



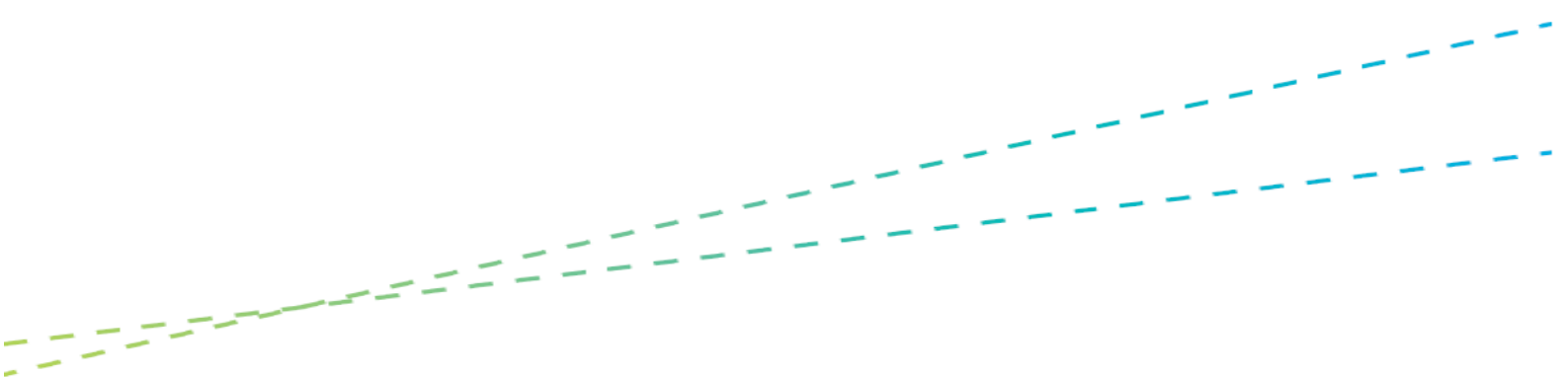
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 141

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Brighter Futures for Children
Registered Capacity:	Two young people
Dates of Inspection:	16th and 17th January 2019
Registration Status:	Registered from 8th August 2018 to 8th August 2021
Inspection Team:	Lorna Wogan
Date Report Issued:	16th April 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 the 8th 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 8th August 2018 to the 8th August 2021.

The centre was registered to accommodate two young people of both genders from age thirteen to seventeen years on admission. The aim of the centre was to provide therapeutic residential care to vulnerable young people. They provided placements on a short to medium term care basis. Written information on the centre outlined that staff employed a therapeutic trauma and attachment informed model of residential care to foster the process of growth and positively directed change. The centre aimed to create and maintain a therapeutic environment that was attentive to and understanding of the individual needs of the young people in their care thereby enabling the growth of the therapeutic relationship between a young person and their carers.

The inspector 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 January 2019 and was the first of two inspections that will be carried out within the first year of operations.

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 relevant sections of the centre's policy and procedure document
- ◆ An examination of the questionnaires completed by:
 - a) The registered proprietor
 - b) The centre manager
 - c) The deputy manager
 - d) Eight care staff
 - e) The young person residing in the centre
 - f) The social worker with responsibility for the young person residing in the centre.
- ◆ An examination of the centre's files and recording process.
 - one personnel file
 - individual care file for young person in placement
 - nine supervision files
 - handover records
 - communications book
 - visitors book
 - significant event logbook
 - team meeting records
 - centre register
 - Staff roster for previous three months
- ◆ 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 registered proprietor
 - b) The centre manager
 - c) The deputy manager
 - d) Two of the social care staff

