



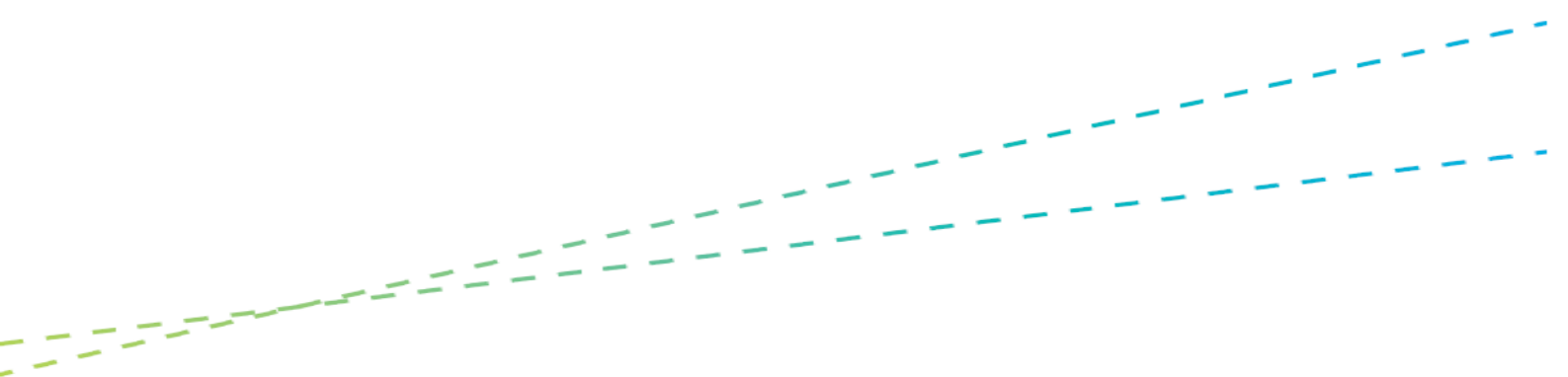
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 102

Year: 2019

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Alternative Care Inspection and Monitoring Service
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15 - D15 CF9K
01 8976857

Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Positive Care Ltd.
Registered Capacity:	Four young people
Dates of Inspection:	14th and 15th March 2019
Registration Status:	Registered from 21st May 2019 to 21st May 2022
Inspection Team:	Lorna Wogan Paschal McMahon
Date Report Issued:	20th May 2019

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	9
3. Analysis of Findings	10
3.2 Management and Staffing	
3.5 Planning for Children and Young People	
3.8 Education	
3.9 Health	
4. Action Plan	28

1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2011. At the time of this inspection the centre were in their third registration and were in year three of the cycle. The centre was registered without attached conditions from 21st May 2016 to 21st May 2019.

The centre was last subject to an inspection under the National Standards for Children's Residential Centres (2001) in February 2018. The inspectors were satisfied that the recommendations and actions required following the last inspection were fully addressed.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. There were four young people in placement at the time of the inspection. The aim of the service was to provide the highest quality standard of residential care that was responsive to the individual needs of the young people, within a child-centred, supportive and safe open environment. The service's care framework was based on theoretical approaches that underpinned their care delivery system and was based on the following four pillars, entry, stabilization, planning and exit. The centre aimed to provide young people with stability, security, self-awareness, independence, self-sufficiency, appropriate coping skills and education. The service had access to a psychologist that provided clinical input and training in the care framework.

The inspectors examined standards 2 ‘management and staffing,’ 5 ‘planning for children and young people’, 8 ‘Education’ and 9 ‘Health’ of the National Standards For Children’s Residential Centres (2001). This inspection was announced and took place on the 14th and 15th March 2019.

