An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 133

Year: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Harmony Residential Care**
Registered Capacity:	**Four young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**08th & 09th of September 2021**
Registration Status:	**Registered from 06th March 2020 to 06th March 2023 with attached conditions**
Inspection Team:	**Catherine Hanly** **Eileen Woods**
Date Report Issued:	**23rd March 2022**

Contents

1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. This service was granted its first registration in its current premises on the 06th of March 2020. At the time of this inspection the centre was in its first cycle of registration and was in year two of the cycle. The centre was registered without attached conditions from the 06th of March 2020 to the 06th of March 2023.

The centre was registered to provide care for four young people aged thirteen to seventeen years on a medium to long term basis. Exceptions outside of this age range were permitted in line with the Alternative Care Inspection and Monitoring Service's (ACIMS) derogation process governing same. At the time of this inspection there were four young people residing at the centre, three of whom were outside of the centre's stated age range with the approval through the ACIMS derogation process. The model of care was outlined as being informed by the principles of Cognitive Behavioural Therapy.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers for all young people resident at the time of the inspection, and the Guardian ad Litem for the young people. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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

2. Findings with regard to registration matters

The findings of this inspection determined that the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III Article 5: *Care Practices and Operational Policies*. A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 5th of October 2021. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 18th of October 2021. This was not deemed to be satisfactory and so a series of meetings and communications were convened with centre management which included the provision of further information by centre management, clarification on aspects of the inspection report, and the correction of factual inaccuracies. Two further CAPA's were submitted, the second being deemed to also be unsatisfactory in its content. Concurrent with this inspection process, a derogation renewal process was also underway for existing residents of the centre. Thus, the review and deliberation of matters, considering the serious deficits and complexity of the issues ongoing with this centre, resulted in a significant time lapse between issue of draft and final inspection reports.

The findings of this report and assessment of the submitted CAPA deem the centre to be not continuing to operate in adherence with 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: with attached conditions from the 7th of March 2022 pursuant to Part VIII, Article 61, (6) (a) (i) of the 1991 Child Care Act. The condition, which will be reviewed with further onsite inspection on or before the 4th of July 2022, is detailed as follows:

There must be no further admissions of a young person under 18 to this centre until there is a review of the implementation of the corrective and preventative action plan to comply with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 5: *Care Practices and Operational Policies*.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 8: Accommodation
Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

At the time of this unannounced inspection, there were four young people residing in the centre. Three of the young people were under the age of thirteen at the time of the inspection and thus the statutory care plans of all three were required to be reviewed on a monthly basis in accordance with the *National Policy in relation to the Placement of Children aged 12 and under in the Care or Custody of the HSE*. These guidelines had not been complied with in full, with the monthly timeframe for convening a child in care review (CICR) having been exceeded on two occasions since the commencement of the placement. The most recent CICR had been convened for all three young people in July 2021 approximately six weeks prior to this inspection and the corresponding statutory care plans had been updated and were on file at the centre. No CICR had been convened in August due to annual leave. The centre did not have copies of all previous monthly care plans on file, some of this related to difficulties resulting from a cyber-attack which had significantly impacted the Tusla's IT system in May 2021. In the absence of these care plans, inspectors did not find copies of the centre's own minutes of these meetings and recommend as good practice that the centre maintain their own records of such meetings. In addition to care planning meetings, there had been multi-disciplinary meetings convened to ensure that all professionals involved in the care and placement of these three young people worked together to implement the respective care plans. Some of these had occurred at crisis points during the placement and were convened due to the level of concern held by some of the professionals involved in the care of the young people in this centre. Inspectors noted that there were identified goals in statutory care plans for young people that had not been achieved variously due to a lack of clarity regarding the length of placement for the young people, ongoing reference and discussion to alternative placement options for some and interrupted social work service provision.