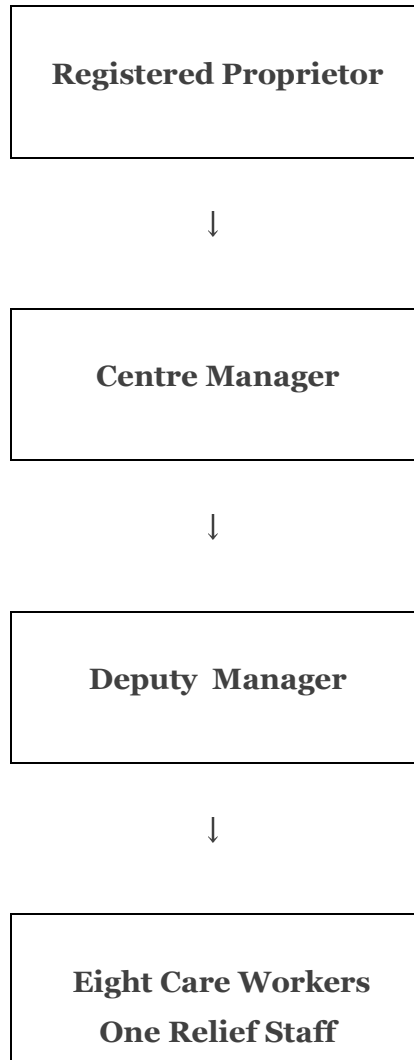
e) The social worker

- ◆ Attendance at staff handover 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, director of service and the relevant social work department on the 27th March 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 12th April 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 continue to register this centre, ID Number: 141 without attached conditions from the 8th August 2018 to the 8th August 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 centre submitted a written statement of purpose and function that was developed in January 2019. Key policies and procedures that guided the work in the centre were outlined in the written statement. The inspector found that this written statement of purpose and function required a further review to ensure it included accurate information that was consistent with the policy and procedure manual and current legislation and operational practices.

The inspector examined the policies and procedures document and found it did not accurately reflect the day-to-day practices and procedures operating in the centre. The centre was described as a therapeutic community however the registered proprietor informed the inspector that this initial plan for the centre was not pursued and the centre were now operating as a community based residential centre. The registered proprietor in conjunction with the centre manager and the deputy manager should undertake a comprehensive review of this document to ensure it reflects the actual practices and procedures operational in the centre and is consistent with the information contained in the centres written statement of purpose and function.

The registered proprietor and the centre manager stated that the therapeutic approach was informed by attachment theories and a trauma informed approach. While staff had a good understanding of the centres overall aims and the outcomes it sought for the young person in placement the inspector found that staff did not have a clear understanding of the model of care as outlined in the statement of purpose and function. There was evidence that an external professional with experience in residential care work provided some guidance to staff in relation to developing a

therapeutic approach in the residential care setting during the staff induction process. At the time of the inspection an external psychologist with relevant experience and knowledge in the area of attachment had commenced some attachment training for the staff team. Overall the inspector found that the management and staff were at the very early stages of developing a clear model of care and/or a therapeutic approach that they could outline and explain with clarity and confidence. The registered proprietor in conjunction with the centre manager must ensure the model of care used by the residential centre is clearly defined, evidenced based and ensure that all staff are adequately and sufficiently trained in the defined therapeutic approach.

3.1.3 Practices that did not meet the required standard

None identified.

Required Action

- The registered proprietor and the centre manager must ensure the written statement of purpose and function contains accurate information that is consistent with the policy and procedure manual, current legislation and operational practices.
- The registered proprietor in conjunction with the centre manager and the deputy manager should undertake a comprehensive review of the policy and procedure manual to ensure it accurately reflects the policies, practices and procedures operational in the centre.
- The registered proprietor in conjunction with the centre manager must ensure the model of care used by the residential centre is clearly defined, evidenced based and ensure that all staff are adequately and sufficiently trained in the defined therapeutic approach.

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

Notification of Significant Events

The centre had a written policy relating to the notification of significant events. Staff interviewed by the inspector were aware of the requirement to notify, in writing, the social worker and other relevant parties of all significant events and unauthorised absences relating to the young person. Staff members were clear about the type of incidents and events that required notification to the social worker and other relevant parties. The social worker was satisfied that they were notified of such events in a prompt and timely manner. All significant event reports were stored on the young person's care file and a register of all significant events was maintained at the centre. There were a low number of significant events relating the young person in placement since their admission to the centre. The inspector advised that the name of the young person that was involved in the significant event should be identified on the logbook.

3.2.2 Practices that met the required standard in some respect only

Management

The centre manager that was initially appointed to manage the service resigned from the post prior to the centre's registration. The inspector found evidence that the departure of the centre manager impacted on the initial development of the service. The registered proprietor was the identified acting centre manager between August and November 2018. During this period of time the registered proprietor appointed an experienced social care staff member to undertake the day-to-day management of the centre until the appointment of a permanent full time centre manager in November 2018. The registered proprietor informed the inspector they visited the centre on a fortnightly basis and had regular telephone contact with the centre staff until the appointment of the permanent full time centre manager. The staff member who provided the day-to-day management of the centre in this interim period was appointed to the deputy manager role in January 2019. The centre admitted their first resident on 18th October 2018.

