



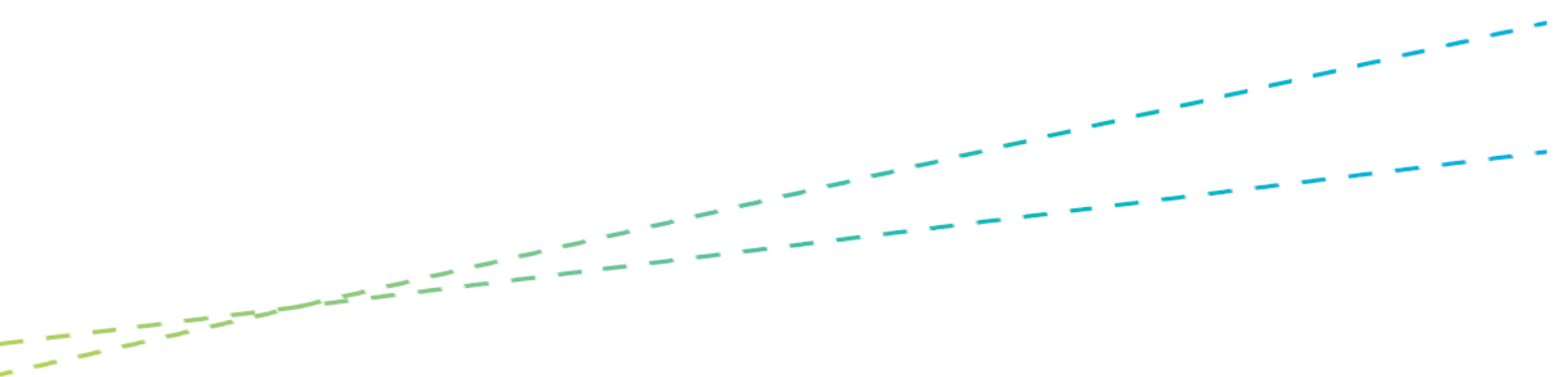
**An Ghníomhaireacht um  
Leanaí agus an Teaghlach**  
Child and Family Agency

## **Alternative Care - Inspection and Monitoring Service**

### **Children's Residential Centre**

**Centre ID number: 129**

**Year: 2019**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>TerraGlen Residential Care Services</b>
<b>Registered Capacity:</b>	<b>4 young people</b>
<b>Dates of Inspection:</b>	<b>18<sup>th</sup> and 19<sup>th</sup> February 2019</b>
<b>Registration Status:</b>	<b>Registered 16<sup>th</sup> August 2017 to 16<sup>th</sup> August 2020</b>
<b>Inspection Team:</b>	<b>Catherine Hanly Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>2<sup>nd</sup> April 2019</b>

# Contents

<b>1. Foreword</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
<b>2. Findings with regard to Registration Matters</b>	<b>8</b>
<b>3. Analysis of Findings</b>	<b>9</b>
3.2 Management and Staffing	
3.6 Care of Young People	
3.7 Safeguarding and Child Protection	
3.8 Education	
<b>4. Action Plan</b>	<b>21</b>

## 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 August 2017. At the time of this inspection the centre were in their first registration and were in year two of the cycle. The centre was registered without attached conditions from 16<sup>th</sup> August 2017 to the 16<sup>th</sup> of August 2020.

The centres purpose and function was to accommodate four young people of both genders from age twelve to seventeen years on admission. Their approach to working with young people was described as relationship-based derived from pro-social modeling and attachment theories. There were three young people residing in the centre at the time of the inspection.

The inspectors examined standards 2 'management and staffing', 6 'care of young people', 7 'safeguarding and child protection' and 8 'education' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 18<sup>th</sup> and 19<sup>th</sup> of February 2019.

