



An Ghniomhaireacht um
Leanáí agus an Teaghach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 123

Year: 2018

Lead inspector: Lorraine O' Brien

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Positive Care
Registered Capacity:	Four young people
Dates of Inspection:	17 September 2018
Registration Status:	Centre I.D. number 123 was duly removed from the register on 03 December 2018
Inspection Team:	Lorraine O' Brien Paschal McMahon
Date Report Issued:	04 December 2018

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1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. The centre was granted their first registration in December 2016. They were registered without conditions attached from the 22 December 2016 to 22 December 2019.

The registration of a centre is granted by on-going demonstrated evidenced of adherence to the regulatory and standards framework and assessed throughout the permitted cycle of registration. 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. This unannounced inspection was initiated on the 17th of September 2018 as part of the ongoing review of the centres compliance with national standards. A number of high risk incidents were reported to the inspection service through the significant event notification system that evidenced an increasing concern in relation to the large volume of relief staff and staff from other centres covering the roster.

The inspection service followed up with the service to monitor progress made in relation to service improvement. The inspection service met with the two national client service managers on the 13th of August 2018 in order to review the application of the strategies to address the issues identified and be informed of the changes in the organisations governance structure. The organisation gave a commitment to ensure

processes would be put in place to support safe and responsible staffing levels and that the capabilities and experience of the staff team would be considered to inform these decisions. Following an assessment of the evidence gathered from incident reports the inspectors were not satisfied that the service were making sufficient progress to remedy the issues identified or were putting structures in place speedily enough to prevent them reoccurring.

The inspection was specifically themed around the examination of the centre's management and governance practices and their oversight responsibility to ensure the young people were safe, their needs were being met and to establish if adequate numbers of experienced staff were in place. There were two young people resident in the centre at the time of the inspection. The centre were in their first registration and were in year two of the cycle.

The themes of the inspection focused on standard 1 'purpose and function', sections of standard 2 'management and staffing' and sections of standard 5 'planning for children and young people' of the National Standards for Children's Residential Centre's (2001).

1.2 Methodology

This report is based on a number of specific inspection techniques including:

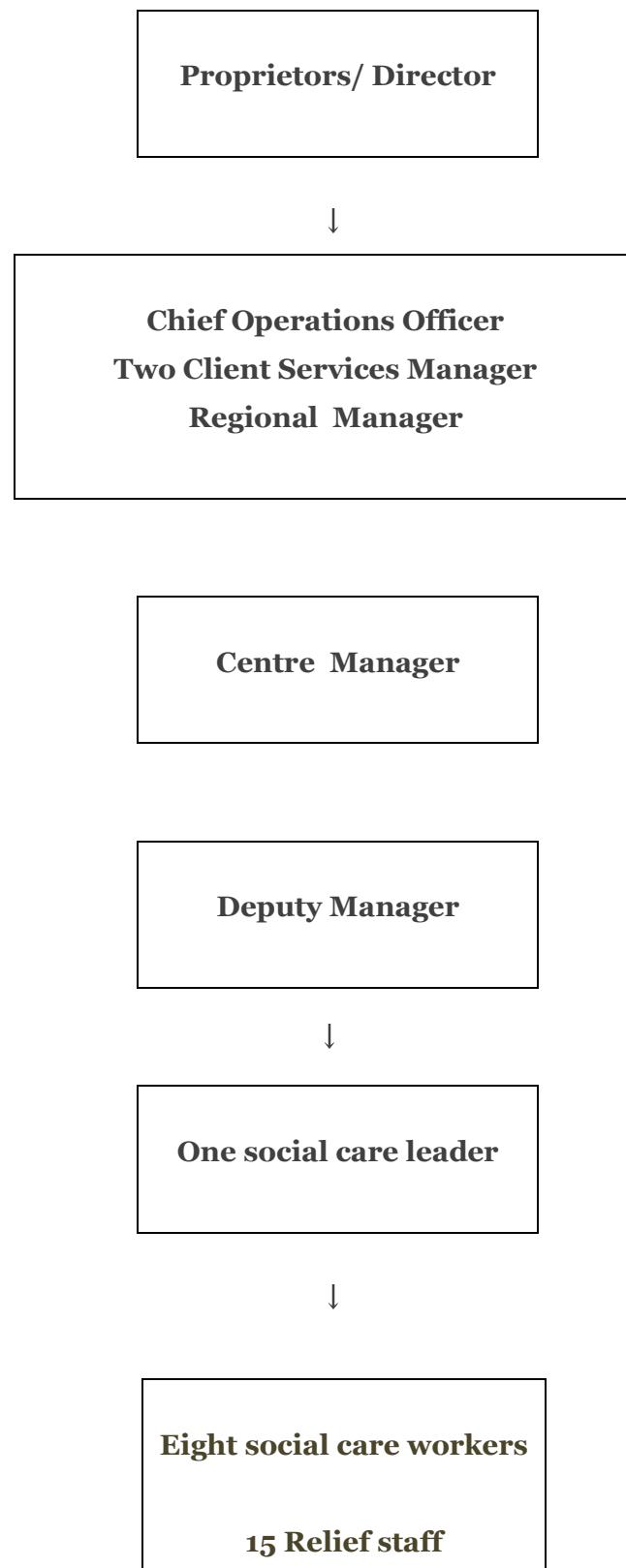
- ◆ An examination of the centre's recording systems focusing specifically on:
 - Sample of young people's care records
 - Training records
 - Rosters
 - Management meeting minutes
 - Internal quality audits and action plans
 - Significant event notifications
 - Referral and admission information
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) Three staff members

