



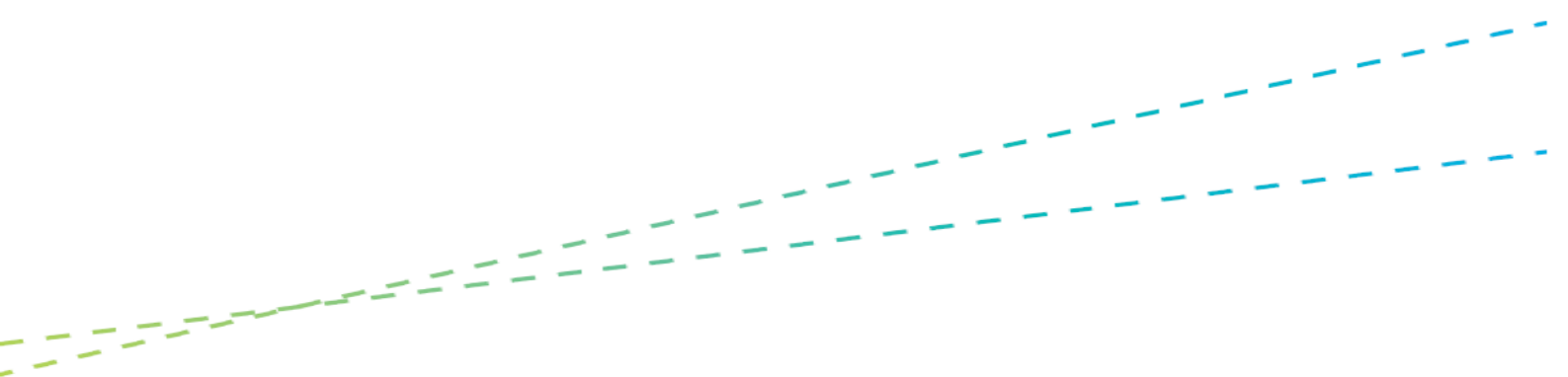
**An Ghníomhaireacht um  
Leanaí agus an Teaghlach**  
Child and Family Agency

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

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

**Centre ID number: 140**

**Year: 2019**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Solis MMC Ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>10<sup>th</sup> and 11<sup>th</sup> April 2019</b>
<b>Registration Status:</b>	<b>Registered from 3<sup>rd</sup> August 2018 to 3<sup>rd</sup> August 2021</b>
<b>Inspection Team:</b>	<b>Lorna Wogan</b>
<b>Date Report Issued:</b>	<b>2<sup>nd</sup> September 2019</b>

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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 ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 3<sup>rd</sup> August 2018. At the time of this inspection the centre were in their first registration and were in year one of the cycle. The centre was registered without attached conditions from the 3<sup>rd</sup> August 2018 to 3<sup>rd</sup> August 2021. The centre was initially registered as a respite care service however in January 2019 the registered proprietor made an application to the Alternative Care Inspection and Monitoring Service to alter its purpose and function to provide medium to long term residential care. This application was approved and the centre commenced operation under its amended purpose and function on 1<sup>st</sup> February 2019. This inspection was the first inspection since the service commenced operations under their amended purpose and function.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. The centre aimed to provide a high quality standard of care that was responsive to the individual needs of young people, within a child-centred, safe, supportive environment. The centre aimed to provide an individualised programme of care to assist young people to develop resilience through the medium of positive and caring relationships. The centre provided young people with the opportunity to develop relationships with caring adults who model appropriate ways of dealing with emotions and life challenges. The approach to working with young people was also informed by attachment and resilience theories and an understanding of the impact of trauma on child development.

The inspector examined standard 2 ‘management and staffing’ and standard 5 ‘planning for children and young people’ of the National Standards For Children’s Residential Centres (2001). This inspection was unannounced and took place on the 10<sup>th</sup> and 11<sup>th</sup> April 2019. There were three young people in placement at the time of the inspection however one of the three young people was admitted on the first day of the on-site inspection. The other two residents were eight and ten weeks respectively in placement.