The care plan on file at the centre for the fourth young person was dated August 2020 which coincided with their admission to the centre. In accordance with Regulations, that young person should have had a CICR within six months and again at six monthly intervals for the first two years of placement. These timeframes for review of the statutory care plan had not been adhered to. There was some evidence on file of the manager and senior management attempting to pursue the CICR that should have been convened in February 2021 with the social work team however this was not done promptly and could have been pursued more rigorously. There was no apparent system of escalation of matters within the centre's governance structures that resulted in a timely response to the matter. A statutory care review had been convened for this young person in August 2021 however there was no plan or statutory minutes of this meeting on file and inspectors were informed that this related to a lack of resources in social work team which had contributed to delays in minutes being completed and plans being drawn up. The care file at the centre demonstrated a significant gap in frequent and effective communication with the social work team towards the realisation of aspects of the care plan. The gaps in social worker allocation coupled with the length of placement, the age of the young person and the lack of documented therapeutic input, both internally and externally, leads inspectors to question whether this placement is or can effectively meet the needs of this young person. Centre management should utilise the appointment of a new social worker to convene a multi-disciplinary meeting to ensure all persons are aware of their respective responsibilities for this young person and their care.

Placement plans at the centre were devised in a multidisciplinary manner on commencement of placement taking into consideration the needs and actions identified within statutory care plans. From a review of plans in the centre, inspectors noted an absence of input of young people themselves to the development of their own goals. This was an area that was identified in the centre's last inspection in March 2020 as an area of practice requiring attention. Centre management stated that an internal audit, not reviewed by inspectors, directed that the staff team should utilise a child-friendly tool to enable the child to contribute. There was no evidence in the plans reviewed that this direction had been implemented. The governance structures and systems in place at the centre have not ensured that this area of practice adhered to the required standard in this intervening period.

As the placement progressed, plans were updated on a monthly basis with the responsibility for this generally being held by the assigned key workers. The placement plans referenced a case management system in the centre. Inspectors noted in some records, and through interviews as part of this inspection, that social

care leaders at the centre were identified as responsible for overseeing the development and implementation of placement plans. However, in practice this had not been fully realised in a formal and recorded way during the previous ten months or so, with one of the reasons for this attributed to staff being stretched in their ability to deliver on all tasks due to the busy nature of the centre.

Inspectors reviewed the most recent placement plans on file for each of the young people residing at the centre as well as a sample of earlier plans on file. Inspectors found that the content and focus of these plans varied across the samples reviewed with progression against individual goals evident in places or areas where further work was required also identified. Whilst the plans did reflect aspects of need identified in individual statutory care plans (where those were updated and on file), some were narrow in focus and lacked an obvious integration with other documents in files such as risk assessments and behaviour support plans. Inspectors were informed that the views and voice of young people were reflected in their placement plans and this was occasionally but not consistently evident. There was some evidence of parental views being considered and included within the care and placement planning processes for the young people. The evidence of active participation, taking cognisance of age and developmental stage, by young people towards their individual goal identification and placement planning was lacking.

The centre had access to and input from a counselling psychologist and an applied behaviour analysis practitioner within the company. Inspectors were informed that these practitioners were provided with weekly reports compiled on each young person, as well as significant event records and key working records; and they identified areas of practice or made suggestions for interventions based on these reports. Whilst there were references to the clinical team across records reviewed by inspectors, the evidence of clear direction within placement planning documents to support the implementation of this input as part of an integrated approach to placement planning at the centre was significantly lacking. This is a deficit in an aspect of service provision that centre management must address. There should be a clear system for oversight and tracking of clinical input to placement planning at this centre.

Some external supports and specialist services had been secured for young people where this had been identified as a need in their care plan. There had been a delay in the transfer of cases to specialist services for young people and one young person was awaiting an assessment report and recommendations that had been completed two months prior to this inspection. Whilst there was evidence of some efforts by centre

management to address these various issues with the social work teams involved, the records indicated, and centre management acknowledged that some of these issues could and should have been more promptly escalated by them.

All the young people had had a change in allocated social worker throughout their placement at this centre with one young person experiencing gaps in provision in addition to the changes. These changes, and in particular the gaps in provision at various junctures, had impacted on the communication required between the centre and one social work team to ensure continuity of care and adherence to the child's care and placement plan. There were deficits identified in social work practice that affected the four young people in different ways including in respect of concluding child protection and welfare reports; statutory care planning and review; ensuring clarity regarding the length and definitive purpose of placements for young people; and securing the necessary specialist input and recommendations to support individual needs. Inspectors received mixed views from both social workers and the two Guardians ad Litem (GAL) assigned to the young people in the centre on the effectiveness and timeliness of communication generated by the centre. One social worker's appointment to the case coincided with the acting manager's commencement of post and they spoke very highly of communication with them. The area of effective communication with social workers was identified in the centre's last inspection as one requiring attention. The preventative action identified by centre management in relation to that issue referenced the escalation of issues for resolution. Whilst there was evidence of some escalation of matters, there was no clear system that was implemented as required on every occasion. Additionally, there did not appear to be contingency planning or evidence of action taken where the escalation utilised had not been effective. One social work team acknowledged the impact that deficits in social work service provision had had on effective placement planning and concurred with the view for a need for a more robust collaborative approach. Centre management must devise and implement a more robust system of engagement with social work teams that includes clear paths of escalation of deficits.

