



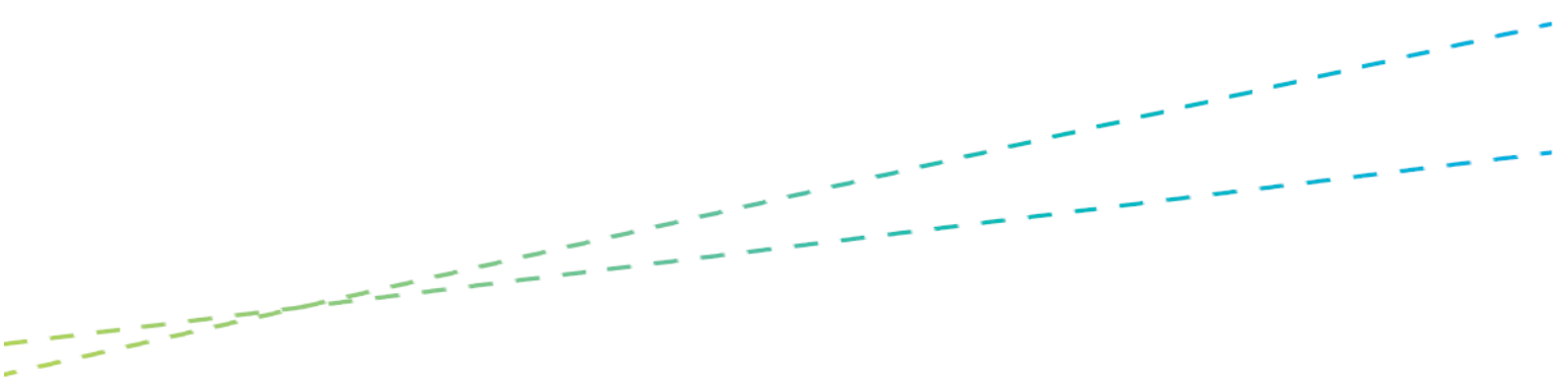
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 134

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Positive Care
Registered Capacity:	Four young people
Dates of Inspection:	23rd May and 30th May 2019
Registration Status:	Registered from the 22nd of January 2018 to the 22nd of January 2021
Inspection Team:	Paschal McMahon Lorraine O'Brien
Date Report Issued:	11th September 2019

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1. Foreword

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

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

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

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

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

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

Registrations are granted by on-going 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 on-going 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 January 2018. At the time of this inspection the centre were in their first registration and were in year two of the cycle. The centre was registered without conditions from the 22nd of January 2018 to the 22nd of January 2021.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission on a medium term basis. The centre does not endorse a particular model of care but has a "care framework" which outlines the principles of therapeutic approaches and models which should underpin placements and overall therapeutic care. The model of care was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. This model included work on trauma and family relationships while setting meaningful life goals for the young person. There was an emphasis on understanding the young person's behaviour and helping them to learn healthy alternatives. There were two young people in residence at the time of inspection.

The inspectors examined standard, 2 'management and staffing', standard 4 'children's rights', standard 6 'care of young people' and standard 7 'safeguarding and child protection' of the National Standards For Children's Residential Centres, 2001. This inspection was unannounced and took place on the 23rd and 30th of May 2019.