## 1.2 Methodology

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

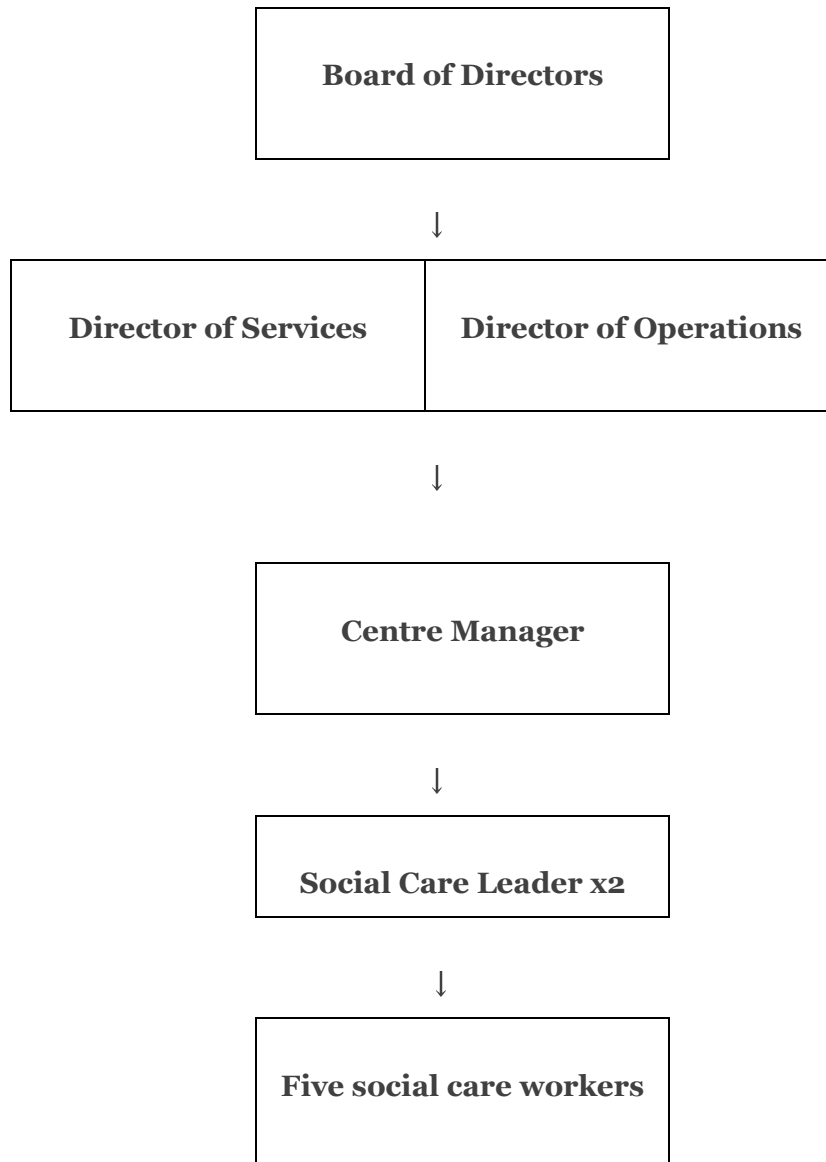
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.

- ◆ An examination of the questionnaires completed by eight of the care staff
  
- ◆ An examination of the centre's files and recording process.
  - Three young people's care files
  - Centre registers
  - Minutes of team and management meetings
  - Significant event review group minutes
  - A sample of staff personnel files and supervision records
  - Management audit folder
  
- ◆ 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) Four staff members
  - c) Two of the young people
  - d) The director of operations
  - e) Representatives from two of the three social work teams (inspectors are awaiting a date to speak with the third social work team)
  
- ◆ Observations of care practice routines including staff hand over 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

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 8<sup>th</sup> of March 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 22<sup>nd</sup> of March 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: 129 without attached conditions from the 16<sup>th</sup> August 2017 to the 16<sup>th</sup> August 2020 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 16<sup>th</sup> August 2017 to the 16<sup>th</sup> August 2020.



## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

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

#### 3.2.1 Practices that met the required standard in full

##### **Management**

The centre was being managed by an appropriately qualified person that had been in post for over one year at the time of this inspection. Inspectors found evidence that the centre manager was knowledgeable about all relevant aspects of service provision. They had a strong presence in the centre and were consistently available to the staff team and young people. The manager had good systems of oversight in place that enabled them to be knowledgeable about all practice matters and the direction of planning for young people. These systems included daily presence in the centre, attendance at team and management meetings, participation in statutory care reviews and additional care planning strategy meetings, regular liaison, oversight of the delivery of the key work task and reviews of placement progress. Whilst supervising social work departments acknowledged that there was regular and open communication between themselves and the team, they did comment that on occasion the same message was shared with staff members and the manager suggesting that perhaps internal communication systems were not as effective as they could be. In addition, it might be useful for social work and centre management to clarify the thresholds for consultation and outline broad circumstances when the team can make decisions and 'hold the risk' which are inherent in the provision of residential care.

The external management structure and associated oversight systems in place had experienced further changes since the last inspection with the commencement of a new director of operations. Inspectors found evidence of the implementation of external systems of oversight and governance, including monthly audits, visits by the directors to the centre, monthly management meetings, reviews of records onsite and regular significant event reviews. Inspectors recommend that a more focused approach on outcomes for young people as measured against their stated goals within individual placement plans would be beneficial.

## **Supervision and support**

Inspectors reviewed a sample of supervision records and found that these were completed within the timeframes outlined in the centre's policy on supervision. Records consistently evidenced attention by the manager to self-care, delivery of tasks within each staff members specifically identified role, support to staff and effective time management to ensure completion of all tasks. There was consistent and focused attention to young people's placement plans, their goals within same and the interventions by staff delivered in key working to try to achieve these.

Team meetings took place on a fortnightly basis and daily shift hand over also occurred. The manager was almost always present at these forums to ensure good transfer of information and a consistent approach to care delivery by the care team which was evidenced within these records and others reviewed by inspectors.

The staff team reported high levels of support and availability by the centre manager in particular. Additional professional support mechanisms are available to the staff team should they require it.

Staff members had recently been issued with new contracts of employment in compliance with revised working time act legislation. The realisation of the legislation in practice had not yet occurred at the time of this inspection though centre management were actively working towards this.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Staffing**

The staffing compliment at the time of the inspection was two full time social care leaders and five full time social care staff. All, with the exception of one with a psychology qualification, had social care qualifications and the staff team overall had a mix of type and length of social care experience. Inspectors found that the staff team demonstrated a good capacity to engage with young people and work on the development of positive relationships. Supervision records demonstrated a strong encouragement by the manager to develop individual skill set. Inspectors found that the centre had adequate staffing levels to fulfil their purpose and function however there had been two of occasions whereby staffing levels had impacted on prompt return of young people from missing in care episodes. Whilst a measure of providing for additional staff had been put in place to provide support to this team, it was reported to inspectors that an unfortunate coincidence meant that these staff were not available on the two occasions required. Management will have to devise a more secure support mechanism in the event of it being required again.

The centre were able to provide for a staff member qualified and experienced to child care leader level on each shift and the manager was attentive to the various factors at play when devising the rota.

The organisation has an identified Human Resource officer that is responsible for ensuring vetting and reference checks are completed in advance of employment. Inspectors reviewed the two full time staff members' file that had been recruited since the last inspection of this centre. This review found that one staff member had only two references on file and did not have a copy of their qualification on file. The manager subsequently located the third reference and provided this to inspectors for review. The manager will need to ensure that the qualification is secured for the file and should conduct a thorough check of all files in future to ensure they are complete.

Formal inductions are completed for all new members of staff and records of these are maintained indicating the dates of induction. Inspectors found that for one staff it noted that they had completed the training required but had not included the dates of the various training. This should be consistently recorded.

