Plan Reviews
-Part IV, Article 24, Visitation by Authorised Persons
-Part IV, Article 22, Case Files.

The centre 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)

3.6 Care of Young People

Standard

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

3.6.1 Practices that met the required standard in full

Individual care in group living

Two young people who responded to the inspection questionnaire said they were 50% happy living in the centre however this was in the context of wanting to be at home. They were able to describe things they liked about living there. They said they had people to talk to and were able to make choices about things such as their clothes, appearance and activities. They said they could talk to their keyworkers and knew how to make a complaint. The staff team addressed the issue of personal hygiene in a sensitive way with the current group of young people resident at the time of inspection. Each of the young people were appointed a key worker upon admission and there was evidence that individual work and keyworking was being carried out on a regular basis.

The staff team had positive relationships with the young people and that they showed care and concern for them was evident from observations, interviews and through the records. There were daily and weekly planners in place and young people had opportunities to engage in leisure and recreational activities similar to those of their peers such as football, rugby, drama, swimming and playing pool.

One young person informed inspectors that they could not bring friends to the house and when this was explored further, this misperception came about as they were told that overnights visits from friends could not be facilitated. The centre manager clarified this issue immediately with the young person and confirmed that young people could bring friends to visit if they so wished.

The achievements of young people were celebrated and special occasions were marked, most recently with birthdays and graduation celebrations.

Social workers interviewed commented positively on the care provided to their young people.

Provision of food and cooking facilities

Inspectors observed that there was an ample supply of nutritious food in the centre. Young people were encouraged to share meals with staff members as a social experience. Young people's preferences were taken into account in menu planning. Healthy eating was being addressed through keyworking. Young people were encouraged to go shopping with the staff team and to help prepare meals.

Race, culture, religion, gender and disability

The centre had a policy on recognising diversity which staff were familiar with and this was built into placement plans and keyworking as appropriate. There was evidence that the young people were facilitated in the practice of their religion if they so wished. The policies in the centre recognised the importance of family as a source of heritage and identity and there was an emphasis on respecting cultural differences. Helping young people understand the nature of discrimination was a key aspect of the policy.

Restraint

All staff had received training in a recognised model for the de-escalation of behaviours and physical intervention. There was a policy in respect of restrictive practices which provided clear direction and guidance in respect of what constituted a restrictive practice. Physical interventions came under this policy which stated that staff must ensure least restrictive options are employed and that there is a commitment to developing positive and proactive alternatives. There had been thirteen physical interventions with the current group of young people within the past 12 months. Each one was subject to rigorous review in a Post Incident Review (PIR) in line with organisational policy. There was evidence that the use of these interventions was reducing in duration and frequency. Social workers interviewed were satisfied that restraint was always used as a last option and to ensure safety. The centre held a quarterly rights and restrictive practice committee meeting (RCC) for the purposes of review and analysis.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

There was a suite of policies and procedures relating to the management of behaviour. These included admissions, key-working, emotional and specialist

support, risk assessment, behaviour management, consequences, and challenging behaviour and physical intervention amongst others. Collective impact risk assessments took place prior to admission of new young people and were updated through placements if the need arose. There was also a policy and guidance in respect of the notification of significant events. The staff team had been trained in the use of a recognised model for the de-escalation of behaviours and physical intervention took place every two years.

The policy stressed involving young people in establishing agreed standards of behaviour. This was evident through review of young people's meetings. The policy stated a focus on understanding the underlying causes of challenging/inappropriate behaviour and the development of appropriate interventions through a behaviour support plan. This social care analysis of the meaning behind/causes of behaviours was not fully evident through attendance at the handover meeting or from review of the team meeting minutes and this could be improved upon.

Review of keyworking showed that young people were encouraged to gain insight into their behaviour and the impact it had on themselves and others. Most recently there was an issue in relation to the impact of young people's behaviour in the community and there was a plan in place to address this with the community Garda and community groups if possible. Significant events were formally reviewed at the organisation's significant event review (SERG) group and a review of these records showed a thorough analysis of each incident and reflection on the antecedents, interventions and outcomes.

Inspectors found evidence that the team were using risk assessment processes and risk management plans to support the management of challenging behaviour. The risk assessments on file related to verbal and physical aggression; activities; sexualised behaviour; travelling in the car and the possible negative impact of other young people. There was a clear risk matrix in place which facilitated categorisation and effective risk management planning. The ratings were completed by the team in consultation with the dedicated behaviour management consultant.

