



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

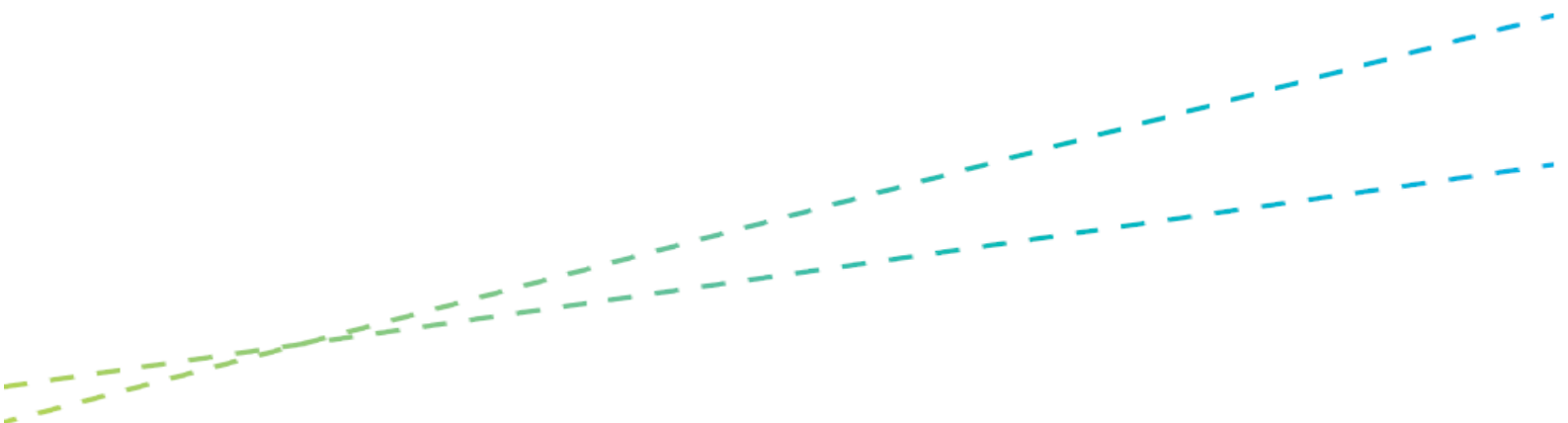
Alternative Care Inspection and Monitoring Services

Children's Residential Centre

Centre ID number: 136

Year: 2018

Lead inspector: Lorraine Egan

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Positive Care
Registered Capacity:	3 young people
Dates of Inspection:	16th and 17th October 2018
Registration Status:	Registered from 30th May 2018 to 30th May 2021
Inspection Team:	Lorraine Egan and Linda Mc Guinness
Date Report Issued:	9th January 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 ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on 30th May 2018. At the time of this inspection the centre were in their first registration and were in year one of the cycle. This was the centre's first three month inspection as the first young person was admitted in July 2018. The centre was registered from the 30th May 2018 to the 30th May 2021.

The centre's purpose and function was to accommodate and provide care on a medium to long term basis for three young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as one that offers an individualised programme of care that aims to assist young people in developing physically, socially, morally, emotionally, cognitively and educationally.

The inspectors examined standards 1 'purpose and function', 2 'management and staffing', and 5 'planning for children and young people of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 16th and 17th October 2018.

1.2 Methodology

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

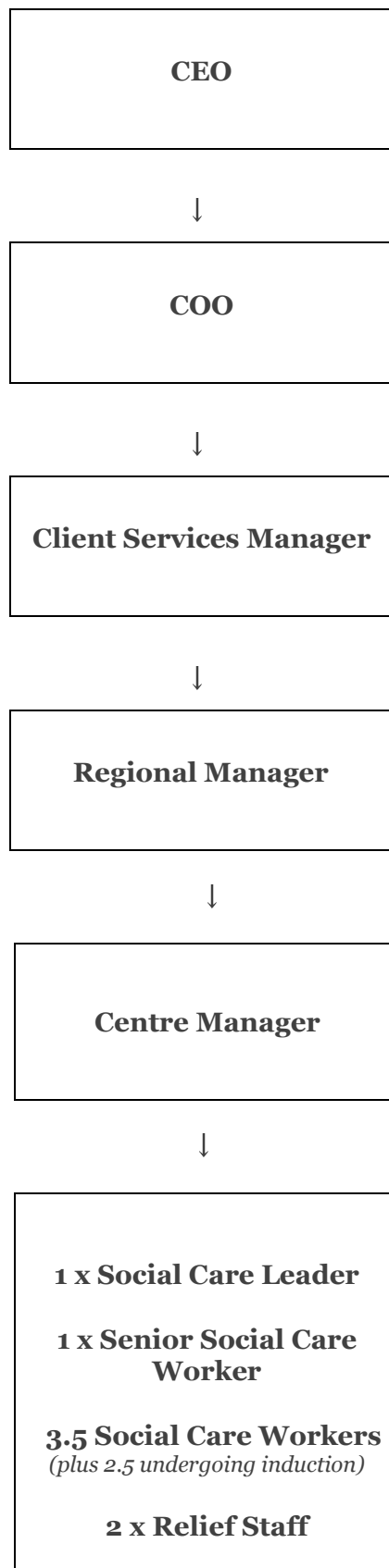
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Four of the care staff team
 - b) The regional manager
 - c) The client services manager
 - d) One social worker with responsibility for one young person who had been discharged from the centre.
- ◆ An examination of the centre's files and recording process including:
 - Administration files
 - Care files
 - Management meeting records
 - Personal files
 - Significant event notifications
 - Supervision records
 - Team meeting records
 - Centre registers
 - Training and development files
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) The regional manager
 - c) Three staff members including a social care leader
 - d) The social workers with responsibility for two young people residing in the centre
 - e) The social worker with responsibility for one young person who had been discharged from the centre
 - f) Two young people