### **Training and development**

The manager stated that senior management and a dedicated Human Resource officer within the organisation are responsible for overseeing the delivery of training and ensuring, through an online database system, that all mandatory training is kept up to date. All staff completed training in the following areas in 2018 - physical intervention, first aid, fire safety, report writing, model of care, supervision, and safe administration of medication. Some training is scheduled for 2019 and other training/information sessions, specific to the needs of young people, is planned. Staff members identified a range of specific learning and development areas that they felt would benefit them in their direct work with the young people. Inspectors noted that some supervision records highlighted that although additional guidance was required on occasion in a specific area of practice for newer staff, for example in relation to the role of the key worker, this had not been followed through on within the timeframes committed to. Inspectors recommend that management conduct a robust training and development needs analysis for the entire staff team and use this to prioritise training and development needs.

### **Administrative files**

Inspectors found that the recording systems in the centre were well organised and facilitated effective management and accountability. There was evidence of the manager and one of the directors having regular oversight of records and

commentary where deficits were identified. However inspectors noted that in some records that had been signed off by management deficits in grammar and spelling, which made some records difficult to understand, had not been picked up on. This had relevance also in significant event reports and had been highlighted with the manager. The manager and senior management will need to ensure closer attention to content when reviewing records. Records pertaining to young people are returned to allocated social work teams at the time of their discharge from this centre. The centre maintained clear financial records and had recently implemented a new system of recording petty cash. Financial records were overseen by both the manager and senior management.

### **3.2.3 Practices that did not meet the required standard**

None identified.

### **3.2.4 Regulation Based Requirements**

The centre had met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***  
***-Part III, Article 5, Care Practices and Operational Policies***  
***-Part III, Article 6, Paragraph 2, Change of Person in Charge***  
***-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***  
***-Part III, Article 16, Notification of Significant Events.***

### **Required Action**

- The centre manager must ensure that where actions relating to staff development are identified, these are delivered on within a reasonable timeframe.
- Centre management must ensure that all personnel files demonstrate compliance with full vetting requirements.
- The centre manager must conduct a robust training needs analysis and ensure that actions identified within this are responded to within a realistic timeframe.
- Centre management must ensure a more thorough attention to deficits identified in records at the centre and the correction of same.

## 3.6 Care of Young People

### **Standard**

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

### **3.6.1 Practices that met the required standard in full**

#### **Individual care in group living**

Inspectors found evidence of good attention to individual needs and care in this centre. Frequent and persistent efforts were made by the staff team, guided by the manager, to consult with young people and ensure that their views and voice were reflected in all aspects of their life in this centre including daily and weekly activity plans, family access arrangements, and more broadly their placement plans.

Birthdays and other festive occasions were celebrated in the centre with young people being provided with opportunities similar to those of their peers.

Inspectors found evidence of individual work on matters of personal hygiene and health needs and recommend that this area of care provision be given more focused attention and oversight by management to increase the likelihood of progress for young people.

#### **Provision of food and cooking facilities**

Inspectors found that young people had plentiful access to nutritious and appetising food and individual preferences were taken into account when meal and menu planning. Young people were encouraged to develop healthy eating habits and efforts were made to create shared positive social experiences at daily meal times. In keeping with their pro social model approach to care delivery and in order to portray a realistic representation of what would be available within a home environment, inspectors recommend that the centre take a more measured approach to the food choices available to young people.

#### **Race, culture, religion, gender and disability**

Inspectors noted that young people were provided with opportunities similar to those of their peers including activities, celebration of birthdays and access to friends and family members. Some structured pieces of work had been done with young people

on the matter of bullying however inspectors did note within records that elements of this behaviour had persisted and thus would benefit from a more targeted approach to ensure a clear message of non-acceptance.

Young people in the centre at the time of this inspection chose not to practice their religion overtly however were offered support and encouraged to do so should they wish.

