



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

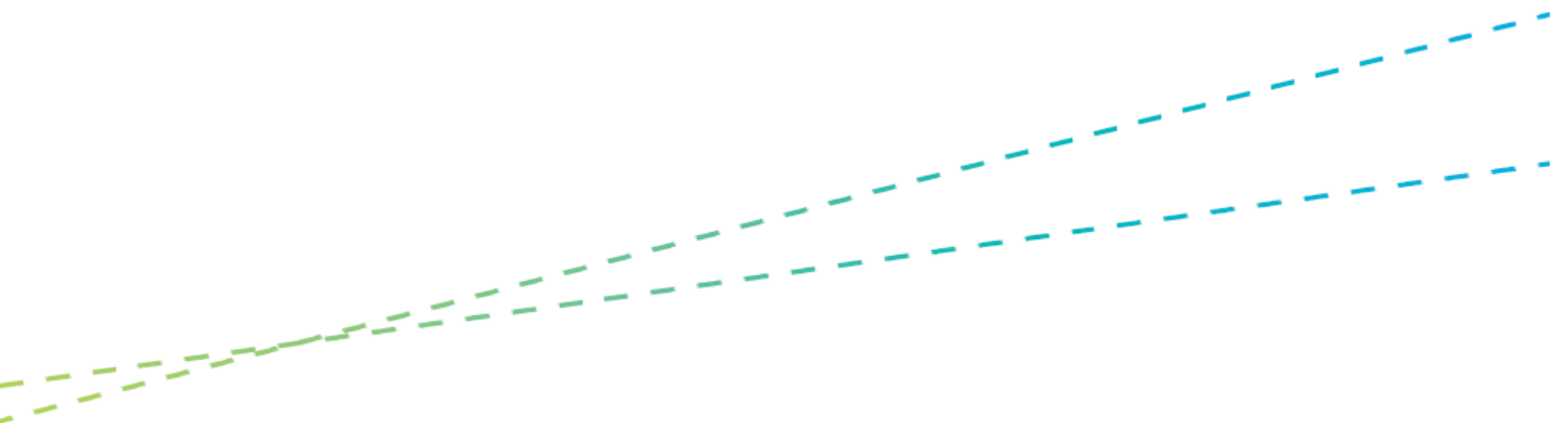
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 131

Year: 2018

Lead inspector: Lorna Wogan

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Registration and Inspection Services
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:	2018
Name of Organisation:	Compass CFS Ltd
Registered Capacity:	Two young people
Dates of Inspection:	19th and 20th of February 2018
Registration Status:	Registered from the 15th of September 2017 to the 15th of September 2020
Inspection Team:	Lorna Wogan
Date Report Issued:	09th July 2018

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	10
3. Analysis of Findings	11
3.2 Management and Staffing	
3.5 Planning for Children and Young People	
4. Action Plan	27

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 September 2017. At the time of this inspection the centre were in their first registration and were in year one of the cycle. The centre was registered without attached conditions from the 15th of September 2017 to the 15th of September 2020. This was the first inspection visit following the registration of the centre in September 2017 as there were no admissions to the centre up to February 2018.

The centre's purpose and function was to accommodate two young people of both genders from age thirteen to seventeen years on admission. This centre was established to provide short to medium-term care for young people that required a low occupancy setting in order to stabilise problematic behaviour. The centre's care approach was underpinned by the principles of social pedagogy with a focus on learning, teaching and providing consistency of care from key adults. A primary focus of the work with young people was informed and guided by the understanding of attachment patterns observed in young people. The adults also focused on the existing strengths of each young person and sought to develop their sense of internal control and self-efficacy.

There was one young person in placement at the time of the inspection. The young person was recently admitted to the centre following a planned transition from their previous placement. Overall the inspector found the service was at an early stage of development and many of the established administrative and operational practices within the company were not fully embedded thus could not be evaluated at the time

of the inspection. The management and staff team were recently established and were at a very early stage of identity and development.

The inspector examined standards 2 ‘management and staffing’ and 5 ‘planning for children and young people’ of the National Standards For Children’s Residential Centres (2001). This inspection was announced and took place on the 19th and 20th of February 2018.

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:
 - a) Chairperson of the board of management
 - b) Chief executive officer
 - c) Regional residential services manager
 - d) Deputy residential service manager/lead pedagogue
 - e) Four activity pedagogues
 - f) The social worker with responsibility for young person/people residing in the centre.