- ◆ Observations of care practice routines and the staff/young person's interactions.
- ◆ Shared lunch and dinner with both of the young people and staff on shift

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, the regional manager and the relevant social work department on the 26th November 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on 21st December 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to continue to register this centre, ID Number: 136 without attached conditions from the 30th May 2018 to the 30th May 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.1 Purpose and Function

Standard

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

3.1.1 Practices that met the required standard in full

None identified.

3.1.2 Practices that met the required standard in some respect only

The purpose and function statement outlines that the centre can accommodate and provide care for three young people of mixed genders aged between 13-17 years on a medium to long term basis. The centre accepts referrals from the National Placement Team. At the time of inspection, there were two young people resident in the centre. A third young person had been discharged very recently. This young person had been admitted on an emergency basis, initially for a one month period with the placement being extended for a further two months. One of the two young people currently in placement at the centre had also been accepted on a short term basis. They were nearing their eighteenth birthday and the focus of the care being provided was preparing the young person for independent living outside of the service. The other young person met the criteria for placement and was admitted to the centre on a medium to long term basis.

As a result of the two admissions accepted on a short timeframe, inspectors found that the centre was operating outside its purpose and function and that this had a potential to impact negatively on the placements of other young people. When interviewed by the inspectors, the regional manager stated that the service knew that they were accepting young people that did not wholly meet their purpose and function but they accepted them on the basis that they could provide a suitable programme of care on a short term timeframe. The regional manager also stated that the centre's purpose and function has not being altered as a consequence of this and will continue to operate on a medium to long term basis despite the change for the initial admissions. Regional and centre management must ensure that any admissions accepted by the centre must meet the purpose and function criteria laid out in the service's policy statement.

The centre's model of care was described in the centre's policy as being based on an individualised programme of care that aimed to assist young people in developing physically, socially, morally, emotionally, cognitively and educationally. Through the medium of therapeutic relationships, the service sought to assist young people in all aspects of their development. They strived to do this by meeting a number of the young people's needs, such as the need to feel cared for, safe, supported and respected. The inspectors found through interviews and a review of the centre's recording system that there was uncertainty amongst the team over what constituted the model of care. When interviewed two of the young people's social workers said that they were not clear on what the centre's model of care was and one social worker stated that they had no knowledge of the service's intention to alter it.

The centre manager stated that a new therapeutic model was being introduced by the service in the next number of weeks, but in the interim period, the old model was being implemented in practice. At interview, the regional manager told inspectors that when the centre opened, the model of care was under review and said that the current model needed to be modified. This was based on feedback from registration and inspection's previous reports where it was found that the model of care was not clearly understood by staff teams. Inspectors were informed that all staff would be trained up on the new care framework in the coming weeks and it would be delivered by the service's newly appointed psychologist.

While there was evidence that staff were building and maintaining positive and supportive relationships with young people in placement, inspectors found that centre paperwork did not reflect the operation of any specific model of care in practice. Senior management, as a matter of priority, must ensure that all staff receives appropriate training on the revised model of care and that the team are supported to implement its principles in meeting the needs of the young people. The model of care must be made accessible to young people, families and supervising social workers.

3.1.3 Practices that did not meet the required standard

None identified.

Required Actions

- Regional and centre management must ensure that any admissions accepted by the centre must meet the purpose and function criteria laid out in the service's policy statement.
- Senior management, as a matter of priority, must ensure that all staff receives appropriate training on the revised model of care and that the team are supported to implement its principles in meeting the needs of the young people. Information on the model of care must be made accessible to young people, families and supervising social workers.

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

There was a centre register containing the details of all young people admitted and discharged which included the addresses of the destinations they were discharged to. While this register held most of the information required by Child Care (Placement of Children in Residential Centres) Regulations 1995, it contained no record of one parent's name for one young person currently in the centre. The name was known to the social work department and held on the young person's file but their specific location was not known. Inspectors recommend that where this information is unavailable, it should be documented as such and recorded in the register as unknown.

Administration Files

Inspectors reviewed the administrative files in the centre and found them to be well maintained to facilitate effective management and accountability. However, in some instances there were loose pages and cumbersome filing of particular records. These occurred in the handover log, the supervision files and the care files. Inspectors recommend that this is addressed by centre management so that all young people's

files and centre records are held securely. Managerial oversight of the records both internally and by regional management was observed by inspectors. Upon discharge from the centre young people's files are sent to the relevant social work department to be stored and kept in perpetuity.