The manager and staff team demonstrated a clear understanding of the importance of family in respect of a young person's identity. The centre had a written policy on recognising diversity and the young people inspectors spoke with acknowledged that the staff team were supportive of their individual identities and were open to learning more about them and their heritage.

### **Restraint**

The centre had a written policy on the use of physical intervention and the manager stated that all staff had completed the required training in this method. This training was provided by the organisations' director of services who is a certified trainer in the method utilised by the centre. Physical restraint had not been used in this centre and it was highlighted in the centre's policy that it would be used only as a last resort. Individual crisis management plans indicated whether or not physical intervention could be used and if so, what specific interventions were appropriate in consideration of all known and individual factors.

### **3.6.2 Practices that met the required standard in some respect only**

#### **Managing behaviour**

The centre's stated approach to behaviour management is positive behaviour support which the manager identified as being linked to their pro social model. Inspectors did find evidence that this approach was being realised in practice with lots of positive reinforcement and limited use of sanctions being applied. The two young people inspectors spoke with had a clear understanding of the behaviours expected of them. The manager described the use of behaviour support management plans (BSMP), regularly updated individual crisis management plans (ICMP), and therapeutic relationships with young people as informing and guiding staff practice in supporting young people to learn to manage their own behaviours. Inspectors found that whilst there were several BSMP's on file for each young person, and ICMP's were regularly updated, overall the records demonstrated that there had been little, if any, notable change to the absconding and risk-taking behaviours that young people were engaging in outside of the centre. Other behaviours that young people engaged in such as self-isolating and limited social interaction also remained largely

unchanged despite the application of this positive behaviour support and additional tools. Inspectors noted that some BSMP's were not specifically targeted at addressing the problematic behaviour or moving towards its 'extinction' which is the aim of the positive behaviour support approach, rather the interventions identified were more generalised around the behaviour. These plans require more refinement to ensure they are appropriately targeting the problematic behaviour and are effective in realising goals. ICMP's whilst adequately detailed in identifying the various interventions to be utilised at each stage of the crisis cycle, should be reviewed to ensure that the behaviours listed within reflect the current presentation of each young person. Issues and triggers no longer relevant should be removed when reviewing these plans. Inspectors were of the view that more structure to young people's daily plan would be of benefit in terms of creating a better focus on achieving realistic placement goals.

Significant events are reviewed by management and the staff team on a regular basis for the stated purpose of learning. Inspectors reviewed a sample of the minutes of these meetings and noted that whilst these reflected a review of current issues for each young person, they did not reflect a review of specific significant events analysed against the individual BSMP and ICMP highlighting antecedents, interventions and outcomes. Management must ensure a more focused review of events considering this feedback and alter plans and approaches based on learning from these reviews.

The centre had a written policy on anti-bullying and staff members had undertaken pieces of work with young people when bullying had presented as an issue. Bullying was not tolerated at the centre and several pieces of work had been completed on an individual basis with the young people. Elements of this type of behaviour had re-occurred in recent times prior to this inspection and the manager had purchased a guidebook to assist staff in educating and working with young people on the matter of bullying.

The centre did not have a written policy on the use of sanctions, and the manager stated that sanctions are used minimally and in direct correlation to the behaviour being displayed. Inspectors found from a review of records that sanctions had been used however their effectiveness in managing some of the behaviours was not apparent. The centre must devise a specific policy on the use of sanctions that is consistent with promoting the developmental needs of young people. The review of sanctions by the manager should carefully examine their effectiveness and thus determine their continued use.



### **Absence without authority**

The centre had a detailed policy on unauthorised absences which provided clear direction to staff in categorising a missing episode and the actions to be followed in such an event. This policy provided specific detail regarding the development of individual absence management plans, agreements with allocated social workers, and who was to be notified on each occasion of an absence.