The registered proprietor had oversight of the centres practices through announced and unannounced visits, reading of the daily logs, talking with the young person in placement, meeting with staff on duty, supervision of the centre manager and oversight of the physical environment.

The inspector found there was however insufficient arrangements in place to evaluate the quality and safety of the service provided. There were no records or evidence of the proprietors' visits or of any actions taken as a result of such visits. The registered

proprietor must develop systems for evidencing their oversight of the centre for example through development of audit tools or the use of key performance indicators to monitor care and staff practices, patterns and trends. The registered proprietor must ensure that there are arrangements in place to oversee the management of the centre's care practices, operational policies and procedures.

The centre manager was six weeks in post at the time of the inspection and was at the early stages of their own induction into the role. The centre manager had oversight of the care practices through review of care records, written reports, attendance at handover and team meetings and staff supervision. The inspector found evidence of the manager's guidance and direction to staff in the communications book.

The centre manager had an equivalent relevant qualification, related work experience and previous management experience. The centre manager is continuing with their social care education by undertaking an MSc in Advancing Management of Health and Social Care.

There was written job descriptions in place for the centre manager and the deputy manager. The deputy manager had responsibility to deputise for the centre manager when they were absent from the centre. There were a number of management tasks specifically assigned to the deputy manager however there was no record kept of when and who such duties had been delegated or a record of key internal management decisions taken. The centre manager and the deputy manager should maintain a record of all internal planning meetings.

The inspector found there was no evidence of the centre manager's oversight of significant event reports or systems in place to monitor and track patterns and trends in relation to such events. The centre manager must ensure there is evidence of their oversight and review of the management of significant events and identify actions that may need to be addressed to ensure continued safe effective care of the young person. The centre manager must ensure that learning from significant events is used to inform the development of best practice and actions are taken to ensure continuous improvement in the care provided in the centre.

Register

The centre maintained a written register with some required details in relation to the young person in placement. The inspector found the residential centre register was not held in line with the statutory requirements. The centre manager must ensure the register holds information about resident's gender, date of birth, the name and

address of the centre, the names and address of the parents and the young person's discharge address. The centre manager must ensure the centre register is held in line with legislative and regulatory requirements.

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

Staffing

The centre had adequate levels of staff to meet the needs of the young person living in the centre. The team comprised of the manager, deputy manager, eight care staff and one relief worker. There was a broad range of relevant qualifications within the team with a mix of experience in residential and community based work. Three staff members were qualified in social care practice and other members of the team were qualified in related areas such as social work, early childhood education, and counselling. Three members of the team had relevant training however were not qualified to a level seven degree. The registered proprietor must ensure that staff are supported to complete qualifying training in social care practice to ensure the centre has at least one qualified staff member at child care leader level on each shift.

The centre manager and the deputy manager worked office hours Monday to Friday. The staff ratio agreed with the placing team was 2:1 at all times. Staff worked a twenty five hour shift from 10am to 11am the following day and slept over in the centre at night time. The staff roster over a period of three months was examined and the inspector found there was a consistent team in place which provided stability for the young person. The inspector found that the centre had a rolling recruitment process to ensure they had sufficient staff to provide additional cover and to facilitate staff leave as and when required.

The inspector found through the records and through observations of staff engaging with the young person over the telephone that they had the ability to communicate effectively with the young person. There was evidence that staff members had built a strong rapport with the young person in a few short months. The inspection questionnaire completed by the young person indicated that they had received a lot of support from the team and viewed the placement in a positive light. It was evident the team had established a trusting relationship with the young person based on mutual positive regard.

The inspector found that staff in the centre understood their roles and responsibilities and were clear in relation to accountability and reporting lines.

All staff had a written job description and a copy of their terms and conditions of employment. Personnel files were maintained for all staff and were stored in a secure location. The management and staff personnel files were examined by the Tusla regional manager of the inspection and monitoring service prior registration. Two staff members who were presented at the point of initial registration left the team prior to commencement of operations. A new manager was appointed in November 2018 and a new staff member was recruited in January 2019. The newly appointed staff member had a recognised social care qualification and had previous experience working with young people in residential care. The inspector examined the personnel file for this staff member and the required references and police checks were held on file. There was no evidence on the file that verbal checks had been completed on the references and there was no evidence on file that this newly recruited staff member had completed a formal induction process. The centre manager must also ensure that verbal checks on references are evidenced on the personnel files. Personnel files must also evidence that staff have received formal induction. The inspector advised the centre manager to put a system in place to facilitate periodic monitoring and review of personnel files to ensure they are up-to-date.