- c) The two young people resident in the centre
 - d) A principal Social Worker for one young person
 - e) A Guardian Ad litem for one young person
 - f) The lead inspector
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

At the time of this inspection the centre was registered from the 22nd of December 2016 to the 22nd of December 2019.

Following a number of identified issues in relation to the capacity of the service to operate in accordance with the regulations the inspectorate met with senior managers and confirmed the issues in writing on the 20th of August 2018. Whilst it was acknowledged that both managers provided a written response and were committed to try addressing the shortfalls, the inspection service remained unassured of the effectiveness of the strategies being implemented to improve the quality of care provided. This was confirmed by the findings of the follow up visit which was carried out on Monday the 17 September 2018.

On the 24th of September 2018 the registration panel proposed to remove the centre from the register. This decision was taken in accordance with Part VIII Article 61(b) (II) of the Child Care Act 1991.

The inspection service found continued non-compliance in relation to the following regulations:

Management

The centre manager and external managers satisfy themselves that appropriate and suitable care practices and operational policies are in place, having regard to the number of children living in the centre and the nature of their needs. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 5.*

Staffing

The centre has adequate levels of staff to fulfil its purpose and function. Staff are qualified and have the ability to communicate effectively with children. There is a balance of experienced to inexperienced staff on the team to carry out their duties. The centre aims to have at least one qualified staff member at child care leader level on each shift. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 6.*

The centre were informed in accordance with the relevant statutory instrument that they could within 21 days of receiving the notice make representation in writing to

the inspection office. They were also advised of their right to appeal the decision to the District Court under section 62 of the Child Care Act 1991 within 21 days of receipt of the notice.

A draft inspection report was issued to the centre manager, regional manager the relevant social work departments on the 02 October 2018. 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 management team provided a CAPA and representations to the inspection service promptly and within this time scale. The inspection service then met with the senior management team to discuss and clarify their representations.

The chair of national registration panel whilst finding the content of the representations appropriate determined that the time taken to achieve the required service improvement would be inordinate. In light of same the panel considered that the centre would be unable to operate in accordance with the required standards under its current statement of purpose and function and proceeded to remove the centre from the register under Article 61 (5) (II) of Part VIII, Child Care Act 1991. Centre I.D. number 123 was duly removed from the register from Monday, December 3rd, 2018.

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

None identified.

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

The centre had a written statement of purpose and function. At the time of the inspection the statement described the centre as providing medium to long term care for four young people, aged from 13 to 17 years on admission and of both genders.

The centres statement was available to staff, parents and young people. The statement listed the key policies and made reference to the provision of individual therapeutic programmes of care to meet the specific needs of the young people. These programmes of care were to be based on the assessed needs of the young people.

The centre opened in December 2016 and immediately experienced difficulties implementing their purpose and function. They admitted two young people of high risk and need within a short time of each other and without giving the staff team time to establish themselves. From the continued monitoring of the service and during this follow up visit to the centre the inspection service found that the placement of young people in the centre without having adequate staffing levels or competency continued to be an issue. The limited level of experience of staff was not adequately assessed by the senior management team when considering the suitability of the most recent admissions.