- ◆ An examination of the centre's files and recording process.
 - personnel files
 - supervision records
 - training records
 - care file
 - handover records
 - staff roster
 - centre register
 - daily logbook
 - register of significant events
 - team 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) Regional residential services manager
 - b) Senior clinical psychologist
 - c) Residential service manager
 - d) Deputy residential service manager/lead pedagogue
 - e) Two activity pedagogues
 - f) A social worker
 - g) Guardian ad litem

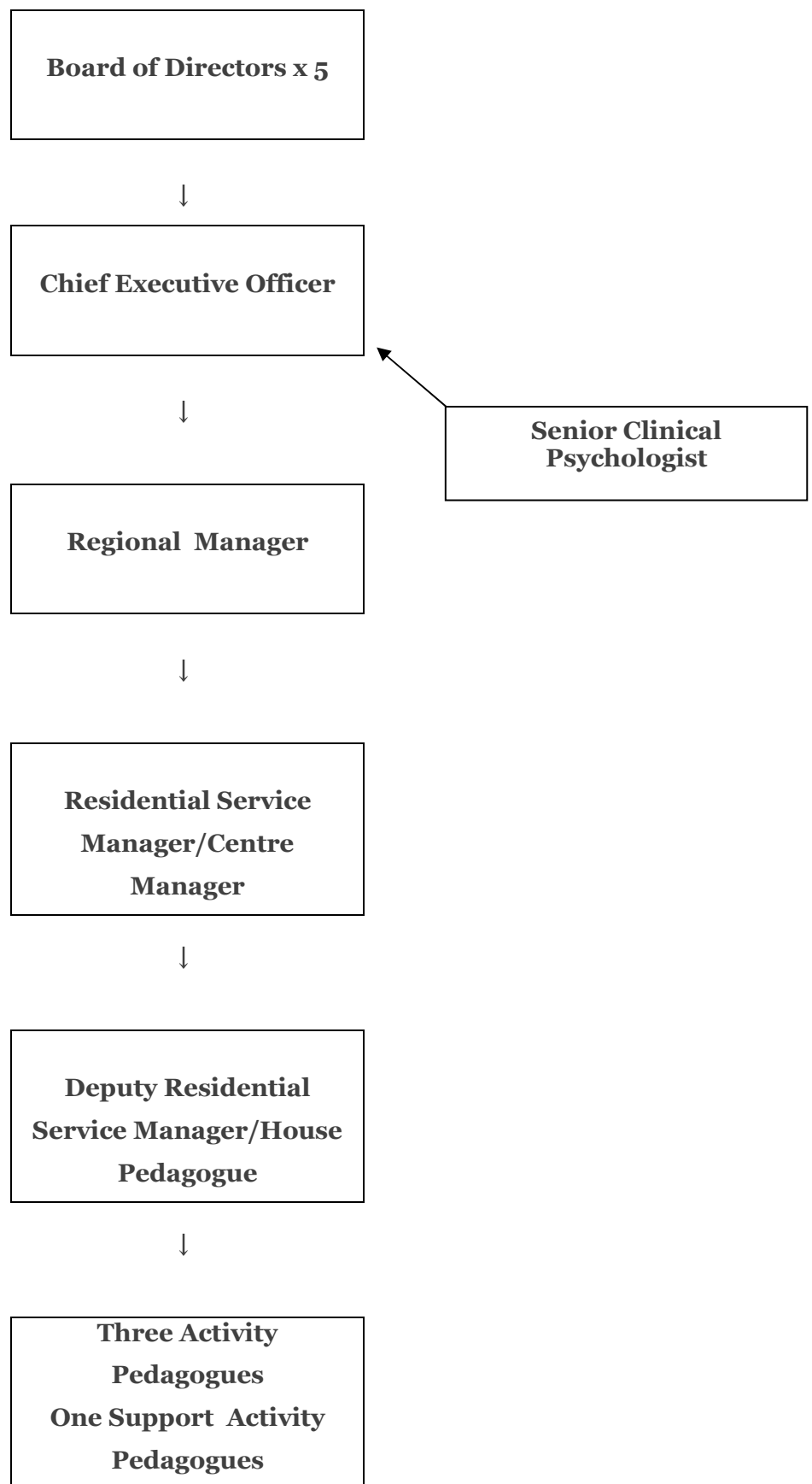
- h) Lead inspector with oversight of significant events

- ◆ 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

A draft inspection report was issued to the centre manager, regional services manager, chief executive officer and the relevant social work departments on the 25th of May 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 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 7th of June 2018 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. The period of registration being from the 15th of September 2017 to the 15th of September 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

None identified.