There was evidence that there was review of young people's challenging behaviour at the therapeutic planning meetings with the behaviour support professional and with the consultant psychologist.

There was a policy on bullying which focused on raising awareness of bullying behaviour and the provision of a safe environment. The policy stated that the centre

would monitor and review incidents of bullying on a regular basis. While individual instances of young people targeting each other were recorded and responded to, inspectors found that there could be improvements in the overarching response to bullying. One young person described being targeted by others and being kept awake by other young people banging their door. The social worker was not aware that this was an issue when interviewed by inspectors. Staff interviewed did acknowledge that bullying had been a feature in the centre which they were trying to address. Centre management must ensure that they follow the bullying policy and procedure and address the issues that the young person relayed to inspectors as a matter of priority.

There was a policy on consequences which sought to focus on rewarding positive behaviour rather than a reliance on sanctions. There was a focus on learning and making restitution for harm done to others through a restorative practice approach. This was evident on young people's files. All consequences were recorded separately, reviewed and subject to oversight by the social care manager and by the senior area manager in line with the policy.

Absence without authority

Unauthorised absences from the centre had not been a regular feature for the current group of young people. There was a policy to guide staff practice in relation to absences and notifying to relevant people. There was evidence that Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services, 2012 was being implemented in that each young person had an individual absence management plan but they were not being reviewed on a monthly basis as required under the protocol.

3.6.3 Practices that did not meet the required standard

None Identified.

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 11, Religion

-Part III, Article 12, Provision of Food

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

Required Actions

- Centre management must ensure that individual absence management plans are reviewed in line with Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services
- Centre management must ensure that they follow the bullying policy and procedure and address the issues that the young person relayed to inspectors as a matter of priority

3.7 Safeguarding and Child Protection

Child Protection

3.7.1 Practices that met the required standard in full

None identified – not all aspects of this standard were reviewed

3.7.2 Practices that met the required standard in some respect only

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.

Inspectors noted that the child protection policy had not yet been updated to include the submission of a child protection and welfare report through Tusla's web portal. It still referenced direct reporting to supervising social workers and this must be updated. While staff had completed the Tusla e-learning programme there was no supplementary child protection training in relation to centre policies and the implementation of Children First - National Guidance for the protection and Welfare of Children 2017, within the organisation.

A lack of clarity was evidenced in questionnaires returned by some staff members who did not refer to the role of the mandated persons or revised reporting procedures. Also, centre management must ensure that staff members are clear on their statutory responsibilities under Children First legislation and on the organisation's policy and procedures in line with these requirements.

As referenced previously in this report, allegations were incorrectly recorded and were managed as complaints. The centre did not adhere to its own policy in that two incidents of a young person saying they were being bullied by a staff member were

dealt with as complaints despite the policy stating ‘the organisation considers bullying behaviour when perpetrated by adults upon young people as a form of child abuse and will address this behaviour under the centre’s Child Protection policy’.

3.7.3 Practices that did not meet the required standard

None identified

Required Actions

- Centre management must ensure that all child protection policies and procedures are updated to include reporting through the Tusla web portal.
- Organisational management must ensure that the staff team are fully aware of their child protection and safeguarding responsibilities within the organisation through a structured training programme based on the centre’s updated policy.
- Centre management must ensure that their policies and procedures are fully understood and implemented in practice.

4. Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>Senior management must ensure there is timely and robust responsiveness to internal governance mechanisms</p> <p>Senior management must ensure that the deputy manager receives training in a recognised model of supervision within the social care field.</p> <p>Senior management must ensure that a regular training</p>	<p>The Senior Area Manager with line management responsibility for the centre will ensure all outstanding recommendations from the Internal Audit are actioned by 9th August 2019.</p> <p>Training in professional supervision has been scheduled to take place with Barnardos on the 17th and 18th of September 2019. The deputy manager referenced is scheduled to participate in this training.</p> <p>The Senior Area Manager with line management responsibility for the Centre</p>	<p>The Interim Director of Care will ensure that all internal audit recommendations are actioned within agreed timeframes.</p> <p>Internal audit recommendations are now a standing item on the CEO chaired monthly senior management team meeting agenda with a view to ensuring that all recommendations are actioned within agreed timeframes.</p> <p>All managers that have not yet received the required level of professional supervision training will receive training on the date referenced. In future, new managers will receive this level of training within two months of taking up post.</p> <p>Senior Area Managers will be required to carry out training needs analysis on a bi-</p>