1.2 Methodology

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

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

- ◆ An examination of the questionnaires completed by:
 - a) The client services manager
 - b) The regional manager
 - c) The deputy Manager
 - d) The two senior social care workers
 - e) The child care leader
 - f) The five social care workers
 - g) The trainee social care worker
 - h) Three of the four young people residing in the centre
 - i) The social workers with responsibility for the young people residing in the centre
 - j) The general practitioners with responsibility for the young people residing in the centre
 - k) The education coordinator for one of the young people in placement

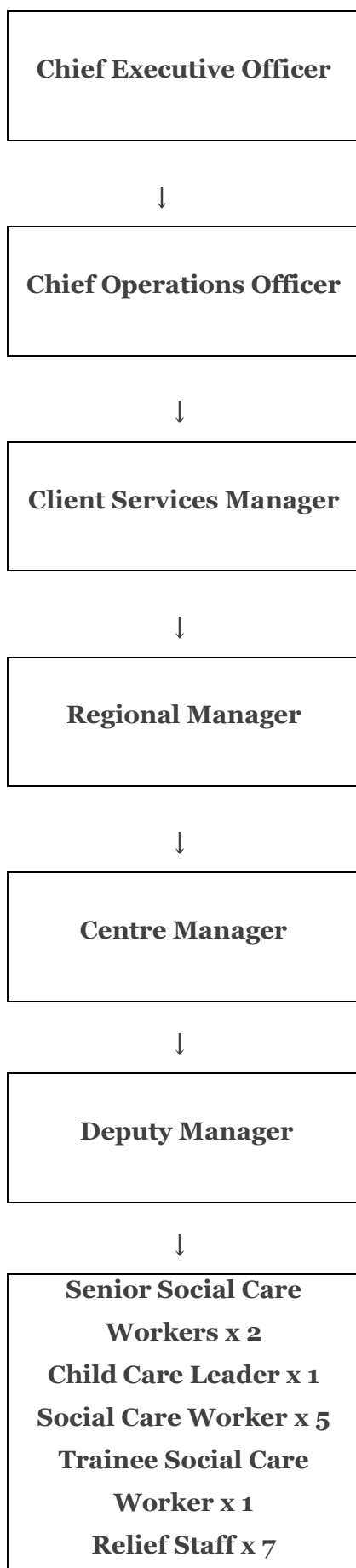
- ◆ An examination of the centre’s files and recording process.
 - relevant sections of four care files
 - five supervision records
 - handover records
 - training records
 - centre register
 - daily logs
 - complaints register
 - significant event register
 - financial management systems
 - five personnel files

- team meeting records
 - house meeting records
 - management meeting records
- ◆ 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 client services manager
 - b) The regional manager
 - c) The services internal psychologist/clinical lead
 - d) The centre manager
 - e) The deputy manager
 - f) Two senior social care workers
 - g) One social care worker
 - h) Three of the four young people
 - i) Two social workers allocated to young people residing in the centre
 - j) The lead inspector
 - ◆ Observations of care practice routines and the staff/young people's interactions.
 - ◆ The inspectors shared a meal with the staff and some of the young people at the centre.
 - ◆ The lead inspector attended a staff 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 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, regional manager and the relevant social work departments on the 14th May 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 16th 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: 102 without attached conditions from the 21st May 2019 to the 21st May 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

Management

The inspectors found there were clear external management structures in place and there were clear lines of accountability at individual, team and service level. The service had robust systems in place to monitor and audit the centre in a systematic way to identify service deficits and develop action plans to address any deficits noted.

There was evidence that the external managers visited the centre regularly and staff and young people were familiar with the managers and had good access to them. The external managers demonstrated a good knowledge and understanding of the overall operations within the centre and were able to identify strengths as well as aspects of the service that required on-going development and improvement to achieve better outcomes for the young people.

The inspector found there was an internal management structure appropriate to the size and the purpose of the centre. The centre manager had the required qualification and experience to undertake the role. The deputy manager was also suitably qualified and experienced to undertake their role. The deputy manager deputised for the centre manager when they were absent from the centre. The deputy manager and the centre manager had regular face-to-face meetings and a number of management tasks were delegated to the deputy manager.