3.2.2 Practices that met the required standard in some respect only

Management

The centre commenced operations in September 2017. The organisational structure for the centre comprised of a board of directors, a chief executive officer, a regional services manager, a residential service manager, a deputy manager and four activity pedagogues. The chief executive officer was in regular communication with the board of management to ensure they were notified of relevant matters relating to the service. There were established processes in place within the organisation for the chairperson of the board of management to meet with centre manager on a bi-annual basis and centre managers were required to submit a management report to the board of management on an annual basis. However, as the centre had just commenced operations these practices will be examined in the course of the next inspection.

The chief executive officer guided the day-to-day operation and development of the organisation. The chief executive officer reported to the board of directors. The board was comprised of five directors.

The service employed a senior clinical psychologist who was a member of the management team. The psychologist had a broad clinical remit that included facilitation of monthly meetings with the staff team, attendance at internal placement planning meetings with managers and individual assessment and review of young people where requested by the referring agency. The clinical psychologist also reviewed referrals and advised on the suitability of the programme for young people referred to the service. As previously noted the current resident was recently admitted to the centre therefore the clinical supervision of the model of care and

oversight of staff practice had not yet commenced and will be inspected in the course of the next inspection.

The regional residential services manager had worked within the service for almost four years and was appointed to this post in January 2018. This was a new role for the regional manager and they were in the early stages of becoming established in this role. The regional service manager had operational responsibility for four residential centres operated by the service. The centre manager reported to the regional services manager. There was evidence that the regional manager was in daily contact with the centre manager and visited the centre on a fortnightly basis where they met the centre manager, staff and more recently the young person in placement. The regional manager also had responsibility for oversight of files and centre records on these visits. The service had an internal auditing tool to be completed each month by the centre manager and reviewed by the regional services manager however this system had not yet been implemented at the time of the inspection.

The centre manager was appointed in July 2017 and had relevant experience in residential work and in management. The centre manager held a recognised qualification in social care. They had responsibility for oversight of the day-to-day operation of the centre and worked on a full-time basis from Monday to Friday during regular office hours. The centre manager was based at the centre and outlined their role as one of overall governance of day-to-day operations and to ensure the model of care was adhered to. The centre manager identified the internal quality assurance systems in place that included attendance at meetings, oversight of reports and records, observations of staff interactions with the young person.

The lead pedagogue/deputy manager had ten years' experience working with young people in residential care. The centre manager and deputy manager/lead pedagogue met formally at the beginning and end of each week to review and plan. There was no record held of these meetings. The inspector advised that a brief record of these meetings was maintained by the centre manager outlining in brief the issues discussed and decisions taken.

Overall the inspector found that the internal and external governance and oversight functions were not fully established or embedded in the day-to-day operation of the centre.

As part of the overall governance within the service the centre manager attended fortnightly management meetings with the senior management team and other centre managers within the service. The minutes of these meetings evidenced discussions about emerging themes, patterns and/or concerns relating the residents in placement within the organisation, organisational and operational matters and peer review of significant events. The monthly management meetings also afforded the centre manager an element of group/peer supervision.

Register

The centre register was not maintained in accordance with the requirements of the regulations as the parents address was not recorded on the register.

The centre register did not reflect the periods of time the young person resided at the centre during the transition programme and following their initial admission the subsequent return to the previous placement for a period of time. The centre manager must ensure the register reflects the period of time the young person was resident in the centre during the transition period and prior to their full admission to 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 not met the requirements of the regulations and standards in full in relation to the notification of significant events to Tusla. Following the on-site inspection the inspector found evidence that a considerable number of significant reports were not notified to the organisations lead inspector who had responsibility for oversight of significant event reports. The centre manager must ensure that as part of the admission process the relevant persons to receive significant event reports are identified and notified in compliance with the requirements of the regulations and national standards. The social worker interviewed by the inspector was satisfied they had received verbal and written notification of all significant events relating to the young person in placement. The regional services manager stated they received a copy of all significant event reports and informed the inspector that where specific concerns or patterns of concerning behaviour emerge arising from such notifications these would be reviewed at the management team meetings.