<p>needs analysis is conducted and informs the staff development and training programme. This must be linked to the individual needs of young people and to the supervision process.</p> <p>The centre manager must ensure that there is a more effective link between supervision and planning/outcomes for young people.</p> <p>Senior management must ensure that a comprehensive child protection training</p>	<p>will complete a training needs analysis at the next team meeting on 1st August 2019. The individual needs of resident young people and the training that may be needed in order to meet those needs will be a focus of the scheduled training needs analysis.</p> <p>Active Report Folders will be implemented for all young people by 31st August 2019. Active report folders will be brought to all key worker supervision sessions to ensure that all aspects of the care of a young person including the basis for that care, placement plans, need / risk management plan etc. are reviewed on a regular basis. This will support centre manager's efforts to ensure that all plans are in place, up-to-date and can be reviewed to ensure they are delivering the required outcomes for all young people.</p> <p>Child protection training has been scheduled to take place with Barnardos in August and September 2019. (Dates to be</p>	<p>annual basis in each Centre they have responsibility for. Bi-annual training needs analysis will be reviewed in the CEO chaired monthly Senior management team meetings with a view to ensuring that the organisation agrees and implements bi-annual training schedules on an on-going basis.</p> <p>In conjunction the Senior Area Managers, the Director of Care and Internal Auditor will ensure that active report folders are being utilised within supervision to ensure that the plan being made are delivering the required outcomes for all young people.</p> <p>Children First and the revised child protection policy will form part of centre induction to be delivered by Centre</p>
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	<p>programme supplements the Tusla e-learning training and that it is linked to updated centre policies.</p> <p>Senior management must ensure that the professional team discussions which inform planning for young people at team meetings are properly recorded and subject to oversight.</p> <p>Organisational management must aim to ensure that there is a staff member qualified to child care leader level on each shift.</p> <p>Organisational management endure that they must adhere to</p>	<p>clarified but trainer availability confirmed). The organisation child protection policy is being revised and will be implemented by 31st August 2019. The CEO and Director of Care will provide training on its implementation to centre managers and further training will be provided by Senior Area Managers to all care teams by 30th September 2019.</p> <p>The centre now uses a minute book to record therapeutic consultation / therapeutic support and co-ordination meetings. Additional to this the centre manager will ensure to record professional team discussions at team meeting in detail. The Senior Area Manager will review these minutes as part of the internal audit process.</p> <p>The organisation is actively recruiting child care leaders currently. It is anticipated that this process will be completed by 30th September 2019.</p> <p>Organisational management will adhere to the policy on not moving staff between</p>	<p>Managers.</p> <p>A new professional advices log will be introduced by 31st August 2019. This log reflects all professional advices received by the care team and includes all advice received as part of the service therapeutic consultation / therapeutic support and co-ordination meetings.</p> <p>A planned roster upgrade will incorporate rules that help ensure that a child care leader is always on shift in all centres.</p> <p>Organisational management will work to develop the confidence, resilience and skill</p>
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	<p>their own policy on not moving staff between centres.</p> <p>Senior management must ensure that the staff retention programme is reviewed and that exit interviews inform service development and staff consistency.</p> <p>Organisational management must ensure that qualifications are appropriately verified in line with Department of Health Circular 1994.</p>	<p>centres.</p> <p>All senior management i.e. CEO, Director of Care Services, Senior Area Manager and Social Care Manager now receive a copy of all exit interviews.</p> <p>Exit interviews are now a standing agenda item on the monthly senior management team meeting.</p> <p>Based on RIS guidance, the CEO has clarified what constitutes a Social Care qualification.</p>	<p>mix that is needed within all care teams to eliminate the need to redirect care team members to other centres in order to support their efforts to manage risk.</p> <p>Organisational management will work ensure all centres are adequately staffed to provide safe and effective care to young people.</p> <p>In addition to our commitment to provide the highest quality of care possible to the young people in our service, the organisation has a renewed focus on the care we provide to our teams. This is evidenced through care team connect meetings and enhanced governance and accountability for senior managers.</p> <p>Issues identified within exit interviews that are not in keeping with experience of providing care that we expect will be addressed.</p> <p>The clarification referenced will be incorporated into the organisation recruitment process with immediate effect.</p>
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<p>3.4</p>	<p>Centre management must ensure that the policy on complaints is updated as a matter of priority and that following this all staff receive training in respect of the policy.</p> <p>Management must ensure that staff practice adheres to centre policy and that staff members understand the distinction between complaints and allegations and the respective route to follow.</p>	<p>The organisation complaints policy is being revised and will be implemented by 31st August 2019. The CEO and Director of Care will provide training on its implementation to centre managers and further training will be provided by Senior Area Managers to all Care Teams by 30th September 2019.</p> <p>When providing training on the revised Child Protection and Complaints Policy, the CEO and Director of Care will provide specific guidance aimed at supporting care team's efforts to distinguish between and respond appropriately to complaints and allegations.</p>	<p>The revised complaints policy will form part of Centre Inductions to be delivered by Centre Managers.</p> <p>All significant events incl. complaints and allegations (the latter in restricted format) are routinely reported to Senior Area Managers, the Director of Care and CEO with a view to ensuring that centre managers and care teams distinguish between and respond appropriately to complaints and allegations. Subject to the restrictions referenced above, all open / unresolved allegations, child protection concern and/or complaints are examined at the monthly Senior Management Team Meeting. This is to ensure that these issues are managed appropriately and brought to conclusion in a timely manner and that where issues arise, these can be addressed at the required level without delay.</p>
<p>3.6</p>	<p>Centre management must</p>	<p>Active report folders will be implemented</p>	<p>Absence management plans are routinely</p>