## 1.2 Methodology

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

- ◆ An examination of post-inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
  - a) The registered proprietor
  - b) The centre manager
  - c) Two shift team co-ordinators
  - d) Seven residential support workers
  - e) One social work questionnaire
  - f) One night residential support worker
- ◆ An examination of the centre's files and recording process.
  - centre governance reports
  - individual care files
  - daily logs
  - handover records
  - centre register
  - significant event register
  - centre induction pack
  - visitors book
  - complaints register
  - register of child protection and welfare concerns
  - four staff supervision files
  - two personnel files
  - team and management meeting records
  - staff training records
- ◆ 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 regional manager
  - b) The centre manager (PIC)
  - c) The shift coordinator (PPIM)
  - d) Two residential support staff
  - e) Two social workers

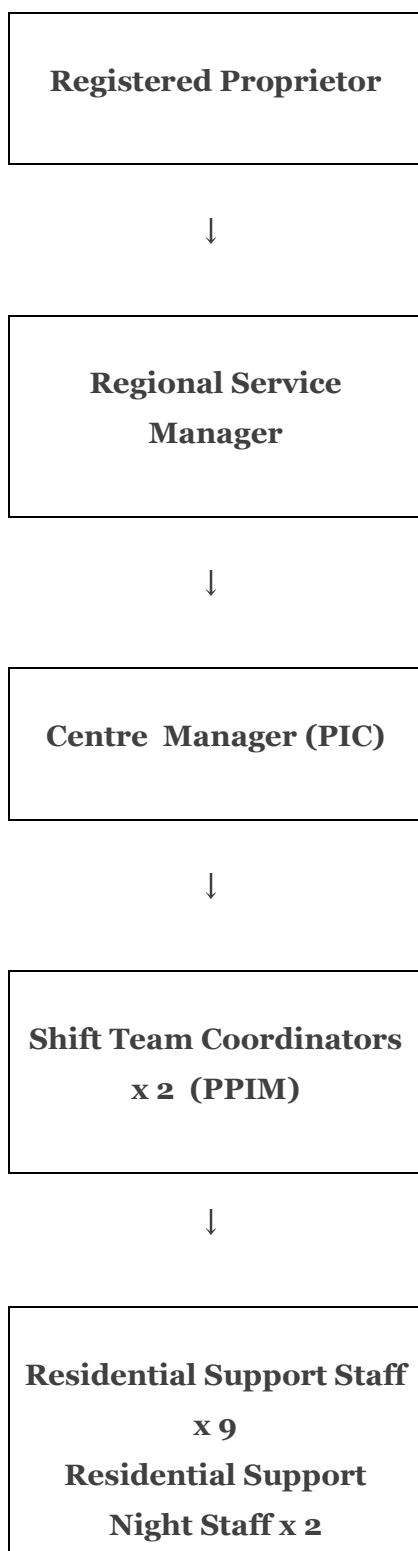
- ◆ Observations of care practice routines and the staff/young people's interactions.
- ◆ Attendance at handover meeting
- ◆ Attendance at staff team meeting

Statements contained under each heading in this report are derived from collated evidence.

The inspector would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.



## 1.3 Organisational Structure



## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, regional services manager and the relevant social work departments on the 19<sup>th</sup> 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 relevant social work department returned the report with a satisfactory completed action plan (CAPA) on the 1<sup>st</sup> 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: 140 without attached conditions from the 3<sup>rd</sup> August 2018 to the 3<sup>rd</sup> August 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

##### **Management**

The inspector found there was a good management structure in place and management provided effective leadership to the staff team. There were robust systems in place for external oversight of the centre. The inspector found there were clear lines of accountability within the organisation and staff members were familiar with the internal and external management structure and the respective role and responsibilities of each manager within the organisation.

The centre manager was suitably qualified and was sufficiently experienced to undertake the role and had worked within the organisation for over eight years. The inspector found evidence that the centre manager had oversight of centre practices through review of all centre records, monthly reports for each young person, attendance at handovers, team meetings and care plan reviews, oversight of significant events, staff training needs and staff supervision. The centre manager was based at the centre five days a week and was accessible to staff and provided guidance and direction to the staff team as required. This was evidenced and confirmed through interviews with staff and completed staff questionnaires. The inspector found that staff had confidence in their manager and in the wider management team and found them to be accessible, supportive and diligent in their approach.

The centre manager was managed by the regional service manager who was appropriately qualified and experienced to undertake this role. The regional service manager had oversight of the centre through receipt of daily records, fortnightly visits, attendance at managers meetings, team meetings and regular review of the centre's recording processes including individual key-work and the individual placement plans. The regional service manager completed written governance reports following visits to the centre and action plans were developed in response to these visits. The centre manager also completed centre-specific governance reports that

were forwarded to the regional service manager and the company director. The inspector found there was effective communication between the centre manager and the regional service manager.