The centre maintained a register of all significant events and there were four significant events recorded on the register at the time of the inspection. The inspector found the pages of the register were not appropriately bound together. The manner in which the register was maintained was not sufficient to ensure the record could be secured and maintained in perpetuity.

The inspector found that the joint protocol for children missing from care was adhered to and episodes of unauthorised absences were reported appropriately. The centre manager was clear in the identification of thresholds for reporting significant events. There was evidence that the centre manager had oversight of the significant event reports on file.

Significant events were reviewed at team meetings and with relevant staff in formal supervision. There was evidence that staff reviewed such events with a focus on identifying learning outcomes for the team in terms of the care approach and/or staff practice. Where significant events had an emotional component the manager could consult with the services clinical psychologist.

Supervision and support

The centre had a written supervision policy that required staff to engage in formal supervision every four to six weeks. The regional services manager received formal supervision from the chief executive officer and a record was maintained of these meetings and signed by both parties.

Staff supervision was undertaken by the centre manager and the deputy manager with individual staff assigned each supervisor. The centre manager had recently undertaken training in supervision practice and the deputy manager had previously completed supervision practice training.

The inspector examined four of the five staff supervision files. The centre manager was unable to locate the supervision file for one staff member. Two of the activity pedagogues were supervised in another centre by another manager where they were gaining experience while waiting for an admission to the centre. These records were not available for inspection as the supervision related to their work in another centre and the records were maintained there. There was evidence that one of the activity pedagogues received regular monthly supervision and the records evidenced good quality supervision. The centre manager provided supervision to the deputy manager and these records also evidenced regular supervision. The inspector found there were two different supervision contracts in operation across the supervision files and only

one staff supervision contract was completed and signed in full. The centre manager must ensure that there is one consistent supervision contract used and all staff must complete and sign their supervision contract. The centre manager informed the inspector that inexperienced staff would receive additional supervision support however this was not evident on file at the centre. The inspector advised that supervisors develop a supervision schedule in advance to enable staff to plan and prepare for supervision and assist internal and external managers to track and monitor frequency of supervision.

The regional manager supervised the centre manager in line with centre policy and these supervision records were examined by the inspector. The centre manager stated that supervision was a beneficial process where there was an opportunity to focus on learning and development as well as ensuring accountability in their work and this was evidenced on the supervision records.

Handover meetings were held on a daily basis. The inspector attended a handover meeting and found that staff shared information about the young person and the tasks required to be completed. The handover records were structured to ensure all areas of work and identified tasks were completed and/or handed over to staff coming on duty. Team meetings were scheduled to take place every fortnight and the inspector examined the minutes of the two staff meetings that had taken place since the young person commenced visits to the centre. The minutes evidenced a review of placement planning, care practice, teamwork and other operational matters.

The service provided a team facilitation forum for the care staff to reflect on how they worked together and supported each other in their work. This process was facilitated by a psychotherapist however these meetings had not commenced at the time of the inspection. This team forum will be examined again in the course of the second inspection within the first year of the centres initial registration.

In interview the centre manager confirmed they received good support from external managers. Staff interviewed had confidence in the managers both internally and externally and found that managers were accessible to them if required.

Debriefing was provided to staff members by the centre manager where they had experienced a challenging or stressful event in the centre. On-call support was delivered to the staff team on a rotational basis outside of office hours by the centre manager and other managers within the service.

There were clear support mechanisms in place for staff who suffered injury and/or stress in the course of their work. An employee assistance programme provided by an external agency was also available to staff which they could access independently. There was an organisational structure in place to undertake annual staff appraisals when staff were twelve months in employment and every year thereafter.

The centre manager received appropriate guidance and support when dealing with matters relating to employment law. There were no disciplinary procedures initiated against any staff member at the time of the inspection.

Staff were clear what they would do if they were concerned about practices in the centre. They displayed an awareness of their responsibilities to raise concerns about a colleagues practice and were familiar with the services whistle-blowing policy.

Training and development

The service had a training budget and there was evidence that staff were facilitated to attend relevant training and conferences. The centre staff had completed core training in first aid, child protection, first aid and behaviour management. The centre manager did not have a system in place to track and monitor staff training and required refresher training. The centre manager must develop a system to track and monitor staff training. The inspector found that staff team had not fully completed the physical restraint aspects of the behaviour management training. Staff should not commence their duties until all aspects of the agreed behaviour management programme is completed in full. The inspector advised this issue was addressed as a matter of priority. The centre manager subsequently provided confirmation to the inspector that the outstanding aspect of the training programme was completed following the on-site inspection. The centre manager was appropriately trained to undertake this training with the team and had a trainer's certificate valid up to May 2018.