The inspector found evidence that the centre manager had oversight of centre practices through review of all centre records, monthly reports for each young person, attendance at handovers, team meetings and care plan reviews, oversight of significant events and staff supervision. Guidance and direction to staff was recorded by the manager on the centre records.

There was a structured system in place for auditing the centres overall operations and care practices. These audits were undertaken on a monthly basis by the regional manager and the client services manager and the most recent audit was undertaken in March 2019. There was evidence that actions identified in this audit were prioritised and addressed for example the decorative upgrade of the young people's bedrooms and the communal living spaces which were completed in full at the time of the inspection.

There was evidence that service policies and procedures were subject to review and updated as required in line with new legislation, national policy and best practice guidelines. The services policy document was updated in November 2018 and training was provided to the manager on the newly updated policies.

The centre manager and the deputy manager worked office hours Monday to Friday and staff feedback indicated that the internal managers were accessible to staff and provided on-going guidance and support to the staff team.

Register

The centre manager maintained a register that outlined the required information relating to the admission and discharge of young people from the centre. The inspector found it was completed in line with the regulations and was up to date. The register evidenced one new admission to the centre since the last inspection in 2018 and there were no discharges from the centre.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre had a written policy regarding the notification of significant events. Staff members interviewed by the inspector were familiar with the thresholds for reporting such events. The centre maintained a register that was used to track significant events and identify particular patterns and trends. Significant events were also noted in the daily logs and the written reports were stored on the individual care files.

The social workers interviewed by the inspector were satisfied they were notified of all significant events in a timely manner both verbally and in writing and the written reports were of a good standard.

The inspectors were satisfied the centre had a prompt process in place to notify the social workers, service managers and other relevant professionals of all significant events relating to the young people in placement. The inspectors found that written reports were clear and evidenced staff interventions. Oversight of significant events by the centre manager and the regional manager was evident on the records.

Staffing

The centre had adequate levels of staff to fulfil its purpose and function. At the time of the inspection agreed staff ratio with the national placement team was 1:1. The deputy manager and four members of the core team had over three years experience in residential care work thus the centre were able to have one staff member at child care leader level on most shifts. There were four staff on duty up to 12 midnight and two staff members slept over in the centre at night. However, the inspectors found that there was a significant turnover of staff since the last inspection in February 2018. Six staff members had resigned from the service however one of these staff had recently returned to work in the centre. One experienced and long standing member of the team also transferred to a senior post within the organisation in the past twelve months. The inspector found that the turnover of staff had some impact on the stability of the staff team and the continuity of care for the young people in placement.

The inspectors found evidence that the staff team had stabilised in past six months however the inspectors found that the six staff members recruited had limited experience working in residential care and only two of the staff members recruited had the recognised social care qualification. The senior service managers must work towards increasing the number of staff with the recognised social care qualifications.

Overall the inspectors found that the turnover of staff, the over-reliance on relief staff in the past twelve months and the number of inexperienced staff impacted on the centres capacity to adequately support the challenging and complex needs of the resident group of young people. The external managers had issued a discharge notice to the Child and Family Agency in respect of one of the young people in placement as they were unable to meet their on-going therapeutic needs. The young person's needs were assessed as requiring a placement with lower occupancy levels and more specific therapeutic approach. At the time of the inspection the service managers were liaising with the social work department to identify a more suitable care placement.

The inspectors advise that the senior service managers continue to provide on-going training and support to the team to build their knowledge and experience and to develop the team to a sufficient level of expertise in their defined therapeutic approach.

The inspectors found that all staff members including relief staff had a secure personnel file that was maintained in line with the regulatory requirements. The inspectors examined five personnel files and found they contained the required references and Garda vetting. All staff had a written job description and a copy of their terms and conditions of employment.