3.2.2 Practices that met the required standard in some respect only

Management

The centre had a full time manager in place and had an appropriate qualification in social care. They had responsibility for overseeing the day to day operation of the centre and were scheduled to work from 9 a.m. to 5 p.m. Monday through Friday. Prior to their appointment to the centre, the manager had some experience in a management capacity within the disability sector, however had no previous management experience working in a children's residential care setting. There was a clear management structure in place whereby the social care manager reported directly to the regional manager for the North East region who had responsibility for four centres in that area. They were supported in their role by one social care leader and one senior social care worker who had specific responsibilities designated to them which included supporting inexperienced members of the staff team.

The regional manager visited the centre at a minimum once per month in order to assess the quality of care and outcomes for young people. There were quality assurance systems in place where the unit manager completed a monthly audit of house and young people's care files and subsequently forwarded it to the regional manager for their oversight. The regional manager conducted periodic house audits along with audits of the young people's care files. A recent change in auditing processes included provision for unannounced audits also. Following each audit, an action plan was provided to the unit manager who was required to give a response within a five day timeframe. There was follow up to ensure all issues were actioned appropriately. The regional manager also had oversight of individual crisis management plans, absence management plans, risk assessments, care plans and placement plans. They were also involved in the review of pre-admission risk assessments for new referrals to the centre.

Inspectors saw evidence that the regional manager had conducted three full audits of the house and care files since the admission of the first young person in July 2018. Each audit had a detailed review of issues of compliance and noted any deficits which required attention. Inspectors found that a recent internal audit had identified issues

which were also observed during this inspection such as the management of complaints and a required improvement in the recording of staff meetings.

The regional manager had also noted from their audits that an incident had occurred in the centre which should have been recorded as a significant event and notified as such. This was subsequently completed by the unit manager but it revealed an overall confusion from centre management and the staff team in respect of what constituted a significant event and therefore not all events were classified as required or held on the dedicated register. For example, significant conversations or comments by young people were notified to social work as a concern but were not logged or registered as a significant event as they did not constitute an 'incident'. Centre management must review the significant event system and communicate this to the team so that there is clarity amongst staff with regards to the specific events that should and should not be notified as such.

While observing the centre's records, inspectors noted that a further issue which required attention was a review of sanctions used with young people. It was found that some sanctions were not being effective in changing behaviour and despite this, were repeatedly being used. Also, the sanctions' did not link in any way to the behaviour of the young person and were not appropriate to their age and development. This had been identified during an audit by the regional manager and they had required a review of the use of these sanctions to be completed by the centre manager. Inspectors recommend that this review of sanctions takes place as a matter of priority.

Staff interviewed confirmed that the regional manager had visited the centre and were available to them by email, telephone and through the on-call system. A review of the management meeting records by inspectors showed that the North East team had met on four occasions since July 2018. Issues which were addressed at these meetings included internal auditing, child protection issues, general data protection regulation (GDPR) compliance, health and safety, staffing, training, supervision, staff survey, policies and procedures and management of complaints.

Inspectors observed that the centre manager had read and signed documents that evidenced their governance, including key working reports, care files and young people's daily logs. They had also chaired team meetings and provided staff supervisions. There was also evidence to show that the centre manager provided specific direction and guided practice to the staff team in areas of placement

planning. Inspectors, found that the centre manager had developed a positive relationship with each young person in placement.

Notification of Significant Events

The centre had an appropriate policy on the reporting of significant events and a specific register for documenting incidents was in place. There was evidence of oversight by the manager and regional manager. All significant events were forwarded to the relevant professionals including allocated social workers along with the lead inspector. The centre manager indicated that social workers were notified by telephone and this was followed up with email correspondence if there was urgency to a specific significant event. The allocated social workers that were interviewed confirmed that they were satisfied with the centre's notifications and management of incidents in the centre. Currently there is no significant event review group meetings taking place but the centre manager stated that there was a plan to have a formal process operating in respect of the significant events by the staff team.

Staffing

The core staff team consisted of a full time social care manager, one social care leader, one senior social care worker and 3.5 social care workers. There was induction and training taking place for another 2.5 posts which were expected to be filled by November 1st 2018. The centre was also supported by a panel of two relief staff.

This was a newly established team within the centre and one that was not well-experienced. Some of the staff members had not worked in a residential care setting previous to their current post. Although the social care manager had systems in place to support the inexperienced staff, there was not a balance of experienced to inexperienced staff on the team. Furthermore, inspectors found that the requirement for the centre to aim to have at least one qualified staff member at social care leader level on each shift was not in place. From interviews conducted and from observations by inspectors of staff/young people's interactions, the staff showed a good commitment to the young people with an ability to communicate effectively with them. The regional manager and centre manager must address the deficits in staff and team experience so that a balance of experienced to inexperienced staff is present on shifts. The requirement for the centre to aim to have at least one qualified staff member at social care leader level on each shift must be met.