There had been a high level of absences, categorised as missing child in care (MCIC), by two of the young people in this centre since the time of the previous inspection in May 2018. There had been notable spikes in periods of absences with other periods of no absences being reported. In January 2019 for instance, one young person had fifteen recorded episodes of MCIC and a second young person had nine. Inspectors found that the staff team and manager had followed agreed procedures for each of the young people on every episode of absence and had communicated frequently with all relevant persons, including the Gardaí, family members, social workers and on-call management. Risk assessment matrix had been utilised to inform the development of absence management plans (AMP). Inspectors noted that despite high levels of absences and over extended periods of time and with additional risks inherent, one young person's risk assessment within their AMP identified a low risk rating. When this was highlighted with the centre manager they reviewed this document and noted that the use of the risk matrix had been completed incorrectly and confirmed that this had been since rectified. The manager will need to continue to review such documents for accuracy.

Records demonstrated evidence of staff members and the manager repeatedly trying to encourage young people to cease this behaviour, explain the risks inherent in it, and to understand the reasons for it. Strategy meetings had been convened between centre and social work management for each of the young people in an effort to manage these behaviours.

Inspectors found that centre and social work management were not familiar with the HSE/Garda joint Protocol on Children Missing from Care with regard to the frequency of missing episodes and the correlated strategy meetings to examine management prevention. Strategy meetings had not been convened by the local area Gardaí as was required by this Protocol. Inspectors requested that the centre manager compile a summary list of missing from care episodes and note the timeline and forward this to the Garda Liaison Officer in the local area to be acted on.

### **3.6.3 Practices that did not meet the required standard**

None identified.



### **3.6.4 Regulation Based Requirements**

The centre had met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

*-Part III, Article 11, Religion*

*-Part III, Article 12, Provision of Food*

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

#### **Required Action**

- All behaviour management plans should be reviewed for effectiveness and to ensure that they are adequately focused on the behaviour that requires to be addressed.
- Significant event reviews must clearly demonstrate a reflection on antecedents, interventions and outcomes.
- The centre must devise a written policy on sanctions and ensure that sanctions are reviewed regularly for effectiveness.
- Centre management must review their risk assessment matrix that informs absence management practices.
- Centre and social work management must take action to convene the necessary strategy meetings for missing children in care.

### **3.7 Safeguarding and Child Protection**

#### **Standard**

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

#### **3.7.1 Practices that met the required standard in full**

The centre had a written policy on safe practice which placed emphasis on the responsibility of all staff to conduct themselves in a professional manner at all times and to monitor their colleagues practice and interactions with young people. This policy was complimented by good safe care practices including consistent staff supervision, advocacy for young people, and access for young people to external professionals and family members, and social work visiting. Staff consistently referenced vetting, and safe recruitment practices as well as access to Empowering People In Care (EPIC) and the Ombudsman for children in their questionnaires. Staff consistently reported that they were encouraged to question one another's

practice although this was not clearly evident in records of team meetings reviewed or in the shift hand over observed by the inspector.

The centre had developed a Child Safeguarding Statement (CSS) and had shared this with the Child Safeguarding Statement Compliance Unit (CSSCU) in Tusla to ensure that it was fully compliant with requirements. Feedback had been provided by this Unit and, at the time of this inspection, the centre manager was awaiting sign off on the CSS having made the identified amendments. Once complete, this will need to be incorporated into the centre's policy document. This document will also need to be shared with the staff team through induction and training programmes as not all staff were familiar with the statement or its purpose.

### **3.7.2 Practices that met the required standard in some respect only**

#### **Child Protection**

##### ***Standard***

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

The centre had a written child protection policy and detailed procedures in relation to action to be taken in the event that a child protection matter was identified.

Inspectors reviewed this policy and found that it was confusing and contradictory in some respects, specifically regarding the role of the Designated Liaison Person (DLP) and the responsibilities of Mandated Persons under Children First 2015. This policy document will need to be reviewed and amended ensuring clarity.