The inspector found that staff in the centre understood their roles and responsibilities and were clear in relation to accountability and reporting lines. The inspectors found that a formal induction policy was implemented for all new staff members including training in the centre's care framework and this was evidenced on the personnel files.

The inspector found that staff members were committed to the young people in placement and there was a strong focus on building trusting relationships with the young people. The inspectors found there was a system in place to undertake exit interviews with staff leaving the service and the regional manager confirmed that information from such interviews informed the services staff recruitment and retention policy.

Supervision and support

The inspectors found there was a clear supervision policy in place and staff received regular supervision in line with the centre policy. The centre manager and the deputy manager shared responsibility for supervising the staff team. Staff supervision sessions were scheduled in advance. The inspectors examined a random sample of six staff supervision files including the centre manager's supervision records. All files contained a supervision contract. A record of the supervision process was maintained and signed by the supervisor and the supervisee. The supervision process focussed on a review of key work, placement plans, policies and procedures, training and development, reflective practice and staff performance. There was evidence of a review of actions identified at previous supervision sessions.

The inspectors found there were good systems in place to support effective communication within the team. Handover meetings were undertaken once a day when staff members were coming on duty in the centre. The inspector attended a

handover meeting and found there were effective information systems in place for handover of relevant information and planning for the following twenty four hours. Staff meetings were scheduled every three weeks. Records of staff meetings were inspected and staff attendance and participation in team meetings was good. The inspectors found that the team-based approach to working was promoted through regular team meetings, reflective learning and good communication systems in place. Staff feedback to the inspectors indicated the team felt supported in their work by the internal and external managers.

The inspector found that staff had access to appropriate supports to manage the impact of working with young people in care. The centre had a number of support mechanisms in place that included debriefing following serious incidents, on call support and access to an employee assistance programme if required. The inspectors found there were formalised procedures in place for on-call arrangements at evening and weekends.

The regional manager confirmed that the service had access to external advisors to ensure that all statutory provisions in relation to employment law were adhered to. There were no disciplinary procedures initiated against any staff member at the time of the inspection.

Training and development

The inspectors found that staff in the centre were facilitated and supported to attend training and education, including refresher training. All staff had completed the core training in Children First National Guidance, fire safety and behaviour management training and staff were first-aid trained. The service psychologist had completed training with the team on the services care framework and had a scheduled date for refresher training. The psychologist had commenced training for the team to develop an attachment based approach in their work to build on their therapeutic approach to working with the young people in placement. Staff interviewed demonstrated a good understanding of the services care framework and the newly introduced attachment based approach to working with young people.

Senior staff had a clear role and responsibility to mentor, support and encourage staff to develop their skills and practices and avail of learning opportunities and reflective practice. Staff were encouraged and supported to learn from their colleagues within the residential centre and to share learning between centres.

The centre manager maintained a record of all training undertaken by the staff in the residential centre. Training needs were identified in supervision and other service meeting forums. The inspectors found that the service managers responded appropriately to meet the training needs identified.

Administrative files

The inspectors were satisfied that centre records and administrative files were well organised and maintained appropriately. There was evidence of robust oversight of centre records by the centre manager, the regional manager and the client services manager.

There were clear financial management systems in place in the centre which involved the use of petty cash and receipts. The inspector found that these systems ensured accountability in relation to expenditure in the centre. Records were also maintained of monies provided to the young people for pocket money and clothing allowances. There were no reported concerns in relation to the expenditure or accounting for finances at the centre. The centre manager and staff interviewed confirmed there were adequate financial resources to meet the needs of the young people in placement.

The centre managers were aware of the requirement to keep care records in perpetuity and they had systems in place to ensure all centre records were maintained in a secure manner.

3.2.2 Practices that met the required standard in some respect only

None identified.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

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

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

3.5 Planning for Children and Young People

Standard

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

3.5.1 Practices that met the required standard in full

Contact with families

Contact with families was good and staff facilitated and supported this contact including contact with extended family members. Family contact was considered and discussed in the care planning process. A record of family contact and outcome of this contact was also maintained on the individual care records. Where family contact was supervised the young people were aware of reasons for this.