From a review of a sample of personnel files, inspectors found that Garda vetting along with disclosures from other jurisdictions was in place and in date. Personnel files held three references that had been verbally verified with application forms, up-

to-date CVs and copies of qualifications. There was evidence of induction completed with new staff over a five day time scale incorporating an introduction to the organisation's policies, procedures and training. Inconsistencies existed in relation to the length and content of the induction programme provided by the service. A number of staff at interview stated that the behaviour management programme completed as part of induction training was of a three day duration, while others said it had a two day timeframe. The regional manager also stated that they thought that the timeframe for induction was six days not five, which included a four day behaviour management module. Inspectors recommend that external and centre management provides clarity on the duration of the induction training for staff. The training hours for the behaviour management programme must be in line with the recommended criteria within the stated model and evident on each personnel file.

Supervision and Support

The centre had a written policy on supervision and support which sets the minimum frequency for formal supervision at once every four to six weeks. Inspectors found that the supervision sessions taking place were generally in line with the organisation's stated policy. The social care manager and social care team leader provided supervision to the staff team and both had received relevant training in supervision processes. Inspectors examined a sample of the individual supervision files maintained for each staff member and found that some of the staff did not have supervision contracts in place.

Inspectors found the content of the discussions recorded in the main did not contain any specific detail in respect of the agenda items being covered. Also, there was an absence of a clear effective link to the young people's placement plans. The focus of the discussions centred on practical support for staff such as the completion of individual crisis management plans (ICMP), key-working paperwork and placement plans. The centre manager was supervised by the regional manager and while there was evidence of some discussion on the planning of care for young people, staff review and training, there was an issue with the quality of the records as they lacked detail on the discussion, agreed action plan and completion of tasks. Centre management must ensure that the record of the supervision process includes a discussion on the goals of the placement plan, and that there is sufficient documentation kept of agenda items covered. Inspectors recommend that there are supervision contracts in place for all staff.

Team meetings were scheduled to take place on a monthly basis, however, inspectors found that two meetings took place since the admission of the first young person on

the 4th July 2018. The second young person was admitted shortly after. The first team meeting took place on August 16th 2018. This was six weeks after the admission of the first young person to the centre. Given that this was a new centre with a newly formed and inexperienced team it should have been a priority to hold a team meeting early in the placements of both young people in order to facilitate the planning of care and team development. A third team meeting was scheduled to take place the week after this inspection. Centre management must ensure that team meetings take place in line with centre policy.

Inspectors found that the minutes of the first team meeting contained an inadequate record of the detail of the discussions and any decisions reached. There was also, no actions or timeframes specified. This had been identified as part of an internal audit by the regional manager and was addressed in the action plan. Some improvements were evident in the following record, however inspectors found that deficits remained and that the records did not show a clear and consistent link between the placement plan, goals for the young people and care practice. There was evidence that the management of complaints were discussed at the team meeting following a recommendation in a management audit. Where a supplementary meeting had occurred, the minutes focused only on staffing matters such as human resource issues and the upcoming inspection and training.

One inspector attended the handover meeting and found that the discussion related predominately to the daily plans of the young people such as appointments for the day. While some discussion was provided on the events of the previous day including issues in relation to schooling, it lacked a link to the young person's specific care needs. Inspectors reviewed the handover meeting records and observed that while it contained tasks to be completed along with other duties, the name of the team member assigned to the task was not always present on the record. There was an absence of key-working built into the daily plans with inconsistent internal audit and no external oversight. Centre management must ensure that the team meeting reflects discussions on key working and the planning of care for young people. Records must reflect the link to the placement plan goals with actions and timeframes specified. The regional and centre manager must ensure evidence of consistent oversight on records of meetings.

Training and Development

A review of staff files was completed and found that all core training had taken place for the current staff team. Core training was delivered as part of the induction process and completed by staff before work commenced at the centre. The schedule

included; mandatory training in a recognised behaviour management model, Children First, fire safety and first aid. The centre had a policy in respect of all training and there was an audit and training plan in place also. This was an electronic system co-ordinated by the organisation's appointed training co-ordinator. The centre manager stated that refreshers were signalled through this online system with staff receiving email notification when updates were due. All staff had completed Tusla's Children First E-Learning Programme along with the organisation's specific child safeguarding training, however, there was no evidence that child protection training had been provided in respect of the Children First Act 2015 and the Children First Guidance document 2017.

As stated above, inspectors found that the staff team were not clear in respect of the centre's stated model of care. A decision had been taken at senior management level to implement a new model of care a month prior to this inspection. Some centres within the organisation had received training in the new model however it had not been provided to the staff team in the centre undergoing inspection despite it being newly opened. Staff, including the centre manager and regional manager informed inspectors that training was scheduled for late October 2018 to be delivered by the newly appointed psychologist.

Inspectors found that there was a lack of evidence on centre records relating to the 28 hour training requirement for the behaviour management programme. Inspectors recommend that this deficit is addressed and included on the training record files.