1.2 Methodology

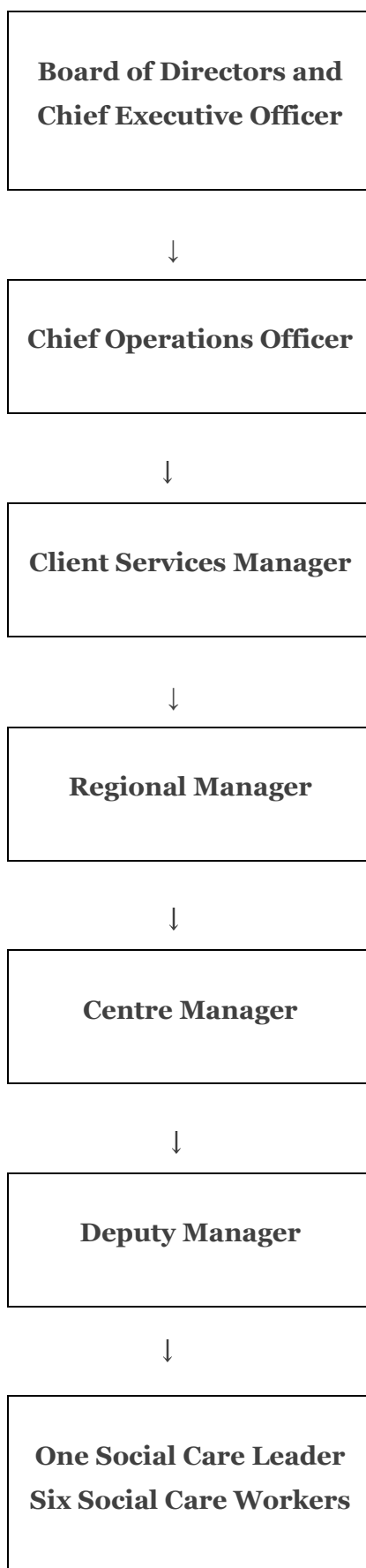
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) Seven of the care staff
 - b) The client services manager
 - c) Two young people residing in the centre
 - d) One social worker with responsibility for one young person residing in the centre.
 - e) Other professionals e.g. General Practitioner's and a school principal.
- ◆ An examination of the centre's files and recording process.
 - Two young people's care files
 - Personnel files
 - Supervision records
 - Complaints register
 - Team meeting records
 - House meeting records
 - Management meetings
 - Significant event register
 - Centre audit reports
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The deputy centre manager
 - c) The regional manager
 - d) Two staff members
 - e) Two young people
 - f) Two social workers with responsibility for young people residing in the centre. One social worker of a previous resident.
- ◆ 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 manager and the relevant social work departments on the 25th July 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 2nd August 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 134 without attached conditions from the 22nd of January 2018 to the 22nd of January 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Register

The inspectors were satisfied that the centre register was maintained by the manager, in compliance with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21. The admission details of the residents at the time of this inspection were properly recorded. Inspectors recommend that the centre must also ensure that the gender of the young people is recorded in the register. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Training and development

The inspectors found that the company had an on-going staff training and development programme in place. Training records provided to the inspectors showed that core training in fire safety, first aid, Children's First, 2017 and behaviour management was up-to-date. Additional training and guidance was provided by the company's psychologist providing clinical input in developing therapeutic plans for the young people. Staff interviewed by the inspectors stated that there were on-going opportunities for them to attend further training which was funded by the company.

Administrative files

The recording systems in place were well organised and maintained to facilitate effective management and accountability. There was good evidence of oversight and records were signed by the manager, regional manager and client services manager. The centre had arrangements in place for the archiving of files. The manager oversees the budget in the centre and is satisfied that it is adequate to meet the needs of the young people in placement.

3.2.2 Practices that met the required standard in some respect only

Management

At the time of inspection, inspectors found that there was a new management team in place with both the centre manager and deputy manager having been recently appointed. Inspectors found that the centre was being managed by an appropriately qualified person who had been in post for a month at the time of inspection. The manager had a number of years' experience working in residential care including a period as a centre manager in one of the company's other centres. The manager was supported in their role by a deputy manager who had been appointed two months prior to the inspection. The manager informed inspectors of a range of mechanisms through which oversight of suitable care practices and operational procedures was undertaken. This included supervision of the staff team, observation of staff practice, attending staff meetings and handovers, oversight of centre records and interaction with the young people in placement. Inspectors found evidence that the manager was satisfying themselves that appropriate and suitable care practices were in place, having regard to the number of children living in the centre and the nature of their needs.

External oversight was provided by a regional manager and a national client services manager. These in turn were accountable to a chief operations officer who reported to a chief executive officer and a board of management. The regional manager was provided with updates on the young people by the manager and there was evidence on records that they visited the centre on a regular basis. The regional manager conducted monthly audits of the centre, monitored care files, reviewed significant event reports and met regularly with the staff and young people. The inspectors viewed a sample of the monthly audit reports which provided good evidence that the work of the centre was overseen and monitored on a regular basis.

The centre had been operating for fifteen months at the time of this inspection. During this period there have been a number of management changes in the centre. The centre manager and deputy manager who were appointed when the centre was registered had both moved on from their posts. Prior to the appointment of the current manager there was a two month period when the manager's post was vacant while the company were recruiting. During this period the centre was managed by a child care leader and the newly appointed deputy manager supported by the regional manager who increased oversight and was more of a presence in the centre. Social workers informed inspectors that the lack of managerial stability at this time had a negative impact on the service highlighting an increase in the number of reported

significant events along with communication issues evidenced in the delay in the quality and receipt of significant event reports. A review of records and interviews with management and staff also showed that during this time staff supervision did not take place in accordance with timeframes outlined in the centre's supervision policy.