The staff team participated in a formal induction process that included training in behaviour management and Children First prior to the commencement of operations. There was no evidence of a coherent formalised induction training process for newly recruited staff. The registered proprietor in conjunction with the centre manager must ensure there is a formalised induction process in place for new staff members.

Staff interviewed stated they were encouraged by managers to be open and honest in their interactions as a team. While the team were in the early stages for formation the inspector found evidence that they were able to raise issues about team practice. Staff confirmed that their managers were accessible to them. There was evidence that staff sought direction and support from the centre manager and the deputy manager. Staff had an identified person external to the service that they could contact in circumstances where they may have concerns about the service that they are unable to resolve satisfactorily with the centre manager and/or the registered proprietor.

There was a written policy on ‘whistle blowing’ in the written statement of purpose and function however the inspector found no evidence of a code of conduct for staff in their policy document. The registered proprietor must develop a code of conduct for staff members.

Supervision and support

The registered proprietor, the centre manager and the deputy manager recently undertook staff supervision training. The registered provider and the centre manager acknowledged the importance of staff supervision and support. The inspector examined ten supervision files. There was evidence that records of supervision were signed by both the supervisor and the staff member in most instances and were stored in a secure location.

The inspector found that the centre manager had received formal and informal supervision from the registered proprietor however there was no evidence on file of the supervision process. At the time of the inspection the registered proprietor had sourced an independent external supervisor to provide developmental supervision with the centre manager and the deputy manager and this supervision process was due to commence in February 2019. The registered proprietor confirmed they would continue to provide the centre manager with operational supervision on a weekly basis. The registered proprietor must ensure that a record of all staff supervision meetings are maintained and stored in a secure manner at the centre.

The centre manager had just commenced a supervision process and had completed supervision contacts with some members of the staff team. The supervision of the staff team was divided between the centre manager and the deputy manager. The inspector found that since commencement of operations the frequency of staff supervision was not carried out in line with the centre policy which stated that staff would receive fortnightly supervision for the first six months of employment and monthly thereafter. There was no evidence of planning supervision schedules as stated in the centre policy document. There was no evidence of audits undertaken by the external manager to monitor the quality and effectiveness of supervision. There was a structured template for recording staff supervision however the template did not reference any discussion or review of the implementation of the placement plan. The supervision records must evidence that staff review the implementation of the individual placement plans in accordance with the national standards.

At the time of the inspection the registered proprietor was developing a staff appraisal procedure for undertaking a review and assessment of each individual staff member's performance. The registered proprietor confirmed to the inspector that each staff member would be subject to appraisal following their six month probationary period and annually thereafter. The inspector will examine the performance appraisal process at the next inspection.

The inspector found that a team-based approach to working was promoted and facilitated through regular team meetings, daily handover meetings and caring for and supporting the young person in a consistent manner. Handover meetings took place once a day when new staff came on duty. The inspector attended a handover meeting and found there were effective information systems in place for handover of relevant information and planning for the next twenty four hours. Team meetings were undertaken every fortnight since November 2018 and staff attendance was good. The inspector found the records of team meetings were not always legible and the team meetings required a more structured format. The team meeting records must also reflect clearly the issues discussed and decisions taken.

The inspector found that staff had access to appropriate supports to manage the impact of working with young people in care. The centre manager confirmed that staff could access an external counsellor should they require additional support in the course of their work. Clinical supervision for the staff team was also in place and the staff had participated in a number of team supervision sessions at the time of the inspection. There were however no written procedures to outline the support mechanisms in place for staff, in particular for those who have suffered stress or injury in the course of their work.

There was a system in place for on-call arrangements at evenings and weekends. On-call support was provided by the registered proprietor, the centre manager and the deputy manager however there was no set structured on-call schedule. The inspector advised that a structured on-call schedule is established to ensure each manager has ring-fenced time off and staff are aware of who is the scheduled manager on-call.

The registered proprietor confirmed that the service had access to external advisors to ensure that all statutory provisions in relation to employment law was adhered to. There were no disciplinary procedures initiated against any staff member at the time of the inspection.