The centre provided access to a 'learn upon' online portal that each staff member was registered with. This facilitated them in the completion of supplementary training in areas such as drug and alcohol awareness, report writing, after care and key-working. Staff had also received training in the safe administration of medication. Inspectors recommend that training certificates confirm if the training was completed as an online course or a face-to-face programme so as to distinguish between the two.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

The centre 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 Actions

- Centre management must review the significant event system and communicate this to the team so that there is clarity amongst staff with regards to the specific events that should and should not be notified as such.
- The regional manager and centre manager must address the deficits in staff and team experience so that a balance of experienced to inexperienced staff is present on shifts. The requirement for the centre to aim to have at least one qualified staff member at social care leader level on each shift must be met.
- Centre management must ensure that the record of the supervision process includes a discussion on the goals of the placement plan, and that there is sufficient documentation kept of agenda items covered.
- Centre management must ensure that team meetings take place in line with centre policy.
- Centre management must ensure that team meetings reflect discussions on key working and the planning of care for young people. Records must reflect the link to the placement plan goals with actions and timeframes specified. The regional and centre manager must ensure evidence of consistent oversight on records of meetings.
- Centre management must ensure that all staff receive child safeguarding training in line with the Children First Act 2015 and the Children First Guidance document 2017.

3.5 Planning for Children and Young People

Standard

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

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

The centre has a clear admissions policy and agreed procedures in place that outlines the referral and admissions process. Referrals are accepted through the National Placement Team. The purpose and function stated that the centre could accommodate up to three young people between the ages of 13 and 17 years of age on a medium to long term basis. At the time of this inspection, there were two young people living at the centre and one had been discharged the day prior to this inspection in line with their care plan. Inspectors found that the placements of two of the young people were not in line with the stated purpose and function in that they were both intended to be short term placements with one young person having reached the age of 17 years on admission. All social workers interviewed were satisfied that the placements were suitable and were meeting the needs of the young people placed there at the current time. At interview the young people said that they were given information about the centre and about the routines and their rights and they understood why they were in care.

Information about the young people was provided to the centre prior to their admission. This information was used to guide the collective pre-admission risk assessments that took place before each placement commenced. There were safety plans in place for each young person in consultation with the social work department and this was based on known information at the time of admission. Impact risk assessments were completed upon admission so as to consider and take account of the need to protect young people from abuse by their peers.

Contact with families

There was evidence from review of the records and from interviews with staff and social workers that where appropriate, family contact was supported and facilitated by the centre. One social worker said that despite the onerous distance to be travelled for family access for one young person, the centre ensured that it was facilitated on a regular basis. Some of the young people placed at the centre chose not to have contact with some of their family members and their placement plans kept a focus on rebuilding positive relationships with certain family members so long as it was considered to be in their best interests. For both these young people, access meetings were facilitated by the centre by providing transport to other parts of the country where they had been referred from and where family members and friends still lived.

At interview, one young person who did not have recent contact with her family, said that they did not understand the reasons clearly why they did not have access visits or that specific family members were not invited to participate in child in care review meetings. From a review of the care files and interviews with the staff team, inspectors observed that there was a lack of clarity on the reasons access was not taking place. The young person's social worker stated that they were not aware of the lack of clarity for either the centre or the young person and said that access was going to be revised at the forthcoming child in care review meeting where plans would be put in place to address this. Inspectors recommend that the social work department and centre management are sensitive to the young person's wishes on this matter.

Preparation for leaving care

For one young person, the focus of the placement at the centre was their preparation for independent living. The preparation plan reflected where they were going to live, support for seeking and maintaining employment, education and training needs in advance of leaving the centre. Records reflected the support given by the staff team through key working and daily plans in respect of self-care, healthy eating and building family relationships. An extension to remain in the placement after their eighteenth birthday was been advocated for by the young person's social worker.

Discharges

The centre has a written policy and procedure outlining the discharge process including the procedure for planned and unplanned discharges. One discharge had taken place the day before the inspection commenced. This was a planned discharge and inspectors observed on the centre's records that it happened in a positive way with a transition plan in place that was followed by the staff team and the allocated

social worker. When interviewed, the social worker stated that they were very satisfied with the way the transition happened for the young person and stated that there was very positive communication and liaison with the centre in respect of the move.

Aftercare

This was relevant to one young person who under the national aftercare policy was not entitled to an aftercare worker. The social work department, the team and Empowering People in Care (EPIC) had advocated for the young person and they had been allocated a worker to facilitate aftercare planning. There was evidence through the review of care files that there was a focus on aftercare planning for the young person where there were weekly plans in place including key working sessions in respect of employment, housing, learning how to drive, hygiene and independent living skills such as cooking, shopping and budgeting. At the time of interview with the young person's social worker, accommodation had been secured by the aftercare worker with funding in place.

Children's case and care records

From a review of the centres files, inspectors found that each young person had a permanent, private and secure record of their history and progress that, in the main, contained all relevant documentation. They were kept in a way that maintained appropriate levels of privacy and confidentiality about the young people's circumstances. Generally the case and care records were well organised and facilitated planning for young people, however, there were some files that had been catalogued in a way that did not facilitate ease of access as they were coming loose or had been filed in reverse order. Inspectors recommend improvements in this area. There were small errors on some files which had not been picked up during audits and inspectors recommend that these are addressed and changed on the records.