Inspectors found from reviewing significant event reports and interviews with supervising social workers that the lack of a consistent staff team was an issue. While there was a core group of staff working in the centre they had been supplemented on many occasions by relief staff and staff from the company's other centres. Social workers and other professionals stated that there had been a lot of staff changes and the lack of a consistent staff team was having an adverse effect on the young people in their ability to develop and maintain relationships. Social workers also raised concerns in relation to the supervision of young people and were dissatisfied with the management of challenging behaviour. These issues are discussed in more detail further on in the report.

Staffing

The staff compliment in the centre at the time of the inspection consisted of a manager, deputy manager, one social care leader and six social care workers. There was a good gender mix in the team and all staff had a social care or related qualification. Additional staffing when required was provided by relief staff and staff from the company's other centres. The inspectors found that there had been a very high staff turnover in the eleven months since the previous inspection and noted that only two of the staff presented at the last inspection were still working in the centre. The manager, deputy manager and five of the care staff had all moved on from their posts.

Social workers raised concerns with inspectors at the high turnover of staff which in their view impacted negatively on the quality of the relationships with the young people. One social worker expressed the view that the constant changes in a young person's keyworkers was having a negative impact on their care, a view which was shared by other professionals providing clinical support to the young person. The high turnover of staff was also highlighted in a questionnaire from a school principal who commented on the large number of different care staff collecting a young person from the school requiring the constant checking of staff I.D. An analysis of significant events over a six month period prior to the inspection showed that twenty one staff members had been recorded in managing significant events alone.

The inexperience of the staff team was highlighted as an issue in the previous inspection of the centre. Inspectors found that while the experience level of the staff team had improved with the recruitment of a number of more experienced staff members, there were some staff members with limited residential care experience. Centre management must ensure that staff roster is carefully planned to ensure that the centre aims to have at least one qualified staff member at social care level on each shift in accordance with the standards.

Notification of Significant Events

The centre maintained a register of significant events. Significant event reports were referenced in the daily logs. The inspectors were satisfied that the centre had prompt notification procedures in place to notify the child and family agency and all relevant professionals of significant events. The supervising social workers confirmed to the inspectors that they were satisfied they were notified of significant incidents in a timely manner with the exception of a one month period during which there was no centre manager in post. Supervising social workers confirmed to inspectors that since the appointment of the new manager significant events have been reported promptly and written reports were of a good standard.

Supervision and support

The centre had a supervision policy which stated that individual supervision was provided once every four to six weeks for all staff. The manager received formal supervision from the regional services manager along with informal support through visits to the centre and regular phone contact. The manager, deputy manager and a childcare leader were responsible for the supervision of the staff team. The inspectors reviewed a sample of staff supervision records and found that supervision overall was of good quality focusing on placement planning, key working and the goals of the young people. There was also good evidence of staff being supported, challenged and being held accountable for their practice. The inspectors noted that supervision did not take place within the timeframes specified in the centre's supervision policy in the period prior to inspection when there was not a consistent management team in place.

The centre manager and care staff informed the inspectors that shift hand-over's occur daily. The inspectors found from the files and attending a hand-over meeting that they reflected good communication regarding young people's consistency of care. There was evidence of regular staff meetings taking place. These meetings were originally taking place monthly but had increased to fortnightly in the month prior to inspection. A template was used with a number of standing agenda items which

included a review of young people's placement plans, incident reviews along with a review of young people's individual crisis management plans. The minutes reviewed by the inspectors contained action plans and time frames for completion. Attendance overall was good and the regional manager had attended a number of these meetings.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

Required Action

- Senior management must make every effort to ensure that a stable consistent management team is maintained in the centre.
- Senior management must ensure that the centre is adequately staffed to fulfil its purpose and function in accordance with standard two of the National Standards for Children's Residential Centres, 2001.
- Centre management must ensure that the staff roster is carefully planned to ensure that the centre aims to have at least one qualified staff member at social care leader level on each shift.
- Senior management must review their staff interchange policy to ensure a consistency in the delivery of care to young people. The reliance of staff from other centres and relief staff must be kept to a minimum.
- Centre management must ensure that all staff receive regular supervision in accordance with the timeframes set out in the centres supervision policy.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