In the course of this follow up inspection the inspectors found that after a year and nine months the centre continues to be non-compliant with their own stated purpose and function. Evidence of this could be found by the fact that:

- The centre's statement stated that the centre provide a stable management and staff team. The centre had three changes of centre managers since it opened with the current manager recently resigning. The service reported that six staff had resigned since the beginning of the year, all of which created a transient staff team.
- The centre's statement stated that the centre provide therapeutic care to young people, however one of the young people did not have any therapeutic plan nor did either have up to date care plans on file.
- The staffing levels were significantly inadequate given the agreed staffing complement that was necessary to safely care for the two young people resident in the centre. The centre was dependent on a large pool of relief staff and staff from other centres to fill gaps in the roster in an effort to meet the required staffing levels. There was evidence of a high level of staff injury and sick leave in the centre.

Required Action

- The organisation's senior management team must ensure that the quality of care provided by the centre accurately reflects the statement of purpose and function.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

None identified.

3.2.2 Practices that met the required standard in some respect only

Management

The manager was appropriately qualified, experienced, had worked with the organisation for over six years and had been in their current position for four months. They had responsibility for the day-to-day management of the centre which included attending staff meetings, handovers, staff supervision and the review of young people's placements, records and reports. The centre had undergone a number of operational and management changes since the centre opened. The senior management structure had changed; the centre manager was the third since the centre opened in December 2016 and there were a number of staff changes and young people discharged.

The findings of the inspectors were that given the needs of young people the staffing compliment was not sufficient for the manager to run the centre safely or to have the space to provide adequate support and guidance to the staff team. The centre manager reported to the regional manager who had taken up the role two months previously. The centre manager was supported in their role by a deputy manager who was out on injury leave at the time of the follow up inspection. One young person required 2:1 staff supervision and support and this was agreed and funded by the Child and Family Agency. From staff and young people's interviews and a review of centre rosters the inspectors found that on numerous occasions the 2:1 staff/young person ratio was not provided.

The role of the regional manager and client services manager was to oversee the development and the day to day operational activities. Their role included staff recruitment and management oversight of the staff roster. They had responsibility for maintaining oversight of staff training and development which was done in consultation with the centre manager. They also had responsibility to maintain an operational link with the manager, to offer support and direction and where necessary to appraise themselves on all aspects of the young people's care. The inspectors found that while there were systems in place to oversee the centre they were not effective in addressing issues requiring action. It was evident from the documents furnished and a review of the centres records that the directors failed in their duty to ensure that appropriate and suitable care practices and operational policies were in place. Of primary concern to the inspectors was the application of staff resources that did not meet the standards required.

Poor systems for oversight and governance of the centre especially in relation to providing a consistent and experienced team resulted in the inability of the centre to

operate to its own policies and procedures and resulted in non-compliance in relation to the following regulation:

Management

The centre manager and external managers satisfy themselves that appropriate and suitable care practices and operational policies are in place, having regard to the number of children living in the centre and the nature of their needs. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 5.*

3.2.3 Practices that did not meet the required standard

Staffing

During the first inspection to the centre after it opened in December 2016 the management team accepted the inspection services findings that staffing resources were not allocated as effectively as they should have been and they put in systems to make improvements. Despite some improvements made, during this follow up visit and from recent correspondence and meetings with the senior management team the inspectors found that again staffing resources were not allocated as effectively as they should have been. As part of a previous inspection the inspection service found that the service directors must ensure that prior to the submission of placement proposals to the National Placement Team that they have an adequate core staff team with the relevant experience. During this follow up visit and from the ongoing review of incidents provided to the inspection service, inspectors found that a young person was admitted to the service contrary to having an adequate core staff team with the relevant experience.