Upon review of young people's daily logs there was a significant narrative relating to young people's presentation each day. Inspectors recommend that the organisation review these records and reflect if all recording is facilitating effective planning and to consider if there may be unnecessary over-recording in some instances.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

There was an up-to-date care plan in place for one of the young people. The second young person was approaching 18 years of age and the focus centred on the

implementation of an aftercare placement plan. Inspectors observed a care plan on file that predated the young person's admission to the centre. The aftercare placement plan should have been developed arising from a comprehensive care plan. The care plan documents on file for both young people were found not to contain a detailed assessment of the young people's needs including health, education, emotional and behaviour development and the young person's views and wishes. For one young person, the majority of the sections contained either insufficient information or the segments were left blank. There was no consultation evident with either the young person or family members. There was also an absence of a child in care review. However, for one young person this was scheduled for two weeks after the inspection took place. The Child and Family Agency must forward the care plan for one young person's case file and also forward the minutes of the statutory child in care review meetings from once it has taken place.

Inspectors reviewed the placement plans and key working reports for each of the young people. The placement plan for one young person contained stated goals that were vague and lacked clarity. They did not set out the steps to achieve the specific goals nor was there a determined timeframe with review of same. Many of the goals and tasks would benefit from being specific in terms of *how* it was to be achieved. Throughout the plan, it was stated 'goals not achieved' so it was difficult to know whether the work had been completed and how the placement plan was being tracked.

Inspectors found evidence that key working had been taking place in areas that included health and diet, budgeting, identity and insecurity, setting boundaries, and independent living skills, however a significant number of the key working sessions were unplanned and opportunity led. Centre management must review the placement plan and ensure that goals are clear, linked to the care plan and specify how they are to be achieved with evidence of progression of required goals. Key working must also take place in a planned way.

Supervision and visiting of young people

All young people had allocated social workers. Inspectors reviewed the records of social work visits to the centre to meet with the young people and found that between the 23rd July 2018 and 12th October 2018 there was one social worker visit logged for the period. However, one of the young person's social worker stated that they had visited them three times since October 2018 and had also read the care files on the most recent visits. Inspectors saw no evidence of records being reviewed by allocated social workers while on site.

One young person at interview stated that they would like improved communication and access to their allocated social worker. When interviewed, the social worker stated that they have visits planned for the young person's child in care review with two further visits scheduled within a six month timeframe. Centre management must ensure that a record of every visit to a young person by the supervising social worker is entered in the centre's care file. Each supervising social worker must visit the young person in the centre they are placed and to read the young people's records from time to time as required.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

The centre was provided with some background information in respect of each young person prior to referral, however, as stated previously, the care plan for one young person, while it was up-to-date, the information contained in it lacked detail. The care plan for the other young person was not prepared for their current placement. A child in care review meeting was scheduled to take place for one young person post inspection.

The inspectors interviewed three allocated social workers as part of the inspection process, and found that they were informed about the care needs of the young people and their progress in placement. Despite this, one social worker when asked about the young person's care plan was not familiar with what it was. All social workers stated that they were very satisfied with the management of the centre and the care practices provided by the staff team. One social worker said that the team always had a very good sense of the young person and their needs.

The social workers were unaware that the model of care was changing in the centre or that clinical support for the staff team had ceased temporarily and how these deficits might impact on care practices. Some were also unsure if they had received a placement plan from the centre but stated they had received weekly reports about the young people. Social workers said that they also received written notification of all incidents including significant event notifications. While good communication was

taking place between the centre and some social workers, for others it did not meet the requirement for social workers to visit the centre from time to time and evidence their review of young people's care files.

Emotional and specialist support

Inspectors reviewed the care files for the young people and found that while some had been referred to specialist services, one of these appointments had not taken place as waiting lists did exist. One young person had received extensive therapy sessions before their placement began in the centre. For both young people, inspectors observed an absence of individual therapeutic plans on the care records. The centre manager must ensure that young people have early access to any specialist services they may require and that the findings and recommendations of specialist professionals are reflected in the plans and the work of the centre with the young person.

Some staff interviewed showed a deficit in their understanding of the complex needs of the young people on placement and how these could be addressed through specialist supports, placement planning and key working along with other interventions. Inspectors were told by staff at interview that they did not currently have access to ancillary clinical supports through meetings with specialist professionals. The external manager must arrange for external clinical support to be made available to staff as soon as possible.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 23, Paragraphs 1and2, Care Plans