The inspectors were satisfied from interviewing the two young people in residence that they were consulted and that their opinions and views were sought on decisions affecting their daily lives and future. Young people confirmed that they were consulted regarding their care plans and had attended statutory care plan review and professionals meetings. A review of the records of the centre's house meetings evidenced that meetings were attended by the young people. These meetings took place on an individual basis at times when the dynamic between the young people was not positive. The minutes of these meetings recorded issues discussed which included meal planning, activities and relationships between the young people. All young people were provided with a booklet on admission which provided information on the centre and on their rights and responsibilities. The young people in the centre had also been visited by the children's advocacy group EPIC (Empowering Young People in Care) and one young person told inspectors that they had attended a number of EPIC events.

Complaints

The centre had a policy and procedure in place on the handling and investigation of complaints. This policy had been updated since the previous inspection in 2018 to include a reference to the "Tell Us", the Tusla policy for complaints and feedback. Young people and their parents were informed of the complaints procedure in the young person's and parent's information booklet and there was evidence of this on file. Young people in interview had a good understanding of the complaints process and acknowledged that staff listened to and responded to complaints. The centre maintained a register of complaints. A review of the complaints register and complaints records on care files provided evidence that complaints had been appropriately managed. Minutes of professionals meetings on file also recorded that complaints made by the young people had been reviewed with the young person and centre management. The staff interviewed had a clear understanding of the

complaints procedure and the inspectors found that the complaints register was monitored on a regular basis by internal and external management.

Access to information

The centre had a written policy regarding young people's right to access written information in their care files. The inspectors found evidence on file that the residents were informed of their right to access information and the daily recordings about them. Records maintained on file recorded the young people being offered their records on a monthly basis. While both young people were in placement for over a year neither had chosen to avail of the opportunity to access their records. The inspectors recommend that the centre is more proactive in this area and actively encourages young people to read their records including their daily logs.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 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 II, Article 4, Consultation with Young People*.

Required Action

None identified.

3.6 Care of Young People

Standard

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

3.6.1 Practices that met the required standard in full

Individual care in group living

The inspectors found evidence from interviews and care files that the centre management and care staff were respectful of the importance of maintaining the young people's individuality within the group. The young people were provided with their own bedroom which they were allowed decorate to their own taste. The inspectors found from speaking with the young people that they were encouraged to develop their individual interests and that special events including birthdays were recognised by the staff and celebrated. Young people were encouraged to make personal choices about the clothes they wear and were supported as necessary by staff in attending to their personal hygiene and personal appearance. Key workers for the young people were aware of their individual placement plans and were guided accordingly by these. There was evidence that individual work with the young people was reviewed by the centre manager. The manager stated that individual work was an area they had identified as requiring further improvement and development going forward.

Provision of food and cooking facilities

Both young people in interview confirmed to inspectors that they cook and go food shopping. There was evidence of good practice in encouraging young people to develop a varied and healthy diet. Young people could access food easily during the day time. The kitchen was locked at night time based on risk assessment and young people interviewed understood the rationale provided by staff. Both staff and the young people had their meals together when possible.

Race, culture, religion, gender and disability

The centre had a written policy on discrimination. The policy recognises that young people in the centre can be vulnerable to discrimination through being in care. The

policy promotes the recognition of diversity in race, culture, religion, gender and disability. Consultation with young people had taken place regarding religious practice during admission and the staff team facilitated attendance at religious ceremonies as required. There was evidence that young people in placement had an understanding of their care circumstances, their family contact and sense of identity was discussed and supported in individual and key work sessions.

Restraint

The centre had a policy on the use of physical restraint. All of the staff team were trained in a method of physical restraint that had been researched and was based on reputable practice and had regular refreshers. Each young person had an individual crisis management plan which identified the appropriate form of restraint for each young person if required. There were two restraints recorded in the period under review. There was evidence that these restraints were reviewed by the centre management to ensure they were necessary and carried out appropriately.

Absence without authority

The centre has a written policy on absence without authority. The staff team were familiar with the Children Missing from Care: a Joint Protocol between an Garda Síochána and the HSE Children and Families Services, 2012 and with the procedure for reporting a child missing from care. The inspectors noted that there was an absence management plan in place for each young person which had been circulated to and reviewed by the allocated social workers. There had been 29 absences in the year prior to inspection, the majority of which were in relation to one young person who has since been discharged. The inspectors were satisfied that all incidents of absence without authority were properly recorded and that the Garda/ HSE Protocol had been followed on reporting young people missing from care.