Supervision and visiting of young people

The social workers visited the young people at the centre and confirmed they were facilitated to meet the young people in private. The staff maintained a record of all social work visits on the individual care files. One of the young people told the inspectors that they would like more frequent visits from their social worker. The social worker indicated that they undertook a visit to the centre every six months however the young person wanted more regular visits from their social worker. The inspectors found that while the social work visits were in accordance with the timeframes set out in the legislation the young person required more frequent access to an external advocate. The social worker concerned informed the inspector that they had now established a new visiting schedule that would ensure more frequent face to face contact. There was evidence that the supervising social workers for the other young people visited the young people on average on a monthly basis.

There was evidence that social workers were facilitated by staff to read the young person's care file and daily logs held at the centre.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

The social workers confirmed that they were provided with a copy of absence management plans, behaviour support plans and monthly progress reports. There was evidence that statutory reviews were taking place and there were other professionals meetings to ensure on-going monitoring and support of the young people's placement. Inspectors found that inter-agency and inter-disciplinary issues that arose were appropriately and formally addressed by the relevant managers and social work staff. Young people and their parents were invited to participate in the care plan review process. Three of the four social workers were satisfied that the young people they were supervising were well cared for in the centre and that staff were providing a good standard of care. One of the social workers interviewed by the inspector felt the centre was unable to provide the required therapeutic care required by the young person they had placed in the centre as outlined earlier in this report.

Emotional and specialist support

The inspectors found that each of the young people had allocated key workers who spent individual time with them. The young people were encouraged and supported to attend external therapists and/or support groups specific to their needs. One young person required intervention from CAMHS however was not accepted for referral to the local service due to their relocation from their original community care area. This issue is an on-going concern for the inspection service where young people cannot access the adolescent mental health services in the area they are residing in.

The service had appointed a new psychologist in October 2018 and to date they had reviewed and updated the therapeutic plans or functional assessments in respect of three of the four young people in placement. The therapeutic plans for the young people aged up to sixteen years outlined their emotional needs while the functional assessments focussed on the assessment the needs of the young person for leaving care. There was evidence the psychologist had provided guidance and direction to the team to assist them in responding to complex and challenging behaviour displayed by some of the young people.

Preparation for leaving care

The inspectors found evidence of staff supporting the young people to develop independent living skills in key work records. A number of staff had completed an on-line after care training programme to support them in this work. The staff team had access to a range of relevant resources to guide them in their work to prepare young people for leaving care. Young people living in the centre participated in household tasks and were supported by staff to develop a range of life skills.

Discharges

The centre had a policy relating to discharges from the centre and endeavoured to ensure young people were discharged in a planned way. There were no discharges from the centre since the last inspection however the centre had given notice of discharge to the Child and Family Agency in respect of one of the current residents. The centre staff assessed this young person's needs as requiring an alternative type of residential placement with lower occupancy levels.

The young person was aware of their impending discharge and spoke to the inspectors about the anxiety they were experiencing at this time while awaiting an alternative placement. Following the on-site inspection the inspector spoke with the social worker who confirmed that the service had sourced an alternative placement that was approved by the national placement team and a transition plan was to be developed to support the young person's move. The inspectors found that the centre staff and external managers were committed to the young person and to source a placement to meet their specific therapeutic needs.

Aftercare

The Child and Family Agency had a written policy on its aftercare provision. The policy outlined all aspects of supports and entitlement for a young person leaving the care system. Two of the young people in placement were at the appropriate age for referral to the Tusla aftercare services and social workers indicated that these referrals would be submitted following their next statutory care plan review. One of the young people in placement had an allocated aftercare worker and the social worker informed the inspector that the young person was referred to their local aftercare strategy meeting in April 2019 to consider their accommodation needs on leaving care. The written leaving care plan was to be finalised following this meeting and forwarded to the centre. The social worker confirmed that they would forward a copy of the leaving care plan to the centre staff when finalised.