Compliance with Regulation	
Regulation met	**None Identified**
Regulation not met	**Regulation 5**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Standard 2.2**

Actions required

- Centre management must ensure that children are actively involved in both the development of goals and the placement planning process.
- Centre management must ensure that the internal case management mechanisms are put in place which will monitor the progress of young people via placement planning.
- Centre management must devise and implement a more robust system of engagement with social work teams.
- The registered proprietor must review the governance and management structures in place at the centre and take the necessary action to ensure that they are sufficiently robust to oversee the realisation of action plans identified in response to the inspection findings.
- The centre manager must set up a system for oversight and tracking of the delivery of clinical input into placement plans and care practices in the centre.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The centre manager was the named person with overall responsibility, executive accountability and authority for the delivery of service. At the time of this inspection, the company's regional manager was acting as centre manager for this centre on a

full-time basis whilst a recruitment process was underway for a full-time manager. In doing so, the acting manager had paused the delivery of their regional manager duties and responsibilities. The acting manager at time of inspection and the previous fulltime centre manager were identified as good and effective leaders by the staff team. There was evidence on records reviewed of both these persons, within their role as centre manager providing direction and guidance specifically regarding practice.

The acting centre manager, in their role as regional manager within the organisation had worked to create a culture of learning and development for the staff team through the development and implementation of continuous professional development (CPD) modules on aspects of care provision. The majority of the staff team in place at the time of the inspection had completed all the relevant training identified as mandatory within this company. This included Children First, first aid, fire training as well as applied behaviour analysis (ABA) and cognitive behavioural therapy (CBT) training. There were exceptions to this, predominantly for new employees within the company. So, two staff did not have CBT, GDPR, fire safety or first aid. One of these new employees also does not have training in the behaviour management programme used in the centre or ABA. Another staff member has not completed the online Children First. The deputy manager had been assigned the task of commencing a complete record of all training for the entire staff team that would be available online within the company and would enable oversight and planning going forward.

The new internal management structure within the centre will see the centre manager supported in their role by a deputy manager and three social care leaders. Three of these four posts had been filled at the time of the inspection. The acting manager acknowledged that there had been deficits in aspects of management and governance and oversight that were only identified through a recent centre audit following the centre manager's departure in August 2021. These included accurate and detailed recording across files and all relevant records being on hard file at the centre. They identified several tasks that had been delegated to the recently appointed deputy manager to address some of these deficits. The deputy manager will deputise in the centre manager's absence going forward, in the past the regional manager would have covered any period of absence by the centre manager. Inspectors were provided with a job description for each person which the acting manager identified as the delegated tasks list, however centre management must ensure a clear record of specific delegated tasks is maintained on each occasion of deputising to ensure clear accountability.

Governance arrangements for the centre included team and senior management meetings, monthly manager reports to the regional manager (when in post and in their absence to the director of social care) and the reporting of significant events to senior management levels. Both the acting centre manager (formerly regional manager) and the director of social care stated to inspectors that they had not found any deficiencies within their auditing system until late August 2021. Since the commencement of the Covid 19 pandemic, audits had been conducted remotely by the regional manager and director of social care, and all oversight by the director of social care was conducted remotely. The regional manager would also have access to input from the company's clinical team and would have had occasional meetings with social care leaders during the past year. The previous centre manager had also been supervised by the regional manager as well as having regular contact on a weekly, if not daily, basis. Inspectors found good oversight by the regional manager on significant event reports and evidence of them attending multidisciplinary meetings convened to focus on the delivery of the care task for young people. There was evidence also of senior management engaging with senior social work management where this was required.