Training and development

All staff had completed Children First training and behaviour management training and six staff members were first aid trained. The centre manager had trained in a model of behaviour management however this crisis intervention model was not the model that the staff team were implementing. The centre manager informed the inspector that they were scheduled in May 2019 to complete instructors training in this model of behaviour management operational in the centre. All but two staff had completed fire safety training and training was scheduled for these staff members.

The newly recruited staff member had not completed updated training in behaviour management and first aid. Refresher behaviour management training was also scheduled for staff members. Staff completed basic food hygiene training and the managers completed data protection training.

The inspector found there were no systems in place to record and track staff training or to undertake a training needs analysis to determine the training needs of the staff. The centre manager in conjunction with the registered proprietor must develop systems to monitor, track and identify staff training needs. As aspects of the service provision change and develop over time, the service must support staff to continuously update and maintain their knowledge and skills. The training needs of staff must be monitored on an on-going basis and management must evidence that identified training needs are addressed to ensure the delivery of a child-centred, safe and effective service.

The inspector found that the staff team had completed the Tusla Children First e-learning programme however staff had not completed specific training in relation to their safeguarding statement or their own child safeguarding and child protection policy. The registered proprietor must ensure that staff receive specific training in safeguarding vulnerable children in line with their own safeguarding statement and safeguarding policies and procedures.

Administrative files

The inspector examined a range of administrative files and records including daily logbooks, centre registers', visitors' book, handover records, minutes of staff meetings and house meetings. The inspector found however that a number of administrative systems were not fully embedded in practice and were not maintained in a sufficiently robust manner. The inspector found there was no risk management framework and supporting structures in place for the identification, assessment and management of risk. There were no structured systems in place where risks to staff were identified, procedures set out to be followed and appropriate actions set out.

The centre manager had provided best practice guidance to staff in relation to record keeping and recording practices. Managers and staff were aware that relevant records including care files relating to young people in placement were kept in perpetuity.

The inspector found that the privacy of the young person's personal information was protected and respected. Staff were consciously aware of the needs to ensure privacy and confidentiality about information relating to the resident in placement and were

instructed in this area of practice during their induction. The inspector found that administrative records were maintained in a confidential manner. There was evidence that reports were written in a professional and sensitive manner. There were effective arrangements in place to share and transfer information to the social worker in a timely manner to support planning and decision-making.

There were clear financial management systems in place in the centre which involved the use of petty cash and receipts. Petty cash records evidenced the day-to-day expenditure at the centre and staff balanced and signed off these records at the end of each shift. Records were also maintained of monies provided to the young person for pocket money and living expenses. The inspector found that these systems ensured accountability in relation to expenditure in the centre. The centre manager and staff interviewed stated that there were adequate financial resources to meet the needs of the young person in placement.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

Required Action

- The registered proprietor must ensure that there are suitable arrangements in place to oversee the management of the centre's care practices, operational policies and procedures.
- The centre manager must ensure there is evidence of their oversight and review of the management of the significant events and identified actions that may need to be addressed to ensure continued safe effective care of the young person.

- The centre manager and the deputy manager must maintain a record of all internal management and planning meetings.
- The centre manager must ensure the centre register is maintained in line with legislative and regulatory requirements.
- The registered proprietor must ensure that staff are supported to complete qualifying training in social care practice and aim to ensure the centre has at least one qualified staff member at child care leader level on each shift.
- The centre manager must have a system in place to facilitate periodic monitoring and review of personnel files to ensure they are up-to-date.
- The registered proprietor in conjunction with the centre manager must ensure there is a formalised induction process in place for newly recruited staff members and maintain a record that staff have received formal induction.
- The registered proprietor must develop a code of conduct for staff members.
- The registered proprietor must ensure that a record of the centre manager's supervision meetings are maintained and stored in a secure manner.
- The centre manager must ensure that supervision records evidence that staff review the implementation of the individual placement plans in accordance with the national standards.
- The registered proprietor must ensure there are systems in place to monitor the quality and effectiveness of staff supervision.
- The centre manager must ensure that the supervision process is carried out in compliance with the written policy for example the frequency of supervision and planning supervision schedules.
- The centre manager must ensure that records of team meetings are legible and clearly outline the issues discussed and decisions taken at team meetings.
- The registered proprietor must develop written procedures to outline the support mechanisms in place for staff, in particular for those who have suffered stress or injury in the course of their work.
- The centre manager in conjunction with the registered proprietor must develop systems to monitor, track and identify staff training needs.
- The registered proprietor must ensure that staff receive specific training in safeguarding vulnerable children in line with their own safeguarding statement and safeguarding policies and procedures.
- The centre manager must have a risk management framework and supporting structures in place for the identification, assessment and management of risk.