Children's case and care records

The social workers interviewed confirmed to the inspector that they maintained a permanent, private and secure record of the young people's history and progress in care.

The inspectors found that the individual care files were well organised and maintained to facilitate effective management and accountability. Records were written in a clear professional manner. All staff recently received training in report writing. There was evidence throughout the files and the centre records that young people's views were sought and responded to appropriately. Following a review of the care files the inspectors noted that the care files in respect of two young people did not contain the relevant or up-to-date care orders. The inspectors found evidence that the centre manager had made efforts to secure this information. The relevant social workers must ensure the centre is provided all the relevant statutory information.

Overall the files were well organised and information could be easily accessed and was in chronological order. There was evidence that care files were subject to an auditing process by the regional manager.

The inspectors were satisfied that care files and centre records relating to former residents were appropriately archived.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The centre had a clear admissions policy and three of the four young people were in placement for a significant period of time prior to the admission of the fourth young person. The national placement team and the supervising social workers provided the centre with adequate information about the young people in advance of their placement. The inspectors found that young people were provided with written information describing all aspects of the centre. The three young people interviewed by the inspectors understood the reason for and purpose of their placement and were able to discuss these matters with their social workers and key staff in the centre.

The inspectors found the placement mix was challenging for staff and young people alike and was not conducive to providing conditions for therapeutic recovery for all of the young people in placement. While impact risk assessments had been completed prior to acceptance of the most recent referral the inspectors found that the staff

team did not have the capacity to meet the needs of all of the four young people in placement due to their competing and complex needs and a newly formed team who were at the early stages of developing a specific therapeutic approach to working with such young people. At the time of issuing this report the young person of concern was moved to an alternative and more appropriate placement.

The service managers must have more robust and informative decision making processes in place in order to ensure the skill set and levels of experience of their staffing teams are adequate to meet the needs of a new admission in addition to the young people already placed in the centre.

Statutory care planning and review

The inspectors found that three of the four young people were subject to a statutory care plan review within the required timeframes set out in the regulations. One young person was due a statutory care plan review however the scheduled date had recently been cancelled and a subsequent date had not been identified at the time of the inspection. The supervising social worker for this young person confirmed they would identify a date for a statutory review as a matter of priority.

Two of the young people did not have updated care plans on file following their statutory care plan review meeting. There was evidence on file that outstanding care plans had been requested by the centre manager. The supervising social workers must ensure that the updated care plans are forwarded to the centre in a timely manner.

The inspectors found that behaviour support plans, absence management plans, risk assessments and placement plans were regularly updated in relation to all the young people in placement and were placed on their individual care files. The placement plans for the young people were comprehensive and evidenced where goals were achieved or not and the required actions. Individual key work records were examined by the inspectors and they found that key work was linked to the goals and identified needs set out in the placement plans.

Young people in placement were encouraged and supported to attend their statutory care plan reviews and/or complete consultation forms to ensure their input into the meeting.

Monthly progress reports were completed and forwarded to the allocated social workers. These reports outlined aspects of the young person care that went well, aspects that required continued attention and specific goals for the following month.

Social workers stated these reports were informative and helped the track the young person's progress.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

-Part IV, Article 23, Paragraphs 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

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

Required Action

- The service managers must have more robust and informative decision making processes in place in order to ensure the skill set and levels of experience of their staffing teams are adequate to meet the needs of a new admission in addition to the young people already placed in the centre.
- The supervising social workers must ensure that the updated care plans are forwarded to the centre in a timely manner.
- The supervising social worker for one of the young people must identify a date for a statutory review as a matter of priority.