The staff team were committed and the majority were trained but the majority were also newly recruited to this centre and very inexperienced. One young person had very complex needs and the second young person was described as experiencing severe trauma; a mix of young people that would require the skills of a very experienced team to meet their needs. One social care leader and eight social care workers were employed at the centre, which was insufficient to provide a 3:2 staffing ratio. Two staff members through interview stated that they considered that they struggle to provide 2:1 staffing for one young person and one staff felt on average this was provided just over half of the required time. The inspectors found through the review of incidents that team were supported by 15 relief staff and four staff from other centres within the organisation had worked in this centre. When speaking to the inspectors the young people stated that they had good relationships with some of

the staff team but found the volume of different staff working in the centre difficult. The management team informed the inspection service that there had been six staff resignations since the beginning of 2018 and the centre manager had recently tendered their resignation. There were five staff injuries during this time some that required hospitalisation.

The findings of the inspectors were that the current staff roster did not facilitate the delivery of consistent care to the young person. Due to staff shortages on occasions the roster required staff to work two shifts of forty eight hours which consisted of 14 hour days with 8 hours for sleepover duties. The centre manager and staff were clear that the roster impacted on the programme of care for the young people and that all statutory provision in relation to employment law was not being adhered to.

There was evidence that the centre's staffing compliment was contrary to safe and reasonable practice with inadequate consideration given to the vulnerable position the organisation were putting staff in and the lack of robust supervision and quality of care being provided to the young people. The organisation also did not balance the capacity in terms of experience of the staff teams with the care needs of the young people. This put the young people resident in the centre at risk.

The regional manager discussed the response and strategies put in place to address the negative impact for the young people resident. Policies were being reviewed by an independent company and the referral, assessment and admission procedures were being considered. The centre manager had resigned and the regional manager stated that they would be replaced as soon as possible.

The inspection service found non-compliance in relation to the following regulation:

Staffing

The centre has adequate levels of staff to fulfil its purpose and function. Staff are qualified and have the ability to communicate effectively with children. There is a balance of experienced to inexperienced staff on the team to carry out their duties. The centre aims to have at least one qualified staff member at child care leader level on each shift. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 6.*

3.2.4 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 6, Paragraph 2, Change of Person in Charge
-Part III, Article 16, Notification of Significant Events.

The centre did not meet the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***
-Part III, Article 5, Care Practices and Operational Policies
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)

Required Action

- The company directors must evidence that the organisation has effective governance structures in place in order to meet its obligations with regard to compliance with the regulations and standards and ensure appropriate and suitable care practices and operational policies are in place.
- The company directors must ensure that a permanent and experienced manager is assigned to the centre. This must be evidenced in writing to the Registration and Inspection Service.
- The service directors must satisfy themselves that the centre manager is provided with staffing resources to undertake their management duties.
- A robust structure must be put in place that would adequately provide a consistent and experienced staff team in order to avoid compromising the quality of care the young people receive and the safety and welfare of the staff team.
- Senior management must aim to have at least one staff member who is qualified to child care leader level consistently on each shift.
- The service directors must ensure that they are compliant with its responsibilities and agreements in relation to additional staff/young person ratios.
- All statutory provision in relation to employment law must be adhered to.

3.5 Planning for Children and Young People

Standard

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

3.5.1 Practices that met the required standard in full

None identified.

3.5.2 Practices that met the required standard in some respect only

Suitable placement and admission

The centre was registered to cater for four young people aged 13 – 17 on admission accessing the service on a medium to long term basis for the provision of care and protection. At the time of the inspection there were two young people resident in the centre.

The inspectors interviewed the centre manager, three staff members, the two young people resident in the centre and reviewed centre records. They found that the centre did not have adequate staffing to admit a second young person as the centre were already struggling to fill the agreed 2:1 staffing complement for the young person already resident in the centre. The inspectors found that the decision to move a second young person into the centre without having the staffing provision to meet their needs made the situation more chaotic and evidenced poor governance oversight.

There was a number of serious incidents reported to TUSLA Child and Family Agency and concerns were raised by the centre management themselves in relation to the ability of the centre to adequately provide care and protection for one of the young people. During the unannounced inspection carried out on the 17th of September 2018 the inspectors found evidence to support the finding that there was validity to the centre managers concerns as the external management systems were not sufficiently robust in order to provide oversight that appropriate and suitable care

practices and operational procedures to be maintained, specifically in relation to the appropriate admission and care of young people to the centre.

The inspectors spoke with both young people and found that they had experienced chaos and disruption in their placement over the past few weeks due to inadequate staffing numbers and experience levels. The inspectors concluded that a robust structure needed to be put in place that would adequately provide a consistent and experienced staff team in order to avoid compromising the quality of care the young people received and the safety and welfare of the staff team. One young person required 2:1 staffing and with the admission of a second young person these levels were not maintained despite agreement with the social work department.