The centre manager and deputy manager/lead pedagogue participated in a two day training programme on the social pedagogy model of care prior to commencement of operation. The centre manager and the deputy manager displayed a good working knowledge of the model of care in interviews with the inspector. A number of the staff had commenced an online training course in the model of care. The inspector advised that all staff working in the centre are provided with the opportunity to participate in formal training in the model of care. The deputy manager was scheduled to attend attachment training in the coming weeks.

The centre manager was scheduled to undertake specific training in April 2018 on the role of the designated liaison person under Children First Act 2015.

The organisation provided a space for each of the teams to meet on a monthly basis independent of the centre manager and regional manager. This meeting was facilitated by the services clinical psychologist. The purpose of this forum was to provide staff with the opportunity to reflect on the young person's presentation and how this behaviour impacted on the adults. This forum had not commenced for the team at the time of the inspection however a date had been scheduled for the team to meet. The inspector will review this process at the next inspection.

Administrative files

The inspector found the administrative systems were not organised or maintained to facilitate effective management and accountability. Administrative systems referred to by the centre manager were not fully embedded in practice and many of the administrative records were not maintained in a secure, consistent and appropriate manner. The centre manager must ensure that centre administrative records are appropriately maintained with evidence of regular and robust oversight by the centre manager and the centres external line manager.

There were financial management systems in place in the centre which involved the use of petty cash and receipts for the day-to-day expenditure at the centre. The inspector viewed the petty cash records and found the system was not sufficiently robust to track and evidence petty cash expenditure. The centre manager informed the inspector that financial records were also maintained electronically. Separate records were maintained of monies provided to the young person for pocket money and other expenditure and evidenced on the care file.

The regional manager confirmed that the organisation planned to review how records were organised and maintained having regard to the requirements of the Freedom of Information Act, 1997 and the new data protection regulations. The regional service manager informed the inspector that training would be provided for staff with the commencement of the new statutory regulations. Staff displayed an awareness of the young person's right to access information and their responsibilities to protect personal data.

3.2.3 Practices that did not meet the required standard

Staffing

The staff team were in the early stages of development however there was evidence that the team were open and honest in their communications with each other and issues were addressed as they arose. The team comprised of five staff including the lead pedagogue, three activity pedagogues and one support pedagogue. There were written job descriptions for each role within the centre. The lead pedagogue worked Monday through to Friday afternoon and was supported over the week by an activity pedagogue. The weekends were staffed by the support pedagogues. Two staff were on duty at all times and provided sleep-over duty over a twenty-four hour shift.

The inspector found that staffing levels were not adequate to fulfil the purpose and function of the centre. There were several occasions that staff had to undertake additional shifts or the centre manager had to provide cover to facilitate leave or gaps in the staff roster. The centre manager informed the inspector they were currently in process of recruiting another staff member to the team. A review of personnel files also showed that there was not a sufficient number of experienced staff to provide adequate cover across the roster especially at weekends when the centre manager and the lead pedagogue were off duty. The experience within the team was not sufficient to support the purpose and function of the centre which was to accommodate young people with a high level of need that required a centre with very low occupancy levels.

The inspector examined six personnel files including the centre manager's personnel file. The inspector found deficits in staff vetting. One staff member had not been vetted in accordance with the requirements however this matter was rectified by the centre manager within two weeks of the on-site inspection. There was no contract on file for three members of staff and two staff files did not have verification of qualifications. Staff files did not evidence that all staff were appropriately insured licensed, taxed to drive their own vehicle for the purposes of work. The appropriate documentation was subsequently provided to the inspector following the on-site inspection however the inspector requires that systems are put in place to monitor and regularly audit that staff have valid and up to date insurance, driving licence, road tax and evidence that staff vehicles are roadworthy and appropriately maintained.

The staff roster was reviewed by the inspector however it was not possible to identify the particular staff on duty at any given time on the duty roster with the numbering code system in place. The centre manager must ensure the staff on duty can be

identified on the staff duty-roster to facilitate tracking of staffing arrangements on each shift.

While staff confirmed they had received induction training over the course of a week there was no evidence of staff induction undertaken on the centre records. The centre manager must ensure that staff induction is evidenced on the centre records.