The centre had a policy on risk assessment however this was quite limited and was not being utilised effectively to inform practices that assessed, managed and escalated risk in the manner necessary to ensure safe delivery of care. There was evidence across records reviewed of individual risks being assessed however where interventions were identified and risks were not significantly reduced, there were no contingency management measures identified. Nor were there escalation measures identified or additional safety plans or measures referred to. The risk assessments reviewed by inspectors lacked input from management at separate levels as specified within the guidance section of the risk assessment document itself. It did not include reference to or the inclusion of the risk matrix which was evidenced in records as being in use at the centre. The centre did not have a risk register in place, rather it maintained a register of all completed risk assessments. There was no organisational risk register in place either. Inspectors found that centre management lacked the necessary knowledge to put in place an effective risk management framework and a structure to review ongoing risks in a live way that informed the management of situations and the delivery of care from the perspective of safety. Centre management must prioritise a review of their policy on risk assessment and related practices. They must ensure that the risk management framework in place is well informed, clearly understood and has the necessary supporting structures in place to for the identification, assessment and robust management of risk.

Across files, inspectors noted a frequent reference to the input from the clinical team within the company but the recording of the detail of this and the evidence of the coordination of this alongside behaviour support plans, practice guidelines and risk management plans was significantly lacking. There were gaps in safeguarding practices in response to specific concerns being outlined. Safety plans in response to these, coupled with a lack of clarity around staffing levels and inconsistency across behaviour support plans, risk assessment and management plans, was insufficiently robust.

The organisation had a service level agreement in place with Tusla and centre management confirmed with inspectors the requirements in place for providing evidence of compliance with relevant legislation and the national standards to Tusla as the funding body.

Policies and procedures for the centre were reviewed on an annual basis with the most recent review having been completed in February 2021. Reviews or updates as required may occur throughout the year and the acting manager informed inspectors that several amendments have been made to policies including child safeguarding, complaints and on-call.

Inspectors finding during this inspection was that the Corrective and Preventative Action plan (CAPA) submitted by centre management following the last inspection has not been implemented in full at this time. Both the acting centre manager (formerly regional manager) and the director of social care for the company, accepted responsibility for this. Centre management must take the necessary action to implement and oversee the delivery of appropriately robust governance arrangements and structures for this centre.

Compliance with Regulation	
Regulation met	**Regulation 6**
Regulation not met	**Regulation 5**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 5.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- Centre management must ensure a clear record of specific delegated tasks is maintained on each occasion of deputising to ensure clear accountability.
- Centre management must take the necessary action to implement and oversee the delivery of appropriately robust governance arrangements and structures for this centre.
- Centre management must review their policy on risk assessment and related practices and in doing so, ensure that the risk management framework in place is well informed, clearly understood and has the necessary supporting structures in place to for the identification, assessment and robust management of risk.
- Centre management must put in place centre and organisational risk registers with the necessary review mechanisms to support ongoing review of risk.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Workforce planning for this centre was reported to have occurred at several different levels within the organisation. The centre manager held responsibility for the organisation of the staff rota taking account of various types of staff leave; the organisation utilised administrative staff to issue advertising when recruiting for new staff; and inspectors were informed that workforce planning was part of discussion at various management meeting forums. Inspectors found the evidence of discussion of at senior and internal management levels to be significantly lacking.

The allocation of staff for the centre comprised a full-time centre manager, deputy centre manager, three social care leaders and eight social care workers. This level of staffing was required in order to comply with the service level agreement (SLA) the service provider had in place with the Tusla which had been very recently agreed in August 2021. At the time of the inspection however, all these posts were not yet filled. The centre manager post was being filled on a temporary basis by the organisation's regional manager. The previous centre manager had vacated their post and left the organisation in early August, approximately four weeks prior to this

inspection and the regional manager was filling the post whilst a recruitment campaign was ongoing. The centre had two of the required three social care leaders and two of the identified eight social care staff members had not yet commenced working in the centre at the time of the inspection, though their commencement was reported to be imminent. The identified full-time staff team were supported as required by an additional four named relief social care workers.