The centre maintained a governance folder that evidenced regular senior management meetings, regional management meetings, centre manager and shift team managers meetings, quality assurance audits, governance reports and significant events review meetings. There were systems in place to address any actions arising from these governance and management forums. There were systems in place for review of service policies with staff in supervision and externally by the quality assurance officer and senior managers across the service.

The inspector found there were systems in place to assess the quality and effectiveness of the centre through the statutory review process, regular review of key work and review of placement plans and risk assessments.

The organisation's quality assurance officer completed quality assurance audits and written reports of this process were maintained in the governance file. A quality assurance audit was undertaken in December 2018 and a written report on the process and outcome was available for inspection. There was evidence that issues identified were responded to by the centre manager.

### **Register**

The centre manager maintained a register outlining the required information relating to the admission and discharge of young people from the centre. The inspector found it was completed in line with the regulations and was up to date. The register showed that three young people were admitted since the initial registration of the centre. At the time of the inspection there were no discharges from the centre.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

### **Notification of Significant Events**

The centre had a system for the prompt notification of significant events. Social workers for young people confirmed that notification reports were sent in a timely manner and contained appropriate information. The staff interviewed were clear on the thresholds for reporting significant events. A register of all significant events was maintained at the centre that assisted managers in tracking trends and patterns of events.

There was evidence of robust oversight of all significant events relating to the young people in placement at team meetings, regional meetings and within individual supervision. The inspector found that incidents were competently managed by the staff team with appropriate follow up and oversight by the centre manager.

### **Staffing**

The team comprised of eleven residential care staff, two shift coordinators and the centre manager. There were three staff on duty each day and the centre manager was on-site each day. The roster was well organised to meet the needs of the young people. The staff/child ratio was 1:1 at all times during the day and 2:1 throughout the night. The staff team had a range of qualifications such as youth and community work, psychology and social work. Four members of staff had a recognised qualification in social care practice.

The inspector found there was a consistent stable team in place with no changes in the staff team since the initial registration. There were two additional residential care staff appointed in March 2019 that provided waking staff at night. The inspector examined the personnel files of the recently appointed staff members and found they contained Garda vetting, the required references that had been verbally verified, CVs and copies of qualifications. These staff members had the required qualification in social care practice and participated in a five day in-service induction process.

The inspector found there was a balance of experience and expertise within the team. There were a number of male staff members and this benefitted the young people in placement. There was a sufficient number of staff in place to deliver the service.

All staff members participated in a second induction process when the centre changed its purpose and function in January 2019. External consultants facilitated training with the team that assisted them to examine their programme of care and its application in relation to the new service provision. There was evidence the induction training programme was relevant, informative and contributed to individual development and team development.

Following interviews with staff, observations of practice and review of inspection questionnaires completed by staff the inspector found the team to be well motivated in their work and committed to providing a high standard of care for the young people.

## **Supervision and support**

The centre had a written policy in relation to staff supervision. Four staff supervision files were inspected. The inspector found that supervision was carried out in line with the centre policy. The policy outlined that staff would receive monthly supervision and fortnightly supervision for new employees. The inspector found that the centre manager placed a lot of value on supervision practice and its importance in terms of accountability, staff development and support. Supervision records inspected evidenced that placement plans and key work was discussed in the supervision process. There was a supervision schedule set out for staff and there was an expectation that staff prepared for their supervision. There were systems in place to ensure the centre manager and external managers could track, monitor and review staff supervision.

The centre manager was supervised on a monthly basis by the regional service manager and these supervision records were available for inspection. There was a structured format for undertaking this supervision. The centre manager had completed supervision training and supervised the members of the staff team including the shift team managers on a monthly basis. Staff also received policy and procedure supervision every two weeks for the first six months of their employment which was undertaken by the shift team managers. A record of the policy supervision was maintained on file.

Supervision records were of a good quality with evidence of focus on issues relating to the young people, individual and key-work, placement plans, organisational and team issues, key policies and training needs. Clear goals and decisions were evidenced on the supervision records. Supervision contracts were on file and the inspector found that staff used the supervision process effectively. Staff interviewed informed the inspector they found supervision supportive and that it provided them with clear guidance and feedback in relation to their work.