3.6.2 Practices that met the required standard in some respect only

None identified.

3.6.3 Practices that did not meet the required standard

Managing behaviour

The inspectors were satisfied that the centre had an appropriate policy on managing behaviour. The care staff had received training in a model of behaviour management. There was a clear sanctions policy in place and positive behaviour was rewarded. Sanctions were only administered when there was unacceptable conduct, and the

inspectors found that no inappropriate sanctions were administered during the period under review.

Each young person had an individual crisis management plan on file which had been updated on a regular basis. There was evidence that incident reviews were taking place and risk assessments and risk management plans had been developed where necessary. It was evident from reviewing significant events along with interviews with centre management, staff and supervising social workers that managing the young people's behaviour has been a challenge for the staff team and required improvement.

In this inspection management and staff in interview acknowledged that some incidents could have been managed better. A number of incident reviews conducted by the centre identified instances where staff were not attuned to the young people's needs, did not employ early intervention techniques and where there had been poor judgement by staff in managing the young people's behaviour. Inspectors also found from reviewing significant events that in some cases staff were reluctant to challenge the young people which was evident in an overreliance on the Gardaí being called to manage young people's behaviour in the centre.

Social workers informed inspectors that they had concerns in relation to behaviour management outlining specific incidents that were not managed appropriately. The most serious of these incidents included a number of assaults on a young person by another resident. Social workers had held meetings with the centre following a number of these incidents to review them and to put risk management plans in place. However, agreed plans and strategies were not always implemented and in some cases incidents reoccurred. One social worker stated that a risk management plan that was devised with the centre was not adhered to resulting in a serious incident occurring which in the social workers view was preventable.

There was documentary evidence on file of a Guardian Ad Litem expressing concerns in relation to how the centre managed a number of incidents and requesting a meeting with the centre management to address these concerns. On another occasion the Gardaí convened a meeting with the centre and a young person's social worker due to the fact that there was an overreliance on the Gardaí being called to the centre to manage the young people's behaviour. The purpose of this meeting was to strategize as to how to manage the young person's behaviour without the assistance of the Gardaí.

Social workers expressed the view that some staff were not experienced enough to manage the young people's behaviour and the high staff turnover referred to earlier in the report impacted negatively on the centres efforts to manage the young people's behaviour. Inspectors found that following the discharge of one young person a month prior to the inspection and the appointment of the new manager the centre has been settled with a reduction in the number of reported significant events. The centre had also introduced group supervision and fortnightly team meetings to assist with team development and the management of behaviour in the centre.

3.6.4 Regulation Based Requirements

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

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

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

Required Action

- Senior management need to ensure the effective and consistent implementation of the centres behaviour management model.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

None identified.

3.7.2 Practices that met the required standard in some respect only

The centre had a comprehensive set of policies and procedures covering safeguarding and child protection. These included guidance on professional boundaries and a code of behaviour for staff, policies on one to one supervision of young people, physical touch along with guidelines for staff to ensure safe practice. Safeguarding and child protection was also a standing agenda item at staff meetings.

Staff in interviews and questionnaires referenced individual and group supervision, the centre's complaints procedure and the on-going assessment of risk as safeguarding measures. The centre had a child safeguarding statement in place which had been approved by the Tusla child safeguarding statement compliance unit and was on display in the staff office.

Supervision of the young people at night time was provided by two sleep-over staff. Inspectors found that one young person had moved room recently and was sleeping on the ground floor without a staff member present. Both sleep in staff were sleeping on the first floor at the time where the other young person's room was located. Inspectors were informed that a room was in the process of being redecorated to accommodate a second staff member on the ground floor. Inspectors were concerned at this arrangement considering the young person's profile and the fact that there were no buzzers on the bedroom door and no evidence that this had been risk assessed. This matter was brought to the attention of the regional manager by the inspectors and a staff member was subsequently relocated to the ground floor.

Child Protection

Standard

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

All staff had completed training in Children First: National Guidance for the Protection and Welfare of Children, 2017 along with the new E learning training programme. In interviews all staff were aware of the procedures to follow in the event of an allegation or disclosure. However, inspectors found in interview that not all staff were familiar with the updated child protection and welfare form and the revised procedures for reporting child protection concerns. This needs to be revisited with the staff team.