Prior to the SLA being completed, the acting manager informed inspectors that the staffing complement comprised a full-time manager, two social care leaders and eight social care workers and that the deployment of staff across shifts was four social care workers, two of whom worked a sleepover shift and the other two working day shifts. From a review of a sample of rosters and weekly report records reviewed, this level of staffing was not realised in practice for significant periods of time within the last twelve months. In addition, there were occasions where agency staff were utilised. Centre management stated that this was due to an outbreak of Covid-19 and as a mechanism to enable staff to take annual leave. However, it is the responsibility of centre management to ensure the centre is adequately staffed to cover all contingencies. Staff in interview spoke about the busyness of this centre and the high and complex needs of the young people there. The significant event notification (SEN) registers as well as other records in care files at the centre showed that there was a relatively high level of incidents of bullying, some assaults on staff and young people, and behaviours of a sexualised nature amongst young people. Risk assessment and behaviour support plan documents consistently referenced "high supervision" and "strong staff presence" yet the exact number of staffing lacked specific detail. Based on these collective findings, the staffing levels at the centre across the past year have not always been appropriate with regard to the number and needs of the children placed there. The area of workforce planning requires significant ongoing attention by senior management.

Inspectors found, and it was confirmed by the acting manager, that many of the systems outlined in policy and practice documents had not been implemented or realised in practice. This included, but was not exclusive to, oversight/case management of key working and placement planning by social care leaders, printing off relevant documents and records that were required to be on care files at the centre, maintaining training records for staff, and the consistent recording of clinical team recommendations. The issue of appropriate staffing levels was identified as an area requiring attention at the time of the centre's last inspection and the preventative action identified by centre management at that time has not been effective in this matter. Centre management must now review the approach to and

delivery of workforce planning for this centre to guarantee that there are always appropriate levels of staffing.

Of the full-time staff team and manager named at the time of the inspection, all had a social care or relevant equivalent qualification. There was a mix of experience amongst the staff team and there were supervision and appraisals mechanisms in place by which management could assess skillset and competency on an ongoing basis. Continuing professional development (CPD) opportunities were also available to the staff team across in identified areas related to the delivery of care in this centre.

Inspectors were informed that the recruitment of staff was organised by senior management with the support of external human resource personnel. The regional manager, currently acting manager for this centre, participated in the interview process when recruiting centre managers and social care staff members across the company. This centre had experienced a significant turnover of staff since it was registered to commence operations in March 2020. There had been three named managers, including the acting manager at the time of this inspection; and an additional seven care staff members had left their position in this centre. Two of these seven had transferred within the company and the remainder had opted to cease their employment or had their employment terminated by the company. The issue of staff transferring within the company is one that was highlighted in the last inspection report. Whilst inspectors acknowledge that two identified staff transferred to another centre within the company for a specific purpose, they did observe that there was still some movement of staff without such specified purpose, for example when centres were deemed by senior management in records to be 'overstaffed' or 'understaffed'. Workforce planning arrangements must be appropriately robust and demonstrate clear strategic planning to ensure that there is no unnecessary movement of staff within the company which could have a negative impact on the continuity and quality of care being provided to young people.

There were arrangements in place to promote staff retention including hourly rates of pay, pension and health insurance options, CPD opportunities, some opportunities for career advancement, and a formal Employee Assistance Programme.

There was a clear policy informing formalised procedures for on-call arrangements.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 6.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- Centre management must ensure that workforce planning arrangements are appropriately robust and demonstrate clear strategic planning to ensure that the centre is always appropriately staffed.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2.2	Centre management must ensure that children are actively involved in both the development of goals and the placement planning process.	We updated the case management template (sent with this CAPA) on the 24.09.21 to include the identified action for young people and their families to contribute to the development of goals and placement planning process. This template will ensure that this action will have an identified keyworker responsible for completing this intervention and an allocated timeframe. The case manager will oversee the implementation of same. All children completed this form in October 2021, and this will continue monthly. We also updated our case management and keyworking team process to include that each child has two named keyworkers and that the case manager will be the deputy manager/ centre manager with direct responsibility for ensuring these forms are completed	The regional manager will return to her full-time post on 01.12.2021 following the induction of the new identified Centre Manager. In the interim, the director of social care will ensure strong oversight and governance relating to this. From December 1st 2021, the regional manager will be responsible for ensuring that all children are actively involved in both the development of goals and the placement planning process. The regional manager will also be in attendance at the children's care plan meetings. Oversight and governance will include the weekly review of all young people's reports, attendance at care plan meetings, review of significant events and weekly centre visits. A monthly centre audit on placement planning will also be completed in the Centre by the Regional Manager with this CAPA being reviewed