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- The Child and Family Agency must forward the care plan for one young person and also forward the minutes of the statutory child in care review meetings from once it has taken place.
- Centre management must review the placement plan and ensure that goals are clear, linked to the care plan and specify how they are to be achieved with evidence of progression of required goals. Key working sessions must be taking place in a planned way.
- Centre management must ensure that a record of every visit to a young person by the supervising social worker is entered in the centre's care file.
- All supervising social workers should visit the centre from time to time and evidence their review of young people's care files.
- The centre manager must ensure that young people have early access to any specialist services they may require and that the findings and recommendations of specialist professionals are reflected in the plans and the work of the centre with the young person.
- The external manager must arrange for external clinical support to be made available to the staff team as soon as possible.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.1	<p>Regional and centre management must ensure that any admissions accepted by the centre must meet the purpose and function criteria laid out in the service's policy statement.</p> <p>Senior management, as a matter of priority, must ensure that all staff receives appropriate training on the revised model of care and that the team are supported to implement its principles in meeting the needs of the young people. Information on the model of care must be made accessible</p>	<p>The purpose and function statement has been reviewed and is explicit in what the service can provide to the young person. The purpose and function remains the same in the centre and will cater for young people on a medium-long term basis between the ages of 13-17. It will describe the type of presentations we can cater for, the age group, experience of the team, the Care Framework and internal supports and resources.</p> <p>The service's psychologist provided all staff with the training on the Care Framework on the 24.10.2018 and 27.11.2018. Further to this, on the 27.11.2018, four of the team was provided with training on Attachment and Trauma as it relates to the Care Framework in practice. All staff have been provided with a</p>	<p>To prevent this from occurring the newly appointed COO to meet weekly with the Unit Manager, Regional Manager and CSM to discuss placements, risk assessments, placement plans and team supports. To ensure compliance with the centre purpose and function should any changes occur this will be reviewed with higher management.</p> <p>The service places significant value on every employee receiving and having access to a high standard of good quality relevant training. To ensure ongoing consistency as it relates to evidencing the Care Framework in practice, team meetings will convene fortnightly with the framework a fixed agenda item for review</p>

	to young people, families and supervising social workers.	training and development plan that is reviewed monthly as part of their supervision and as required where additional needs are identified. The Care framework has been reviewed and amended by our new Psychologist who has simplified the content for teams to guide and assist them to understand key concepts and strategies for delivering a consistent standard of care when working with the young people in our service. They are also in the process of completing a comprehensive information resource pack for young people, families and social workers. We currently provide information about the Care Framework in the young person's booklet and also provide this information as part of the pre-admission meeting.	and discussion. The use of the Care Framework and PACE model will feature in all team meetings; Handover discussion; SEN records; and staff supervision to support ongoing improvement and peer learning.
3.2	Centre management must review the significant event system and communicate this to the team so that there is clarity amongst staff with regards to the specific events that should and should not be notified.	The centre has convened a team meeting on the 26.11.2018 and reviewed all policies related to the recording and submitting of Significant Event Notifications and related reports. As part of normal oversight and governance, senior management monitor every SEN for quality assurance purposes with direct feedback and direction provided to centre management and staff. Every staff member	SEN will be a fixed agenda item on our team meetings to explore the centre teams understanding of SEN's, what constitutes an SEN and how to support a young people during an SEN. Centre management will ensure this is reviewed on and discussed with the team on a monthly basis or as SEN's arise.