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

The inspectors found that education was valued by staff and each young person was supported to participate in education, training or employment opportunities in line with their abilities. Educational, training and employment opportunities were identified for each young person and where young people were excluded from their school and vocational training programmes. The staff and relevant social workers were engaged with the local education and welfare officer where required. One of the young people were working towards completing a State examination in June 2019.

Two of the young people were out of education at the time of the inspection. One was excluded from their placement and another young person refused to attend. The inspectors found that the young people were supported to achieve their potential in learning and development and staff and key workers worked with each young person to identify their individual interests, strengths and abilities. Where young people were not attending school staff in the centre had put in place other learning and development opportunities in consultation with the young person. There were clear expectations and routines in place when young people refused to attend their school or training placements.

There was evidence that communication was good between the centre staff, the social workers and the various schools and vocational training programmes the young people were involved in to ensure the young person achieved their educational goals. Key staff attended all relevant schools meetings and maintained regular engagement with school staff. The inspectors found that staff worked hard to support and maintain educational placements.

A record of the young people's educational or training progress was maintained as part of their care record that included certificates of achievement, educational assessment reports and remedial assistance provided. There was evidence that staff sought educational assessments for the young people where required and these reports were evident on the care files.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

None identified.

3.9.2 Practices that met the required standard in some respect only

The young people in placement had a medical examination on admission to care. Written consent to medical care was evident on three of the four care files inspected. The centre manager must ensure that the outstanding consent to medical care is secured on the relevant file. Each young person had access to a general practitioner. Medical cards were held on file. Records of all medical appointments were maintained on file. There was evidence that staff encouraged and facilitated the young person to attend their medical and other specialist appointments as required. The young people's registered general practitioners indicated they had no concerns in relation to the attention paid by staff to the young people in looking after their health needs. The general practitioners indicated on the completed inspection questionnaires that they were provided with the young people's previous medical history and the necessary information to attend to their medical needs.

Satisfactory vaccination records were obtained and on file for one young person residing in the centre however the inspectors found that vaccination records were not sufficient in respect of the other young people in placement. The centre manager must secure the outstanding vaccination records and liaise with relevant social workers should the young people require follow up vaccinations. The young people had access to ancillary health services if necessary such as dental and ophthalmic or other specialist services.

The young people's physical and mental health needs were outlined in their care plans. The inspector found staff were proactive in meeting the young people's health needs. Staff encouraged healthy lifestyles for young people by promoting healthy food and there was evidence that one young person had benefitted from this and they were eating a healthier diet. Staff also provided appropriate health education key work sessions in areas such as smoking cessation, alcohol and substance misuse, sexuality and relationships and this was evidenced in key work and individual work records.

The centre had a written policy that prohibited staff and young people smoking in the centre or when sharing transport. Three of the four young people smoked cigarettes and staff had in the past implemented programmes to discourage the young people from smoking. The inspectors advised that the centre manager revisit smoking cessation programmes with the young people.

The inspectors found that medication management practices were good. There were significant developments in the management of medication over the past twelve months. A medication management policy had been developed within the organisation and staff had undertaken training in the safe administration of medication. Each child had a health record booklet on file. There were systems in place in the centre to report medical errors should they occur.

The centre maintained a medication file for each young person with their photograph for identification purposes. There were clear systems in place for the recording of the administration of medication. The care records contained a clear record for each individual young person of all medication administered, both prescribed and across the counter in accordance with best practice.

Medication was stored in a safe manner. Medicine cabinets were locked and placed in a secure location and each young person's medications was stored in individually labelled boxes. The inspector found that some medications continued to be stored following the treatment of a specific medical condition. The centre manager must ensure that regular audits are undertaken of the medicine cabinet to ensure that all medications are disposed of when the specific condition has been treated.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 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 20, Medical Examinations*.

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services)*.