The inspectors found evidence that despite a significant amount of information available to the management team about the potential risks surrounding the admission of a second young person there appeared to be a lack of acknowledgement of the potential challenges and increase of risk by not providing sufficient staffing numbers and level of experience.

The inspectors found evidence that the young people in the centre had a level of vulnerability and risk due to their complex set of needs which intensified due to the staff team not having the capacity to manage their needs. The inspectors found that the senior management team were not clearly and consistently linking the negative impact of staffing shortages, levels of inexperience, amount of significant changes of staff on a daily basis in the centre and the lack of the agreed 2:1 staffing for one young person was having on the young people's care and the management of them. The inspection team found that interventions that the organisation outlined to the inspection service did not provide sufficient support to staff and the young people at the speed required.

In order to reduce the risk the management team notified the inspection service that they had issued immediate discharge of the young person that was resident in the centre for over a year. They stated that this was due to a combination of factors with the risks continuing to escalate between the two young people, staff refusing to work in the centre, staff out sick due to injuries and then coupled with the resignation of the centre manager. The inspectors confirmed that the decision to admit a second young person three months previously to an environment of instability impacted on the viability of both young people's placements and did not demonstrate good governance practices.

Statutory care planning and review

Neither young person had an up to date care plan on file. While there was evidence that a number of professional meetings had taken place in relation to the young people a statutory review had not taken place in line with the regulations. The social workers must ensure that the placements are supported by a statutory comprehensive written care plan and statutory care plan review in line with regulations and standards and the care plan is circulated to the young person, family members and relevant professionals in a timely manner.

This caused difficulty for the centre in developing a placement plan that identified appropriate tasks and goals for the young people. The Child and Family Agency social work departments must ensure that placements are supported by statutory comprehensive written care plans and statutory care plan reviews in line with regulations and standards and these are provided to the centre in a timely manner.

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 3and4, 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.

Required action:

- The placing social worker must ensure that a care plan and the decisions of the statutory child and care review minutes are forwarded to the centre manager as a matter of urgency.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.1	<p>The organisation's senior management team must ensure that the quality of care provided by the centre accurately reflects the statement of purpose and function.</p>	<p>The purpose and function statement have been reviewed and now identify and are explicit in what the service can provide to the young person. It will describe the type of presentations we can cater for, the age group, experience of the team, the Care Framework and internal supports and resources.</p> <p>The Care framework has been reviewed and amended by our new Psychologist Dr S C who has simplified the content for teams to guide and assist them to understand key concepts and strategies for delivering a consistent standard of care when working the young people in our service. The purpose and function will also outline the new admission process with robust risk assessments completed on the team's capabilities and functions and the supports inserted by the senior managers to support the services.</p>	<p>To ensure compliance with the centre purpose and function and to avoid deviating from defined evidence informed care planning, risk assessments will now be attached to each purpose and function to highlight any changes within the house to be reviewed weekly by senior management in consultation with the unit manager.</p> <p>For the newly appointed COO to meet weekly with the Unit Manager, Regional Manager and CSM to discuss placements, risk assessments, placement plans and team supports.</p> <p>The new admission process to risk assess team experiences and capabilities and highlight co key working team before admission based on experience.</p> <p>For the purpose and function to be reviewed in line with any changes or decisions made</p>

			<p>centrally or locally. The company is in the process of recruiting a Quality of Care Coordinator to ensure there is a dedicated department focused on maintaining standards and quality in accordance with relevant legislation to audit and ensure compliance with internal policies, processes and protocols and external standards. They will report directly to the COO/CEO.</p>
3.2	The company directors must evidence that the organisation has effective governance structures in place in order to meet its obligations with regard to compliance with the regulations and standards and ensure appropriate and suitable care practices and operational policies are in place.	<p>New Policies and Procedures (91) have been drafted and finalised. This project has spanned over 15 months and 2 weeks of training will be delivered to the Childcare managers. The focus of this training is to revisit standards and regulations and their link to our new policies and auditing processes. We hope to finalise the training piece by year end and then move to working directly with our teams in the new year.</p> <p>A restructure in our Senior Management team has seen the appointment of a new COO, psychologist and the creation of a Quality Assurance role within the company</p> <p>An enhanced definition of roles and responsibilities will ensure a more proactive approach to risk management as it relates to</p>	<p>The service structures in place as preventative measure as follows;</p> <p>Daily review of all significant events by the Unit Manager, Regional Manager, Client Services Manager and the Chief Operations Officer. Actions and follow up is completed.</p> <p>All significant events are commented on by Unit Managers and Regional Managers.</p> <p>Weekly meeting for 1 hour per region with the Client Services Manager, Regional Manager and the relevant Unit Managers for that region. A clear agenda is set to look at staffing, planning for young people, risk management , supports etc and to ensure effective communication and support through all tiers of management. This is recorded with actions and timeframes.</p>