The manager ensured that there was a shift coordinator on each day to support staff in their work. There was evidence of a consistent mentoring programme in place for staff that was lead by the shift team managers.

The inspector found there were effective communication systems in place between the centre manager, the shift team managers and the regional service manager. The centre manager received a verbal and written handover each day. The handover records were structured to ensure all areas of work and all tasks were completed or handed over to staff coming on duty. Team meetings took place on a fortnightly basis

and the centre manager and the shift team managers met separately prior to team meetings. Team meetings were chaired by the centre manager and scheduled fortnightly which ensured there was adequate planning for the young people. The minutes of meetings showed that staff attendance at team meetings was good. The minutes of team meetings showed good discussion about issues including care practices, teamwork, complaints, review of significant events, staff reflection, premises and safety and other operational matters. Decisions taken at team meetings were evidenced in the minutes of these meetings.

The inspector found that communication within the team was good and there were effective systems in place to ensure relevant information was shared across the team and between the managers. There was evidence that the centre manager had developed a culture of openness and staff were empowered to question practice.

Managers and staff interviewed by the inspector identified the support mechanisms in place for staff who may experience a stressful or challenging shift. The shift coordinators and/or the centre manager undertake a structured end of shift analysis with staff. A debriefing process was also in place for staff members where they experience a challenging or stressful event in the centre. The organisation's external consultant was available to individual staff members or the staff teams should they require clinical support. The centre manager provided an out of hours 'on-call' service to the staff. Staff questionnaires and interviews with the inspector evidenced a positive and supportive working environment.

The service had recently recruited a HR expert who provided the service managers with guidance and support in matters relating to employment law. The organisation had recently developed a new staff handbook that provided staff with appropriate information and guidance in relation to their employment.

### **Training and development**

The inspector found there was an effective on-going staff development and training programme for the care and education of staff. There were four main components to staff training that included induction training, mandatory training, self-directed learning and awareness and development opportunities. Training was monitored and reviewed through supervision, employee training records, monthly governance reports, probation reviews and annual appraisals. An employee training record was maintained by the centre manager and the inspector found that core training for the team was up to date for most staff. The two new staff members required training for de-escalation of behaviour and physical intervention, child protection policy training

and fire safety training however the inspector found evidence that the outstanding training was scheduled for the relevant staff. The manager also required refresher TCI training.

A training schedule for 2019 was developed and staff interviewed confirmed that management would support and facilitate them to undertake relevant training to further enhance the skills base within the team. The inspector found evidence that staff were provided with training opportunities and there was evidence of shared learning from expertise in the team. The external consultant facilitated a workshop for the team on positively managing behaviour and staff participated in report writing and manual handling training in January 2019.

### **Administrative files**

The inspector examined a range of administrative files and records including daily logs, key work records, training and supervision records, handover records and minutes of staff meetings and meetings with the young people. The centre's record keeping systems were organised and maintained in a manner that facilitated effective management and accountability. It was observed that files in the centre were maintained in line with the Freedom of Information Act, 2014 and stored securely. Records were stored in a manner that maintained appropriate levels of privacy and confidentiality about the young people's circumstances. The organisation had facilities in place to archive records. The centre manager was aware of the requirement to maintain all records relating to the young people in perpetuity. The inspector found that records were written in an appropriate professional manner.

There was evidence that the centre manager and external manager monitored the centre registers, logbooks and the centre filing system on a regular basis.

Staff interviewed stated that they had sufficient financial resources to care for the young people and to provide recreational and educative programmes. There were clear financial management systems and records in place. Petty cash records evidenced the day-to-day expenditure at the centre and were balanced by staff at the end of their duty. Records were also maintained of monies provided to the young people for pocket money and other expenditure.

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

None identified.



### **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.

### 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 had a written policy and agreed procedures describing the admission process. The centre accepted referrals from the Tusla National Private Placement Team. Referrals to the centre were considered by the centre manager and the regional manager. Pre-admission risk assessments were completed by the centre manager with consideration in relation to the needs of the current young people in placement and strategies identified for managing any potential risks. Pre-placement risk assessments were placed on the young people's care files and reviewed by the inspector. Social workers allocated to current residents and referred young people were involved in discussions on placement matching. The centre manager stated that there was adequate referral information provided prior to admission. The centre records evidenced that young people were assisted to understand the reason for and the purpose of their placement. Young people were provided with written information on the centre and involved in pre-placement agreements that were signed and on file. The centre also had an information booklet for parents and social workers that described the service provided.