There were no significant changes to the team that were presented at the time of initial registration. The service had made efforts to recruit staff that would commit to the work for a specified minimum period of time in order to support the social pedagogue model and provide consistency for the young people in the relationships with the adults caring for them. It was a requirement that staff leaving the service give a notice period of three months to support young people to prepare for staff moving on.

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***

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 7, Staffing (Numbers, Experience and Qualifications) -Part III, Article 16, Notification of Significant Events.***

Required Action

- The centre manager must ensure the centre register is maintained in accordance with the requirements of the regulations and held in an appropriate manner that is secure and can be maintained in perpetuity.
- The centre manager must ensure that significant event reports are forwarded to all relevant parties in accordance with the requirements of the regulations and national standards.

- The centre manager and the regional manager must ensure they maintain a written record of all internal management meetings and evidence of their oversight and monitoring of the centre.
- The chief executive officer and the regional manager must ensure the centre has adequate levels of staff and experienced staff to fulfil its purpose and function in accordance with the statutory regulations.
- The centre manager must have systems in place to audit staff files prior to commencement of employment to ensure all the required vetting documentation is on file and meets national vetting requirements. The centre manager must also ensure the deficits identified on the personnel files as outlined in the inspection report are rectified.
- The centre manager must ensure the staff on duty can be identified on the staff duty-roster to facilitate tracking of staffing arrangements on each shift.
- The centre manager must ensure that all supervision records and supervision files are accessible when required. The centre manager must also ensure that there is one standard supervision contract in operation and all staff must complete and sign their supervision contract with their supervisor.
- The centre manager must have a system in place to monitor and track staff training and required refresher training.
- The centre manager must ensure that centre administrative records are appropriately maintained with evidence of regular and robust oversight by the centre manager and the centres external line manager.

3.5 Planning for Children and Young People

Standard

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

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

The service had a clear admission policy and agreed procedures describing the process of admission. The inspector found that the young person was admitted in accordance with the centre policy and procedures. There was a matching process completed prior to accepting the referral to the centre. The service submitted a written placement proposal that was accepted by the referring social worker and the external professionals.

The social worker interviewed by the inspector stated that the service was the preferred option based on their model of care, the single occupancy facility and the centre location. The social worker visited the centre prior to accepting the placement. The single occupancy arrangement for the young person was to be considered at each monthly interdisciplinary meeting in terms of its continued requirement. The social worker stated the young person was informed of the purpose of the placement and was consulted and informed about their future care plan.

The inspector found that a clear and comprehensive sixteen-week transition plan was put in place prior to the young person's admission. The young person was provided with appropriate written information about the centre prior to their admission. The young person and their parents visited the centre prior to admission and met with the staff team. The team members attended child in care review meetings prior to the young person's admission and had received comprehensive information about the young person prior to their admission.

Statutory care planning and review

There was good oversight of the placement from the external professionals with regular interdisciplinary planning meetings prior to admission. The young person was subject to monthly statutory reviews due to the status of their care order.

However as the young person was recently admitted an initial statutory review for the current placement had not yet taken place. There was evidence that the young person had participated in their statutory review meetings in the past and was consulted in relation to the development of the care plan. The social worker confirmed that the young person's parents were also consulted and informed of the care plan for their child. There were two care plans on file that were developed following the two previous reviews prior to the young person's admission to the centre. The care plan to transition to a new placement was outlined in the updated care plan. There were plans in place to continue to schedule multidisciplinary meetings during the initial settling-in period.

A placement plan was developed by the centre manager that would be subject to monthly reviews as the placement progressed. The inspector found that there were no clear systems in place to measure or evidence outcomes of the work identified in the placement plan. The regional manager and the centre manager should ensure there is a process in place to measure outcomes and to evidence a young person's progress through the placement.

There were two named key-workers and at the time of the inspection most of the engagement with the young person continued to be guided by the transition plan. The main focus of work was to establish a supportive and caring relationship with the young person. There were comprehensive records and analysis of the transition plan at each stage of the process including a child friendly visual of the plan. Structured key-working in specific areas had not yet commenced at this stage of the placement. There was evidence of focused daily and weekly planning in consultation with the young person.

Contact with families

There was evidence the centre encouraged and facilitated family contact and the centre manager informed the inspector that they met formally with the parents on their visits to the centre and discussed the young person's progress. There was evidence that staff used every opportunity to facilitate the parents to make a positive input to the care of their child. The young person in placement had regular visits from their parents and sibling. Staff were creative in engaging parents and one of the parents had assisted the team to hang wallpaper in the centre. A record of family

contact was maintained on file and noted in the daily logbooks and in the young person's transition plan.