	<p>The regional manager and centre manager must address the deficits in staff and team experience so that a balance of experienced to inexperienced staff is present on shifts. The requirement for the centre to aim to have at least one qualified staff member at social care leader level on each shift must be met.</p>	<p>has SEN reviews incorporated into training and development plans alongside the review of SEN's being a fixed agenda item on fortnightly teams meetings and weekly Regional Management weekly-link in discussions.</p> <p>The team currently has a mixed composition of senior experience Deputy Manager, Child Care Leader and Senior Social Care Worker providing oversight and governance across the shift patterns, which will provide guidance and support for staff. Our intention is to continue to enhance the skillset of the team through continuous training and development in line with the requirements of the service and the needs of young people. The centre will aim to have staff member on each shift who is Social Care Leader Level.</p>	<p>The centre aims to operate a roster based on a consistent balance of both experienced and inexperienced staff to ensure adequate care oversight and planning is in place alongside mentoring and training for those less experienced staff. The company fosters a collaborative culture between centre and senior management working in partnership with our recruitment department to ensure adequate workforce planning is occurring in accordance with the relevant Standards and Legislation. Should the centre not have a Social Care Leader level staff on each shift there will be an on-call protocol for all staff on shift. On-Call support will be provided for staff for advice, support and regular check-ins.</p>
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	<p>Centre management must ensure that the record of the supervision process includes a discussion on the goals of the placement plan, and that there is sufficient documentation kept of agenda items covered.</p> <p>Centre management must ensure that team meetings take place in line with centre policy.</p>	<p>A record of the supervision process will include a discussion on the goals of the placement plan, and centre management will ensure that there is sufficient information included. Training on the principles and application of supervision will be provided to the staff team.</p> <p>Centre Management will complete supervision Training. External Supervision training will take Place in February '19. Both Deputy Manager and Child Care Leader will be assigned to this training. Supervision for all staff members will be completed on a monthly basis.</p> <p>Team meetings are occurring on a fortnightly basis with staff expected to attend a minimum of one team meeting per month. Team Meetings will take place on a fortnightly basis from 26.11.18.</p>	<p>Care Planning and Supervision is embedded as central to all aspect of care provision in the centre. Supervisions occur on a minimum monthly basis with additional supervision provided where needs are identified. The care team work toward ensuring a coherent triangulation of information occurs across handovers; team meetings; key working sessions; and supervision to support a consistent standard of care compliant with Standards and Legislation. All of which is audited at Unit Manager level on a monthly level with emphasis on quantitative compliance while Regional Managers conduct a more in-depth qualitative monthly audit. A comprehensive action plan is provided with compliance expected to be achieved within the monthly cycle.</p> <p>Corrective Measures are in place to ensure that team meetings are being held for staff on a fortnightly basis. Continuous overview from centre management will take place.</p>
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	<p>Centre management must ensure that team meetings reflect discussions on key working and the planning of care for young people. Records must reflect the link to the placement plan goals with actions and timeframes specified. The regional and centre manager must ensure evidence of consistent oversight on records of meetings.</p> <p>Centre management must ensure that all staff receive child safeguarding training in line with the Children First Act 2015 and the Children First Guidance document 2017.</p>	<p>Each team meeting now incorporates a fixed set of agenda items that ensure a holistic review of the young person's needs with an emphasis on triangulating support and planning to ensure continuity and coherency of care planning is in place.</p> <p>All staff are currently trained in Children First and are supported in supervision and team meetings to ensure they are aware of their roles and responsibilities in accordance with the Children First Act 2015. Further training is scheduled to provide the team with an enhanced and more in-safeguarding training in line with the recommendation of this report. This training will be provided by Regional Manager on the 16/01/18.</p>	<p>A set agenda will be in place to discuss the following; complaints, YP, House Training Needs and x1 new policy every fortnight. Staff input will be recognised and centre management will ensure that all staff have understood and address any issues that arise via team meetings. Should staff need additional support this will be given by centre management and addressed via handover, supervision and training and development plans. Centre Management will have oversight of the minutes and ensure that all information is recorded and signed by staff team.</p> <p>Every employee is provided with Child Protection training as part of their induction and are supported to access relevant associated safeguarding training including refresher courses. Centre Management will ensure that training is completed bi-annually or as required for the team. The training that will be provided will be done as centre-specific and will address any issues or possible issues that may arise in the centre.</p>
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<p>3.5</p>	<p>The Child and Family Agency must forward the care plan for one young person and also forward the minutes of the statutory child in care review meetings from once it has taken place.</p> <p>Centre management must review the placement plan and ensure that goals are clear, linked to the care plan and specify how they are to be achieved with evidence of progression of required goals. Key working sessions must be taking place in a planned way.</p> <p>Centre management must ensure that a record of every visit to a young person by the supervising social worker is entered in the centre's care file.</p>	<p>The care plan from the child in care review meeting held on the 30.10.18 has been forwarded by email on the 28.11.18 to the manager of the centre.</p> <p>Once the CIC review minutes are received following the review on the 14.11.2018, the young person plans will be updated to reflect the CIC actions. All CIC reviews will be a fixed agenda item for team meetings to ensure the whole team understands how goals attached to the CIC review will be achieved.</p> <p>The team discussed the visiting policy on the 27.11.2018 including the visiting logs, young people visitor records and approved contacts list. The visitors log is available in the office and all staff are aware that all visits must be logged. This has been implemented since 01.11.18. Visitor logs are also audited on a monthly basis and cross referenced to ensure all visits have been recorded.</p>	<p>Any care plans will be forwarded as soon as they become available in future.</p> <p>As cited above, comprehensive protocols and systems are in place to ensure consistent oversight and quality assurance in accordance with Standards. The team are clear on the need to evidence a continuity of care in all records demonstrating progress and risk management relative the development needs of the young people in the centre.</p> <p>In the future, all staff will be mindful to ensure relevant stakeholder signatures are entered in the child's care file. Proposed visit dates will be recorded on the young person's visit log and should Social Workers or any other relevant professional not attend, this will be noted as to track visits. All visits that occur will be logged.</p>
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	<p>The supervising social worker must visit the centre from time to time and evidence their review of young people's care files.</p> <p>The centre manager must ensure that young people have early access to any specialist services they may require and that the findings and recommendations of specialist professionals are reflected in the plans and the work of the centre with the young person.</p> <p>The external manager must arrange for external clinical support to be made available to staff as soon as possible.</p>	<p>The placing social worker has visited the young person in the centre on 14th November 2018 when a care plan review took place. The care files were also read on this date. The next meetings are scheduled for 3rd January 2019 and the following review will take place in May 2019. The social worker plans to visit the young person in April also.</p> <p>Centre Management ensures young people placed in the centre are supported to access any specialist services identified as necessary to support their needs. Should any young person require any specialist service, the centre management will advocate on behalf of the young person and respond to required actions within a 24hr period.</p> <p>The psychologist is visiting the centre on the 07.12.2018 to do further sit- specific training in relation to the young people placed in the centre. They will offer regular clinical input by having oversight with the manager's communications on all daily logs, risk</p>	<p>The young person will be visited in the centre and the social worker is available to them by phone also.</p> <p>All efforts will be made to ensure relevant referrals are made in a timely manner with appropriate follow up by centre management.</p> <p>The psychologist is available to the centre on a weekly basis for clinical consultation, staff training intervention and other support deemed necessary to support a consistent standard of good quality care.</p>
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		assessments and key-working in relation to the young person in order to support staff in identifying how to support young people. The psychologist will link on a monthly basis with the centre. The service is currently seeking to employ another psychologist for the Munster region. Key-workers have the ability to contact the psychologist as needed to request any information or support as required.	
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