The inspector found that transition plans were developed by the centre manager and the social workers to support the young person with their move to the residential placement. Records of pre-placement meetings were on file. There was evidence the young people's views and opinions were considered in the development and progression of transition plans. Social workers interviewed were satisfied that the staff had good knowledge and understanding of the young people's needs and had the skills and capacity to meet these needs.

### **Contact with families**

Family contact was promoted, facilitated and supervised where required by either centre staff or social work staff. Where contact was supervised the reason for this had been explained to the young person. Staff facilitated, encouraged and supported direct contact visits and telephone contact with family members and other significant people in the young people's life. Family contact was reviewed at statutory review meetings for two of the young people and a planned schedule of family contact was agreed with the allocated social worker for another young person on their admission. The care files contained a record of all family contact and outlined the outcome of such contact. There was good communication with social workers around family contact. There was evidence that parents and or significant family members were invited to attend the care plan reviews and were consulted with and kept informed of their child's progress in placement.

### **Emotional and specialist support**

The inspector observed that staff interactions with the young people were appropriate and that staff treated the young people with respect and warmth. There was evidence that staff interviewed were attuned to the emotional and psychological needs of the young people and displayed empathy and understanding of those needs.

Specialist services were made available to the young people as and when required. Two of the young people were reluctant to engage in specialist supports available to them however staff members continued to encourage and explore the most appropriate therapeutic intervention in consultation with the young people's social workers. The young people were allocated key staff who ensured the placement plans were up to date and the goals identified in the placement plan were evaluated and achieved. There was evidence of good inter-disciplinary working and well informed care approaches were established.

The organisations clinical psychologist was available on an on-call basis to guide and support the staff to respond to the emotional and psychological needs of the young people as and when required. The centre manager outlined that where specific events for the young people identified a significant emotional component the centre manager and team could consult with the organisations clinical psychologist.

### **Preparation for leaving care**

The centre had a written policy on preparation for leaving care that stated that young people were assisted with preparation for leaving care from age sixteen years. Placement plans had a dedicated section to aftercare planning and independent life

skills training. There was evidence across the centre records that the staff team supported the young people to learn and practice the required skills in preparation for independent living in the future. There was evidence that staff provided opportunities for the young people to learn a range of life skills appropriate to their age and stage of development. There were plans in place to provide the young people with opportunities to take responsibility for budgeting, cooking and learning a range of practical life skills.

### **Discharges**

The centre had a written policy on discharges outlining that the centre endeavour to ensure that young people do not leave their placement in an unplanned manner. There were no discharges from the centre at the time of the inspection.

### **Aftercare**

Tusla, the Child and Family Agency had a national aftercare policy for alternative care along with a range of supporting documents to inform relevant professionals of the supports available to young people on leaving care. The centre manager was aware of the Tusla aftercare policy and guidance on preparation for leaving care was incorporated into the centre's policy and procedure document. One of the young people in placement who had turned sixteen years of age was to be referred to the Tusla leaving and aftercare service at their next statutory review and one of the young people over sixteen had an allocated aftercare worker.

### **Children's case and care records**

The young people had an individual care file that was stored in a secure fire retardant cabinet in the centre. Staff also maintained a monthly file for ease of access to current information. This information was transferred to the main file at the end of each month. All staff received clear guidance on maintaining confidentiality during their induction process.

The care file contained a copy of the young people's birth certificate, care order or evidence of voluntary consent to care. The care files were well maintained and information was easy to access on the files. The records were written in a professional manner and information about the young people was expressed in a clear manner. The inspector found evidence across the records that the young people's views were actively sought and recorded. There was evidence that the care files were subject to regular checks and audits by both internal and external managers.

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

None identified.

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

#### **Statutory care planning and review**

The care plan for one resident young person was dated November 2018 but this care plan did not relate to the current placement. The initial statutory review meeting was due to be scheduled end of April 2019 which was outside the regulatory requirements by two weeks of the requirement for the first review to take place within the first two months of placement. The principal social worker had identified possible dates to facilitate the statutory review as the young person had no allocated social worker at the time of the inspection. The other young person in placement had their initial statutory review in accordance with the requirements of the regulations and there was an updated care plan on file. A date for a statutory review had yet to be identified for the young person admitted on the day of the inspection. At the time of writing the inspection report this young person had their initial review in compliance with the regulatory timeframes.