Supervision and visiting of young people

As part of the placement agreement the service required the social worker to visit the young person on a monthly basis. The social worker stated they agreed to visit the young person on a monthly basis at the very least and was committed to visiting more frequently if required as the placement progressed. The centre had systems in place to record visits by the social worker and the outcome of such visits. These records were maintained on the young person's care file.

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 worker displayed an awareness of her professional and statutory obligations and responsibilities for the young person while in residential care. The social worker provided the young person with their contact details and was facilitated to meet with the young person in private at the centre. The social worker was aware of all significant events relating to the young person and was satisfied they received verbal and written information from the centre in a prompt manner. They were aware of the requirement to read and review centre records periodically and had read the logs at the centre. The social worker confirmed they maintained an individual case file for the young person in placement and a record of all their visits to the young person was input on the Tusla national child care information system (NCCIS).

The social worker confirmed that they co-ordinated the statutory care plan reviews and prepared the care plan in consultation with the young person, their family and other relevant professionals. Overall the social worker felt the placement would be positive for the young person. The social worker found the staff to be committed and enthusiastic in their approach and had good insight into the young person's needs. Communication with the centre was good and the social worker received regular email updates and weekly written reports.

The young person had an individual care file that was stored in a secure fire retardant cabinet. Records were written in an appropriate professional manner. The centre manager was aware that care files were kept in perpetuity and stored in a manner that maintained appropriate levels of privacy and confidentiality about the young person's circumstances. The care files contained a copy of the young person's birth certificate. A copy of the care order in respect of the young person was not on file.

Emotional and specialist support

The centre had significant support from the TUSLA therapeutic team that supported the young person in the previous placement. The therapeutic team assisted the team to understand the emotional, psychological and developmental needs of the young person and outlined the responses and supports that would be required. Clinical reports from the therapeutic team were made available to staff. The therapeutic team worked in conjunction with the staff team to develop the young person.

The services internal clinical psychologist was available to guide and support staff to respond to the emotional and psychological needs of the young person. The centre manager outlined that where significant events identified an emotional component the centre manager and team would consult with the services psychologist.

The inspector found that the placement plan did not identify plans to respond to the young person's emotional, psychological and developmental needs. The centre manager should ensure the placement plan evidences how these needs are to be addressed in the context of the placement.

Preparation for leaving care

The staff team planned to support the young person to learn and practice the required skills in preparation for independent living in the future. There was evidence on the placement plan that staff would provide opportunities for the young person to learn a range of life skills appropriate to their age and stage of development. There were plans in place to provide the young person with opportunities to take responsibility for budgeting, cooking and learning a range of practical life skills.

The social worker informed the inspector that the young person would be referred to the leaving and aftercare service on reaching sixteen years of age.

Discharges

The service had a written discharge policy and endeavoured to ensure young people did not leave placements in an unplanned manner. At the time of the social work interview with the inspector the placement of the young person in the centre had just broken down and the young person was returned to their previous placement. This placement had remained open to them in the event they were unable to live in an open community based setting.

Aftercare

Tusla, the Child and Family Agency recently published a national aftercare policy for alternative care along with a range of supporting documents to inform relevant professionals of the supports available to young people on leaving care. The policy outlined all aspects of support and entitlement for a young person leaving the care system. The young person in placement was not yet eligible for aftercare services due to their age. The centre manager should ensure that the team are familiar with the Tusla aftercare policy and have a copy of the policy at the centre.

3.5.2 Practices that met the required standard in some respect only

Children's case and care records

The social worker confirmed they maintained an individual case file for the young person in placement. The young person had an individual care file that was stored in a secure fire retardant cabinet in the centre. Records were written in an appropriate professional manner. The centre manager was aware of the requirement to keep care records in perpetuity and store them in a manner that maintained appropriate levels of privacy and confidentiality about the young person's circumstances. The organisation archived care files and care records in their head office when young people were discharged from the centre.

The care file contained a copy of the young person's birth certificate. However the care file did not contain a copy of the young person's care order as required under the national standards. The centre manager must request a copy of the care order or parental consent form from social workers as part of the documentation required on admission.