		each month.	each month. Any deficits will be identified via an action plan and escalated to the director of social care as required. In addition, in December 2021, the Regional Manager will complete placement planning training with the Centre Team and also ensure that the team complete all relevant CPD sessions on placement planning.
	Centre management must ensure that the internal case management mechanisms are put in place which will monitor the progress of young people via placement planning.	The centre management have reviewed the process of case management and changed how this process is implemented. Case managers will only be the deputy manager/ centre manager. Each child as of October 2021 now have two keyworkers. Case management meetings will occur at internal management meetings with the team leaders monthly and then at the team meetings monthly with the whole team. This process allows for full team input and oversight on the progress of the young people via placement planning. The new system commenced on 13th of October 2021 and will be ongoing each month. The Centre manager will be responsible for	The regional manager will attend the monthly centre meetings to ensure that the new identified case management system continues to be implemented to monitor the progress of young people via placement planning. In addition, the regional manager will review the case management systems via a placement planning monthly audit in the centre with this CAPA being reviewed as part of this audit. The first placement planning audit will be conducted in December 2021 when the regional manager resumes her full-time post. In the interim, the acting centre manager, whom is the regional manager, will ensure this is completed.

		ensuring these continue each month.	
	Centre management must devise and implement a more robust system of engagement with social work teams.	A record of correspondence with social work teams will be kept within each young person's care record as the correspondence occurs. For matters that require a response from the social work team or any deficits in the child's care, the centre manager will record the details of same on a new record sheet developed on 03.11.2021 (sent with this CAPA). The new form will track the initial contact, timeframe for response and if not achieved, the matter will be escalated in line with the organisation's escalation policy (sent with this CAPA). The centre manager will be responsible for the initial contact and follow up with the social worker. If no outcome is achieved within the timeframe identified, this will be escalated within the organisation and also within the social work department as per the organisations escalation policy. To ensure a more robust system of communication, the manager and senior manager supervision form template has	Preventative actions include the new systems developed – the new tracking system for contact made with the social work department and also the update to the centre manager/ line manager supervision form and also the update to the management meeting template (meeting which occurs with senior management and proprietors and all centre managers/ deputy managers) – all of which will ensure early intervention. In addition, the regional manager and also the director of social care will be responsible for ensuring a more robust system of engagement with the social work teams.

		also been updated as of 03.11.2021 to include a standing agenda topic on escalation.	
	The registered proprietor must review the governance and management structures in place at the centre and take the necessary action to ensure that they are sufficiently robust to oversee the realisation of action plans identified in response to the inspection findings.	Centre visits by the regional manager will occur weekly in the Centre when the regional manager resumes her full time post on December 1st 2021. However, if there is an outbreak in the Centre for COVID 19, then this will be postponed until it is safe to enter the Centre as the regional manager will be conducting other centre visits and this measure will be in place to avoid cross infection throughout our centres. The centre visit will be arranged again to occur as soon as it is safe to do so. A record of each centre visit will be completed. In addition, a monthly audit on the CAPA will be completed each month to reflect the oversight and governance to illustrate the physical presence of senior management in the centre to oversee the realisation of actions plans identified in response to inspection findings.	The regional manager reports directly to the director of social care and will submit audits directly to the director of social care monthly to allow for early intervention. In addition, the registered providers are in attendance at the management meetings which occur bimonthly with the regional manager, centre managers and deputy managers of each centre present. Governance over CAPAs will be discussed at this forum. Any deficits arising will be actioned to allow for the necessary actions to be taken. The registered providers will be responsible for same. Also, the CAPA is also a standing agenda on the centre manager/ line manager supervision form (sent with this CAPA response).

	The centre manager must set up a system for oversight and tracking of the delivery of clinical input into placement plans and care practices in the centre.	The Centre management team identified a new system in place for oversight and tracking of the delivery of clinical team input. This commenced in August 2021. The deputy manager/ centre manager oversees the weekly recommendations from the clinical team and develop actions plans for the keyworkers/ staff team to complete the recommended pieces of work. On receipt of the recommendations, action plans are developed to implement the work identified by the clinical team with a specific timeframe and an allocated person identified – whether this be 1:1 work with young people or group work with young people – depending on the nature of the recommendations. Sample of action plan sent with this CAPA. Placement plans / young person meetings and key working sessions will reflect same, and all will be recorded in the young person's weekly report. BSP's, PG's and Placement Plans will be updated with any necessary feedback from the clinical team and the Case Management Teams will	Preventative measures include the new process of case management which line management will review at monthly team meetings, line management receiving clinical team recommendations weekly and reviewing same, line management completing oversight and governance on weekly reports, significant events, risk assessments review and also the monthly placement planning audit that will commence from December 2021 when the regional manager resumes the full-time post. In the interim, the director of social care will complete oversight and governance on same.