	<p>the care of young people in our service..</p> <p>In line with the new appointments we now have a new system and reporting structure in place to support the daily monitoring, reflection and planning taken place from the service to the SMT. The overarching values associated with the new structure is a culture based on critical reflection and continuous learning at every level of the organisation.</p>	<p>Unit Managers complete monthly audits that are overseen by the Regional Managers and Reviewed by the CSM and COO for quality assurance. Regional Managers complete monthly audits of their centres also and a report is provided with actions and timeframes and areas requiring attention. (These audits have been reviewed and redrafted in line with new policies and procedures and new quality indicators)</p> <p>Weekly departmental meetings occur with the relevant departments – Maintenance , Recruitment , Finance , Training , and HR.</p> <p>We have now established a Regional Manager with Designated Responsibility function to ensure consistent performance accountability across auditing, workforce planning, health and safety and effective resource allocation.</p> <p>The Client Service Manager and COO are provided with copies of all actions and minutes and ensure follow up and actions are completed.</p> <p>Unit Managers are supervised monthly by the Regional Manager where all aspects of their centre is reviewed.</p> <p>Regional Reviews take place monthly</p>
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			<p>between Client Service Manager and Regional Manager</p> <p>Quarterly quality of care strategy meetings are held with Regional Managers , Chief Operations Officer and Client services managers to complete a 360 on all services and operations and in ensuring compliance and learnings are discussed</p> <p>Monthly SMT meetings are completed with all department heads.</p> <p>The service is committed to the training and development of all staff teams and staff with potential and experience to progress. The service has clear progression and succession plans in place and identifies those with management potential and criteria working towards management positions.</p> <p>We will endeavour to ensure appropriate structures are in place in relation to management in all of our services. Any changes to management will be notified to registration and inspection at all times.</p> <p>The service will take a more proactive approach to staffing resources, the weekly communication structure with Unit Managers</p>
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			<p>ensures effective workforce planning and resource allocation is both consistent and fully compliant with relevant standards. This will feed into the recruitment department and be actioned. This allows preplanning in relation to changes in centres and young people.</p> <p>Referrals will only be submitted when additional contracted staff have been identified and will be in place prior to admission. Any unique staffing arrangements will be pre-planned in advance as much as is possible and fixed term contracts will be offered to ensure consistency with these specific staffing arrangement.</p> <p>Daily monitoring of recruitment needs will be completed at CSM and RM levels.</p> <p>The admission process has also been reviewed and changes made at risk assessment/impact stage in order to capture a more rounded view of risk within each type of service.</p> <p>A robust and intensive induction is underway with this newly appointed Unit Manager. As cited she has worked in our service for 7 years</p>
	<p>The company directors must ensure that a permanent and experienced manager is assigned to the centre. This must be</p>	<p>A suitably experienced and qualified manager has been identified to oversee and run the centre since the time of the inspection in an</p>	

	<p>evidenced in writing to the Registration and Inspection Service.</p>	<p>Acting Capacity. This Manager has worked with the service for 7 years and 5 of which have been in a management role from Social care Leader, Deputy Manager and Acting Unit Manager positions. This Manager has been offered this role in a permanent capacity and has accepted and committed to same.</p>
<p>The service directors must satisfy themselves that the centre manager is provided with staffing resources to undertake their management duties.</p>	<p>In light of the recent inspection, we have now restructured our systems to facilitate a collaborative approach between the service managers, recruitment department and</p>	<p>The Regional Manager with Designated Responsibility(RMDR) liaises with all other Regional Managers to identify current and potential staffing needs taking into account</p>