The information provided in staff questionnaires and interviews also evidenced that staff did not have a clear awareness of their role as a Mandated Person and did not clearly demonstrate an understanding of their responsibility to report child protection concerns. All information was being filtered through the DLP, in this centre, the manager who was making a determination to report or not. On occasions, the manager had consulted with allocated social workers or the director of operations, rather than acting independently and in good faith when concerns had presented. Inspectors noted that there were a number of incidents recorded for two of the young people that had elements which could arguably be interpreted as child protection concerns. Inspectors recommended that the manager retrospectively compile a composite report for each young person detailing the child protection concerns and submit this via the online portal and informed the respective social

workers of this recommendation. The manager acted on this immediately following the onsite inspection. Whilst the staff team had completed the e-learning Children First, inspectors recommend that centre management prioritise child protection training for the entire management and staff team.

Inspectors recommend that the staff teams understanding and application of legislation and centre policy in the area of child protection be incorporated into the centre's auditing processes.

### **3.7.3 Practices that did not meet the required standard**

None identified.

#### **Required Action**

- Centre management must prioritise child protection training for the staff and management team.
- Centre management must review and amend the child protection policy on completion of relevant child protection training.
- Centre management to ensure that the audit systems in place examine the understanding of child protection and compliance with current practice expectations in line with Children First guidance.

## **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 importance of education in this centre was emphasised in the statement of purpose and function, which stated that securing an education or work placement was a priority for each young person residing in this centre in order to assist in the acquisition of an important skill set for adulthood.

The three young people residing in the centre at the time of the inspection each had an educational or training placement however only one of them was consistently attending and engaging positively in theirs. Records evidenced very good communication with education service providers and efforts to coordinate this work. Educational assessment reports were on file where they had been completed and one

young person was in the process of completing an updated assessment. This was being coordinated between the centre, the social work team and the school and the staff team were cognisant of the need for additional supports for this young person.

Significant efforts had been made by the staff team to secure appropriate educational or training placements for the two other young people. These efforts were cognisant of the young person's wishes and demonstrated responsiveness to hearing their expressed views. Tutoring and educational hours, via the Educational Welfare Officer were some of the options being explored and pursued for the young people not engaging in their existing placements. However the staff team may need to consider altering their approach to increase the likelihood of these young people engaging in the services offered to them. In addition, inspectors noted that whilst substantial efforts had been put into securing formal educational and training courses, there was very little evidence of efforts to complete educational pieces in the centre with those not engaging in their formal placement in line with the centre's own policy. The educational assessment reports on file could be used as guides to tailor specific pieces of education that young people may engage in. Inspectors recommend that management and staff review this area of practice and endeavour to develop more successful educational outcomes.

### **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.

## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>The centre manager must ensure that where actions relating to staff development are identified, these are delivered on within a reasonable timeframe.</p> <p>Centre management must ensure that all personnel files demonstrate compliance with full vetting requirements.</p> <p>The centre manager must conduct a robust training needs analysis and ensure that actions identified within this are responded to within a realistic timeframe.</p>	<p>SCM has implemented an Employee Professional Development &amp; Training Needs Analysis into each personnel file.</p> <p>Outstanding reference for one SCW emailed to Inspector on the 4<sup>th</sup> March. This reference was received and verified on the 25<sup>th</sup> July 2018. All personnel files now demonstrate compliance with full vetting requirements.</p> <p>SCM has implemented an Employee Professional Development &amp; Training Needs Analysis to each personnel file. Training needs will be discussed at individual supervision and a timeframe identified.</p>	<p>SCM will review this template with staff during supervision to ensure that actions relating to staff development are identified and delivered within a reasonable timeframe. DoO will have oversight of this format during monthly audits.</p> <p>SCM to bring personnel files to individual supervision and check at each supervision that the staff member's personnel file is in order. Director of Operations to audit personnel files in Monthly Audit check.</p> <p>SCM to record training needs in each personnel file and ensure that these needs are responded to within a realistic timeframe. SCM to update training programme on digital docs which is overseen by DOS, DoO and HR.</p>