The centre maintained a register of all child protection concerns. There had been a number of child protection notifications made in the period under review. The inspectors were satisfied that the centre were following up on outstanding child protection concerns. The centre had a tracker system in place recording dates of the centre's efforts in requesting updates from investigating social work teams on the status of child protection notifications made.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must ensure all staff are familiar with the revised procedures for reporting child protection concerns in line with the requirements of the Children First: National Guidance for the Protection and Welfare of Children, 2017.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	Senior management must make every effort to ensure that a stable consistent management team is maintained in the centre.	The current management team are in place since just prior to this most recent inspection.	<p>The current management team were appointed just prior to the most recent inspection. They are both experienced social care workers who have worked in management roles previously. This is being supplemented by the senior management team in the following ways:</p> <p>Consistent support via supervision, training, arranging team days, linking in with clinical department and ensuring that the needs of the management team are met.</p> <p>A continuation of guidance through intensive auditing procedures. The purpose of the audits is to teach, guide and correct at source any issues that need attention.</p> <p>A continuation of the management training programme currently under way within the company. This is overseen and monitored through training and development plans in place completed by the centre manager and regional manager.</p>

	<p>Senior management must ensure that the centre is adequately staffed to fulfil its purpose and function in accordance with standard two of the national standards for children’s residential centres (2001).</p> <p>Centre management must ensure that staff roster is carefully planned to ensure that the centre aims to have at least one qualified staff member at social care leader level on each shift.</p> <p>Senior management must review their staff interchange policy to ensure a consistency in the delivery of care to young people. The reliance of staff from other centres and relief staff must be kept to a minimum.</p> <p>Centre management must ensure that all staff receive regular supervision in accordance with the timeframes set out in</p>	<p>The centre has a full complement of staff to fill the roster. This is supplemented by an active relief panel who cover sick leave and annual leave.</p> <p>The roster is completed with this in mind. The deputy manager and social care leader work opposite each other during the week so there is a management presence on the floor each day during the week. The social care leader works some weekends also.</p> <p>This is only completed in extreme situations to supplement the existing team. They are supplementary to the existing staff team.</p> <p>Supervision is reviewed in audits on a monthly basis by the centre manager (via the centre manager monthly house audit) and the</p>	<p>Staffing is reviewed consistently in weekly meetings between client service managers, regional managers and centre managers. A fixed item on this agenda is reviewing staffing for the centre. Any deficiencies are then acted upon by the client services manager.</p> <p>The centre manager completes the roster and it is then inserted on our Time Management System. This is reviewed by senior management and reviewed weekly at the client services manager, regional manager, and centre manager meeting.</p> <p>The purpose of this action is to supplement staff teams at times of crisis. At times crisis can be functions of environmental factors and care factors. These are addressed through active monitoring and auditing by the senior management teams. The impact on both centres is considered and reviewed consistently.</p> <p>At present there are three staff members who are trained in delivering supervision and a supervision schedule is completed and</p>
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	the centres supervision policy.	regional manager via the monthly auditing procedure. Whilst this was highlighted via both mediums the failure to follow through correctly ensured that supervisions did decrease in number. The period of time this referred to was the interregnum between the current centre manager and previous centre manager.	available to all staff. This is now being reviewed between the centre manager and regional manager in supervision and any deficits are acted upon ASAP.
3.6	Senior management need to ensure the effective and consistent implementation of the centres behaviour management model.	At the outset there was an over reliance on the use of Gardai by the team to manage incidents. A training programme began to empower the team in their dealings with the behaviours exhibited by the young people in question. This is evidenced in additional training pieces conducted by our training department and the clinical department input. It is part of each individual training and development plans that are reviewed during supervision.	There are clear guidance documents for each young person which expressly provide for provisions such as asking for Garda support. A meeting occurred with the local Gardai to ensure that that relationship remains positive The clinical department are no more active in proscribing possible solutions and providing support to the staff team.
3.7	Centre management must ensure all staff are familiar with the revised procedures for reporting child protection concerns in line with the requirements of the Children First: National Guidance for the Protection and Welfare of Children, 2017.	Child protection matters are a fixed item on the agenda for the team meeting. This is reviewed consistently during team meetings which occur twice a month.	Child protection training is part of the mandatory training to be completed by all social care workers in the company. This has to be renewed on a continuous basis.