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 centre manager must request a copy of the care order or parental consent form from social workers as part of the documentation required on admission.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The centre manager must ensure the centre register is maintained in accordance with the requirements of the regulations and held in an appropriate manner that is secure and can be maintained in perpetuity.</p> <p>The centre manager must ensure that significant event reports are forwarded to all relevant parties in accordance with the requirements of the regulations and national standards.</p> <p>The centre manager and the regional manager must ensure they maintain a written record of all internal management meetings and evidence of their oversight</p>	<p>Immediately following inspection the centre register was placed in a bound document format. The missing information entered into the new register and is available for inspection in the house. Completed on 21.02.18.</p> <p>All outstanding significant event reports were forwarded to all relevant parties on 26.03.18. Evidence of same is available for inspection. Since this date, all significant event reports have been forwarded to all relevant parties in accordance with regulatory requirements and best practice.</p> <p>A minute's book has been introduced to record all internal management meetings.</p>	<p>The centre register document is now in a format that is secure and can be maintained in perpetuity.</p> <p>Significant events are notified in accordance with internal policy which meets the requirements of regulations and national standards.</p> <p>The regional manager and centre manager meet regularly to review oversight and monitoring of the centre. Records will be maintained of these meetings.</p>

	<p>and monitoring of the centre.</p> <p>The chief executive officer and the regional manager must ensure the centre has adequate levels of staff and experienced staff to fulfil its purpose and function in accordance with the statutory regulations.</p> <p>The centre manager must have systems in place to audit staff files prior to commencement of employment to ensure all the required vetting documentation is on file and meets national vetting requirements. The centre manager must also ensure the deficits identified on the personnel files as outlined in the inspection report are rectified.</p> <p>The centre manager must ensure the staff on duty can be identified on the staff duty-roster to facilitate tracking of staffing arrangements on each shift.</p>	<p>Staffing levels within the centre are now adequate and recent recruitment has added appropriate experience to the staff team. Completed April 2018.</p> <p>The deficits as outlined in the inspection report were rectified between 22.2.18 and 04.04.18. The centre is adhering to the organisation's recruitment policy to ensure all requirements are met prior to commencement of employment.</p> <p>This matter was addressed immediately following inspection. Duty-rosters are issued a minimum of two weeks in advance to the staff team and the regional manager.</p>	<p>Issues raised by the inspection are kept under review by the centre manager.</p> <p>The regional manager and centre manager keep staffing under review in their governance of the centre. Recruitment and development of the staff team is an ongoing key area for the centre.</p> <p>Duty-rosters are kept under review by the regional manager and centre manager as part of their oversight of the centre. Records of planned and worked duty-rosters are maintained in the centre.</p>
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	<p>The centre manager must ensure that all supervision records and supervision files are accessible when required. The centre manager must also ensure that there is one standard supervision contract in operation and all staff must complete and sign their supervision contract with their supervisor.</p> <p>The centre manager must have a system in place to monitor and track staff training and required refresher training.</p> <p>The centre manager must ensure that centre administrative records are appropriately maintained with evidence of regular and robust oversight by the centre manager and the centres external line manager.</p>	<p>All supervision records are available for inspection in the centre. The centre manager reviewed supervision records and files immediately following inspection. All records are held securely within the centre. There is a single standard supervision contract in operation in the centre, completed and signed by all staff.</p> <p>There is an internal register of mandatory training to ensure adherence with regulatory requirements and standards. Action required completed.</p> <p>The regional manager and centre manager met on 09.03.18 to review administrative arrangements for the centre and introduce new governance systems for the centre.</p>	<p>All other supervision contract formats have been removed from the centre. The centre manager now supervises all staff. Records are only held in one location and are available for inspection.</p> <p>The regional manager and centre manager will keep training requirements under regular review as part of their oversight of the centre.</p> <p>A review of staff files in relation to driving has led to a new system being implemented from 01.05.2018 in relation to ensuring all staff that use their own cars for work are fully compliant. The regional manager and centre manager will meet regularly to review administrative records to ensure their adherence to regulatory standards and internal policies.</p>
<p>3.5</p>	<p>The centre manager must request a copy of the care order or parental consent form from social workers as part of the</p>	<p>The care order for the young person in residence in the centre was placed on file on 22.02.18. Required action completed.</p>	<p>The care order for the next admission to the centre was placed on file on date of admission 02.05.2018. The centre manager will contact</p>

	documentation required on admission.		social work departments prior to admission and ensure all documentation required is on file on admission.
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