Required Action

- The centre manager must ensure that the outstanding consent to medical care is secured on the relevant file.
- The centre manager must secure the outstanding vaccination records and liaise with relevant social workers should the young people require follow up vaccinations.
- The centre manager must ensure that regular audits are undertaken of the medicine cabinet to ensure that all medications are disposed of when the specific condition has been treated.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.5	The service managers must have more robust and informative decision making processes in place in order to ensure the skill set and levels of experience of their staffing teams are adequate to meet the needs of a new admission in addition to the young people already placed in the centre.	When a centre has a vacancy the organisation links in with the national placement team with regards to a suitable profile for a young person they feel may suit the mix of the current young people placed in the centre. The client services managers screen referrals when they are received based on this assessment and will only send a referral to the regional and unit manager if they feel that they may be a suitable fit. This decision is informed by the current young people in residence and their needs as well as the staff team make up and experience. Should the unit manager and regional manager deem that the young person referred would be a suitable mix for the current residents and the skill set of the staff team they will then start the next step of the process	While the unit is registered for four young people we believe it is best practice to allow a settling period before the admission of a new young person. This has taken place since the time of the inspection and we remain at 3 young people currently and will now start to review referrals that may be appropriate using the system that we have in place and ensuring consultation. The decision to admit a young person into the centre is always based on striking a balance between the best interests of the young people in placement and those of the young person requiring a placement. This is first and foremost what informs the decision making process across the organisation.

		<p>which is the preadmission risk assessment and what is needed to care for and work with the young person and this is submitted to the placement team for review. If the organisation identifies particular needs for the young person that may require additional training then this is provided prior to admission as part of a team preparation day with the company psychologist or trainers. This is to ensure that the staff team have the relevant information and training in order to meet the needs of the young person and continue to manage the current residents in situ. As part of this process an impact risk assessment is completed for the current young people in residence and sent to the relevant social workers to review. This is reviewed by all current residents social workers. Internal extra training of the staff teams now includes:</p> <ul style="list-style-type: none">• A day in the life of social care worker• Basic care / care framework• Placement plan and key worker	
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	<p>The supervising social workers must ensure that the updated care plans are forwarded to the centre in a timely manner.</p> <p>The supervising social worker for one of the young people must identify a date for a statutory review as a matter of priority.</p>	<p>training</p> <ul style="list-style-type: none"> • Managing risk • STORM training • ASIST training <p>The young person in question has since been discharged.</p> <p>The unit manager has followed up with the social work team and is awaiting a date for the statutory review.</p>	<p>As part of our internal auditing system care plans are reviewed in line with statutory requirements and the unit manager will liaise with social work teams to request the up to date version of the care plan and also highlight a care plan review due based on requirements.</p> <p>As above.</p>
3.9	<p>The centre manager must ensure that the outstanding consent to medical care is secured on the relevant file.</p> <p>The centre manager must secure the outstanding vaccination records and liaise with relevant social workers should the young people require follow</p>	<p>This was archived away at the time of inspection and has been retrieved and is now on file in young person's medication folder.</p> <p>Email sent in April 2019 requesting outstanding vaccination records.</p> <p>One young person's records have since been obtained and another has been</p>	<p>Monthly audits have been amended to ensure continuous review of key documents and that these can be evidenced on file.</p> <p>The organisation has an admissions checklist which includes these records as one of the documents required for the young people on admission. All social</p>

	<p>up vaccinations.</p> <p>The centre manager must ensure that regular audits are undertaken of the medicine cabinet to ensure that all medications are disposed of when the specific condition has been treated.</p>	<p>requested.</p> <p>Monthly audit of medication cabinet to ensure that all medication that is being stored is currently in use.</p> <p>Unused medications returned to pharmacy and sign off sheet completed and on file.</p>	<p>workers receive this list at the young person's admission meeting.</p> <p>The organisation provides all staff with medication management training and the importance of disposal is highlighted in this. It is mandatory that all staff attend this training and regular refreshers. Where any deficits are observed with respect to medication management, the centre is required to participate in additional medication management training.</p>
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