		oversee this as it occurs. Any required interventions identified by the clinical team relating to risk assessments will also be completed. This process will remain live.	
5.2	Centre management must ensure a clear record of specific delegated tasks is maintained on each occasion of deputising to ensure clear accountability. Centre management must take the necessary action to implement and oversee the delivery of appropriately robust governance arrangements and structures for this centre.	A written handover will be given on each occasion of deputising (email/ action plan). This is ongoing and already in place. Centre manager is responsible for same. The internal centre managers (social care leaders, deputy manager and centre manager) will be responsible for taking the necessary actions identified in this CAPA and the previous CAPA to oversee the delivery of robust arrangements and structures relating to case management, young person's involvement in goal setting and placement planning. This is effective immediately.	The system in use will remain ongoing. As noted by inspectors, if there is an extended absence as example, then this will be reviewed by the senior management team and centre management team to ensure clear accountability as soon as any deficit is identified. Line management to the centre will ensure audits are completed monthly relating to the CAPA and any deficits will have an action plan completed with strong oversight and follow up completed. In addition, areas relating to the CAPA will be discussed at management meetings with the registered providers. Any deficits will be actioned and followed up on. Any identified areas for improvement will be discussed with the Centre via supervision/ team meeting and also responded to via CPD sessions if

			required. Line management to the Centre will oversee same effective immediately.
	Centre management must review their policy on risk assessment and related practices and in doing so, ensure that the risk management framework in place is well informed, clearly understood and has the necessary supporting structures in place to for the identification, assessment and robust management of risk.	The policy review group will review the risk assessment policy and related practices by the end of November 2021 to allow for feedback from three other Centre inspections across the organisation. The policy review group will review and update the policy to ensure it is in line with the risk assessment form in use and that the escalation procedures for identified risks within this form are communicated with all relevant persons. In the interim to this policy review, the acting centre manager (regional manager) for this Centre is responsible effective immediately for the identification, assessment and robust management of risk. The centre manager will liaise with the line manager for the centre and social work department effective immediately. In addition to the full policy and procedural review of the risk management framework, a CPD session will also be developed which will	Line management to the Centre and the registered providers will ensure that the identified corrective actions are implemented by the timeframe noted. In addition, the regional manager, director of social care and registered provider will ensure risk assessment and risk practices are reviewed during centre visits and monthly audits in the Centre in addition to them being discussed at various different levels of management (internal, external and senior external) effective immediately.

		be clearly informed and understood for the identification, assessment and robust management of risk. This will be completed by the 17th of December 2021 with all centre staff.	
	Centre management must put in place centre and organisational risk registers with the necessary review mechanisms to support ongoing review of risk.	Centre and Organisational registers will be developed and be in effect by 30.11.2021 following the policy review and procedural review of the risk management framework.	Centre management and line management, including the director of social care and registered provider will be responsible for ensuring the necessary reviews of any centre/ organisational risks. The preventative measures to ensure this include: - Auditing in the centre (monthly by regional manager) - Internal management meetings (monthly by centre management team) - External management meetings (bimonthly) - Senior management meetings (monthly) Centre visits by regional manager (weekly)
6.1	Centre management must ensure that workforce planning	At present, the recruitment drive remains live to ensure this centre is appropriately	The registered providers will keep a record of all centre/ organisational risks and

	arrangements are appropriately robust and demonstrate clear strategic planning to ensure that this centre is always appropriately staffed.	staffed. We are aiming to secure one additional staff member to the core staff team (13 employees for this centre) to allow for strategic planning in regard to sick leave, annual leave, parental leave, maternity leave, education leave and any other form of leave that may arise. In the event there is a shortfall in the core staff team, we will utilise our current relief panel. Following the recruitment process, we will ensure that there is at minimum four recruitment drives per annum. The registered provider is responsible for ensuring this.	review these quarterly and following this develop a service improvement plan where there have been any identified shortfalls relating to centre staffing and workforce planning.