Social workers informed the inspector that they consulted with parents and significant others in the development of the statutory care plan for two of the young people. There was evidence that two of the young people were invited to attend their statutory review or invited to complete consultation forms for submission to the meeting. There was evidence that staff also made representation of the young people's views at meetings with social workers and at care planning meetings. The inspector found that the staff team were good advocates for the young people in placement.

The centre had developed placement plans for each of the young people in placement based on the pre-admission information from the social workers and information from previous care plans. The placement plans set out the areas of work to be undertaken by the staff to support the young person in placement. The placement plans were subject to regular review and evaluation within the team. There was an evident link between the key-work and individual work undertaken by staff and the targets set out in the placement plan. Social workers confirmed they received a copy of the young people's individual placement plans.

## **Supervision and visiting of young people**

All three young people in placement had an allocated social worker on admission however the social worker for one young person resigned from their post shortly after the admission and the young person had no allocated social worker at the time of the inspection. The centre manager stated that a child care leader and their social care manager were accessible to them and were familiar with the young person however the young person had not been visited at the centre by a social worker or the child care leader in the eight weeks since their admission. The centre manager informed the inspector that the social work department were actively working on social work allocation for this young person and the young person had met the social care leader in April while attending court.

The other young person had regular contact and visits from their social worker at the centre and the social worker for the other young person planned to visit on a monthly basis. Social workers stated they were facilitated to meet the young people in private at the centre. The centre staff maintained a record of all social work visits and the outcome of such visits on the individual care files. The social workers interviewed confirmed they also maintained a record of every visit to the young person on their case file. To date the visiting social workers had not read case files or daily logs however were made aware of their access to centre records and both social workers indicated they would review logs and the care file on a subsequent visit to the centre. Social workers must ensure that from time to time they read the young person's care file and daily logs in accordance with the national standards.

## **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.

There was evidence that social workers had provided sufficient referral information to support the placements. The inspector found that the centre staff were aware of the statutory role and responsibilities of the social workers. There were systems in place to facilitate communication between the social workers and the centre staff. Social workers received monthly written progress reports from the centre in respect to the young person they were supervising in placement. Two social workers indicated they were satisfied the young people had made good progress to date and benefitted from

the care they received. The social workers received copies of significant events and responded where necessary and the young people had regular contact with their social workers and they could phone them if they wished. However, as one young person did not have a social worker since their admission to the centre elements of the social work role was not delivered. The social care manager was available to support the placement however they had not visited the young person at the centre.

### **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 3and4, Consultation Re: Care Plan***

***-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).***

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

#### ***Regulations 1995***

***-Part IV, Article 23, Paragraphs 1 and 2, Care Plans***

***-Part V, Article 25and26, Care Plan Reviews***

***-Part IV, Article 24, Visitation by Authorised Persons***

### **Required Action**

- The relevant social work department must allocate a social worker to the young person as a matter of priority.
- The relevant social work department must conduct the first statutory review within the timeframes set out in the Regulations.
- The relevant social work department must prepare a care plan in accordance with the requirements of the national standards and the statutory regulations.
- Social workers must from time to time read the young person's care file and daily logs and evidence this on the records.

## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p><b>3.5</b></p>	<p>The relevant social work department must allocate a social worker to the young person as a matter of priority.</p> <p>The relevant social work department must conduct the first statutory review within the timeframes set out in the Regulations.</p> <p>The relevant social work department must prepare a care plan in accordance with the requirements of the national standards and the statutory regulations.</p> <p>Social workers must from time to time read the young person's care file and daily logs and evidence this on the records.</p>	<p>The young person has been allocated a social worker.</p> <p>A statutory review was convened in the young person's current placement.</p> <p>The statutory care plan is complete.</p> <p>Social work team leaders will address this with social workers within supervision and at team meetings to ensure compliance.</p>	<p>Social work team leader monitors case allocations.</p> <p>Principal social worker with responsibility for reviews will ensure reviews are scheduled in a timely manner in line with regulations.</p> <p>Social work team leader reviews care plans on a monthly basis to ensure they are up to date.</p> <p>Regular discussion with social workers in relation to this requirement.</p>