	<p>ensure that individual absence management plans are reviewed in line with Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services.</p> <p>Centre management must ensure that they follow the bullying policy and procedure and address the issues that the young person relayed to inspectors as a matter of priority</p>	<p>for all young people by 31st August 2019. Active report folders require that absence management plans are reviewed and revised as required no less than once per month in accordance with Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services. Additional training will be provided to centre managers on the use of absence management plans and more generally on Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services by 31st August 2019.</p> <p>Anti-bullying training will be sourced and piloted in the Centre by 30th August 2019. The Senior Area Manager and centre manager will refer to the organisation Bullying Policy when developing a safety plan that outlines proactive strategies and reactive strategies to address issues raised by the young person experiencing difficulties with peer.</p>	<p>forwarded to Senior Area Managers as part of their monthly reporting requirement for governance and oversight. Every month, a selection of centre manager reports and associated documentation are reviewed by the Director of Care to further assure the organisation as to the quality of care being provided generally, and to the quality of absence management planning specifically.</p> <p>If the Anti-bullying training is a success, it will be delivered to all teams by 31st October 2019. If not, an alternative training will be sourced and piloted by 31st October 2019 and rolled out by end November 2019.</p>
3.7	Centre management must	The organisation Child Protection Policy is	Children First and the revised child

	<p>ensure that all child protection policies and procedures are updated to include reporting through the Tusla web portal.</p> <p>Organisational management must ensure that the staff team are fully aware of their child protection and safeguarding responsibilities within the organisation through a structured training programme based on the centre's updated policy.</p> <p>Centre management must ensure that the child protection policies and procedures are fully understood and implemented in practice.</p>	<p>being revised and will be implemented by 31st August 2019. The policy will include reporting through the Tusla Web portal. The CEO and Director of Care will provide training on its implementation to centre managers and further training will be provided by Senior Area Managers to all care teams by 30th September 2019.</p> <p>The CEO and Director of Care will provide training on its implementation to Centre Managers and further training will be provided by Senior Area Managers to all Care Teams by 30th September 2019.</p> <p>Internal training on the updated child protection and safeguarding children policy will be completed with the centres management and social care team by the 30.08.2019. With immediate effect child protection and safeguarding concerns are managed at a senior management level to ensure the correct process is followed</p>	<p>protection policy will form part of centre induction to be delivered by centre managers.</p> <p>Children First and the revised child protection policy will form part of induction to be delivered by centre managers.</p> <p>All child protection concerns / disclosures are routinely reported to Senior Area Managers, the Director of Care and CEO with a view to ensuring that centre managers and care teams distinguish between and respond appropriately to complaints and allegations. Subject to appropriate confidentiality restrictions, all</p>
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		determining and responding to child protection and safeguarding concerns. These items will be discussed at the monthly senior management meetings also.	open / unresolved allegations, child protection concern and/or disclosures are examined at the monthly senior management team meeting. This is to ensure that these issues are managed appropriately and brought to conclusion in a timely manner. Where issues arise they will be addressed at the required level without delay.
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