	<p>senior childcare managers on a weekly basis in order to capture any changes and required and allow for planning and training.</p> <p>All teams will now be trained in our new Care Framework, policies and quality assurance processes. With the new restructure in our Senior Management Team the focus will be on risk, decision making, communication and quality using a prescribed judgement framework which will guide those whom are in positions of responsibility/accountability to make the correct and safe choices. We do believe that going forward our judgements will be examined in a structure whereby there is collaboration and supports rather than in isolation.</p>	<p>any employees intention to leave, stepping into alternative position, maternity leave etc. Occupancy and needs of the house also is considered and discussed during these weekly meetings.</p> <p>The RMDR provides an update to the Recruitment Manager outlining the staffing requirements for all the units and discusses any related requirements.</p> <p>Both the RMDR and the Recruitment Department meet weekly to discuss broader strategic goals as they relate to recruitment and retention. The RMDR will generate a report based on the staffing levels, areas of concern and strategic goals as determined by both the RMDR and the Recruitment Manager. The report is provided to the Client Service Manager for review by close of Business on Thursday each week. Auditing is a means of evaluating our internal controls. Maintaining an effective system of internal controls is vital for achieving a company's business objectives and ensures a consistent quality of care is delivered in accordance with Standards and Legislation. Every Manager in Positive Care is responsible for auditing</p>
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			<p>standards both formally and informally. The role of the RMDR is to ensure consistency and quality at the level of Regional Manager Audit. The RMDR along with all Regional Managers work collaboratively with Unit Managers to ensure auditing is recognised as a valuable and necessary tool to ensure the highest quality of care is delivered to young people residing with Positive Care. The RMDR reviews the regional audits on a weekly basis against Positive Care's policies and procedures for consistency and quality. The RMDR takes the lead on steering the quality of audits at both the UM and RM level to ensure a clear distinction between qualitative and quantitative analysis capturing all aspects of operational procedures and practices. The RMDR in consultation with other Regional Managers and the Client Service Manager agree a thematic approach to auditing. Unit Managers will be provided with regular brief skype workshops orientating the centres to the methods applied in the auditing process. The RMDR will provide the Client Service Manager with a fortnightly trends and themes</p>
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	<p>A robust structure must be put in place that would adequately provide a consistent and experienced staff team in order to avoid compromising the quality of care the young people receive and the safety and welfare of the staff team.</p> <p>Senior management must aim to have at least one staff member who is qualified to child care leader level consistently on each shift.</p>	<p>An appointment of a new Deputy Manager and CCL is underway and people have been selected for interview.</p>	<p>There is a core staff team in the unit at present all with varying degree of expertise and experience. All team members have worked with us over at least 12 months and are suitably qualified and trained. The centre also has team members that have worked with the service for up to 3 years. However our intention is to continue to enhance the skillset of the team through continuous training and development in line with the requirements of the service and the needs of the young people. There are a sufficient amount of experienced and qualified staff to ensure a high level of support on shifts. The needs of the service and the team in the centre in relation to training and skills will be supported by the new structures in place to ensure that this remains at a sufficient level. As cited above we have now restructured our systems to facilitate a collaborative approach between the service managers, recruitment department and senior childcare managers on a weekly basis in order to capture any changes and required and allow for planning report for review.</p>
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	<p>The service directors must ensure that they are compliant with its responsibilities and agreements in relation to additional staff/young person ratios.</p> <p>All statutory provision in relation to employment law must be adhered to.</p>	<p>Work Rules have now been inserted into a newly reviewed Time Management System with Advance systems in consultation with our HR Department and CEO/COO. All contracts and rosters will now be approved and compliant with employment law. This work will be completed by the 23rd of November.</p>	<p>and training. This will be taken into account with the appointment of any new staff members along with considering the young people's needs, the staff members' qualifications, experience and training needs.</p> <p>This will be monitored closely by all levels of management to ensure compliance across the service.</p>
3.5	<p>The placing social worker must ensure that a care plan and the decisions of the statutory child and care review minutes are forwarded to the centre manager as a matter of urgency.</p>	<p>There is only 1 young person in situ at present and a copy of her care plan has been requested from the social work team and there was a child in care review held on 5/10/2018</p>	