	Centre management must ensure a more thorough attention to deficits identified in records at the centre and the correction of same.	The SCM will continue to work closely with staff members and identify action plans with them to help with their grammar, spelling etc in report writing.	SCM to pay special attention to staff members that require additional support with paperwork and provide them with the time and support to complete paperwork through regular supervision every three weeks.
<b>3.6</b>	<p>All behaviour management plans should be reviewed for effectiveness and to ensure that they are adequately focused on the behaviour that requires to be addressed.</p> <p>Significant event reviews must clearly demonstrate a reflection on antecedents, interventions and outcomes.</p> <p>The centre must devise a written policy</p>	<p>SCM reviewed and updated all YP's BSMPS with keyworkers in supervision in March.</p> <p>Completed</p> <p>The organisation has devised a policy on</p>	<p>The effectiveness of each BSMP was discussed with each keyworker in supervision. A more realistic/effective action plan has been identified in each BSMP. A review sheet has been attached to each BSMP to ensure regular updating and reviewing of BSMPS. Updated BSMP's to be discussed at next team meeting (29.03.19) All staff members to read and sign each BSMP on file.</p> <p>SERG on the 15.03.19 focused on the areas identified by inspectors as well as strategy/approach moving forward. SERG meetings moving forward will focus on the above points to ensure a more structured review of events.</p> <p>A policy on sanctions has been</p>

	<p>on sanctions and ensure that sanctions are reviewed regularly for effectiveness.</p> <p>Centre management must review their risk assessment matrix that informs absence management practices.</p> <p>Centre and social work management must take action to convene the necessary strategy meetings for missing children in care.</p>	<p>Sanctions. This Policy includes: Definition, Standard, Policy, Procedure, Prohibited Sanctions, Permitted Sanctions, Restorative Action, Removal of Possessions, Exclusion from the group/activity, Deferring of Activities.</p> <p>SCM reviewed the risk assessment matrix that is currently in place within the centre and submitted a copy of same to inspectors.</p> <p>A strategy meeting was scheduled for one young person on the 25.01.19. This meeting was initiated by SCM. The SW for a second young person is currently following up on a strategy meeting for them.</p>	<p>implemented at the centre. A sanction record will also be introduced to all units across the service on the 3<sup>rd</sup> April. This register will ensure oversight and consistency of sanctions by SCM on a regular basis.</p> <p>Policy on Sanctions will be discussed in detail with the staff team at Team meeting dated 26.03.19.</p> <p>As per document submitted, all risk assessments that was devised since January 2019 where deemed med-high risk.</p> <p>SCM and SW to work collaboratively together to identify when a strategy meeting needs to be convened on behalf of a YP.</p>
3.7	Centre management must prioritise child protection training for the staff and management team.	Completed – Child Protection training organised for all staff within this centre. The Child Protection Portal was discussed in detail at team meeting 01.03.19 by SCM.	Child Protection training received on the 15.03.19. This training was provided by DOS. Please find attached a list of attendees for this training. Certs for

	<p>Centre management must review and amend the child protection policy on completion of relevant child protection training.</p> <p>Centre management to ensure that the audit systems in place examine the understanding of child protection and compliance with current practice expectations in line with Children First guidance.</p>	<p>Director of Service will amend Child Protection Policy after providing training to all units across the service in Child Protection - as recommended by inspectors.</p> <p>SCM will ensure all staff are competent in their understanding of child protection by assessing competence verbally in supervision and monitoring of execution of CPN's. Monthly DoO audit will confirm compliance.</p>	<p>personnel files have been requested by SCM.</p> <p>Completion date – 31.03.19</p> <p>Initiated immediately and will be an ongoing quality assurance measure.</p>
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