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

Contact with families

The staff in the centre and the social worker recognised and promoted the important role that family members, friends and community played in the young person's life. This was appropriately balanced with potential risks in this regard. Family contact was planned, facilitated and supported in line with the young person's wishes and the care plan. Contact with siblings was set out clearly in the placement plan. A record of family contact was held on file.

Supervision and visiting of young people

The social worker accompanied the young person on admission and undertook one other statutory visit to the centre since the young person admission. A scheduled social work visit in January 2019 was cancelled as the young person was absent from the centre and the social worker had rescheduled the visit to a date in February 2019. The social worker stated the young person was aware of how to contact them and had their contact number. A record of every visit to the young person by the allocated social worker was recorded on the care file.

The social worker was aware of their responsibility to read the child's care file and daily records from time to time. They had not done so to date however informed the inspector they planned to review centre records on their next statutory visit.

Social Work Role

Standard

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

The social worker was satisfied the young person was safe and well cared for in the centre. In their interview with the inspector the social worker stated they were satisfied with the service to date and that the young person had established a good trusting relationship with key staff within a short period of time.

The social worker was familiar with key personnel in management roles and was satisfied that there was good communication and co-operative working relationships with staff. To date the deputy manager was the key link person between the social worker and the centre in relation to the young person's care.

The social worker confirmed they received weekly reports that were informative and outlined both progress and matters of concern as they related to the young person's placement. The social worker was confident that they could raise any matter of concern with the managers and they would be open to addressing any concerns raised by social work. The social worker had seen the young person's bedroom and was satisfied the centre was homely, in good decorative order and maintained to a high standard.

The social worker informed the inspector that the young person had not raised any complaints about the service or about the standard of care in the centre. The young person informed their social worker that it had been 'the best placement' of all the placements to date.

The social worker confirmed they maintained an up-to-date record of all visits and communications with the young person and the centre staff. The social worker confirmed they saw the young person privately in the course of visits. The social worker confirmed they had prepared and updated the statutory care plan following the young person's initial care plan review following their admission to the centre.

The centre manager confirmed they had good support from the social work team who were accessible to staff where required. Correspondence between the social worker and the centre staff was stored on the care file. All professional contacts were recorded on file.

Emotional and specialist support

The social worker confirmed the team were insightful in relation to the young person's emotional needs and displayed the capacity to respond to their presenting emotional and psychological needs. The social worker stated the team were aware of

potential triggers and understood the young person's overall presentation in the context of their social history and responded accordingly for example going to the gym or working on a gardening project that supported the young person's own identity and heritage. They were satisfied that staff had focused on relationship building establishing a positive and strong relationship with the young person. While the location of the centre is remote the social worker felt this afforded the young person to spend quality time with the team.

Staff displayed a positive approach to managing behaviour that challenged. There was evidence that staff actively listened to the young person's point of view, acknowledged their feelings and was non-judgemental in their approach. The young person had two allocated key workers and the inspector found evidence that the key workers had particular responsibility for the young person and liaised directly with them to promote their care, safety and wellbeing.

The centre manager informed the inspector that the service had recently employed the services of an external psychologist who would meet the team on a monthly basis to assist in the development of a specific care approach as identified in the centres purpose and function and support them in this approach.

There was evidence that the young person had access to specialist services they required. There was evidence that all professionals involved with the young person coordinated their work in the best interests of the young person.

Preparation for leaving care

The inspector found that the staff provided significant support to the young person living in the centre to assist in the development of life skills they would require to prepare for leaving care and adulthood. There was evidence that aftercare planning was promoted during the placement both formally and informally by incorporating it into sessions with the keyworker. There was a focus on supporting the young person to manage money, conflict resolution, and autonomy in decision making. The staff also focused on helping the young person to identify and access appropriate training opportunities.

Discharges

The centre had a written policy on discharges from the centre. There were no discharges from the centre since it commenced operations.

Aftercare

The young person had an allocated leaving and aftercare worker. There was evidence that the aftercare worker had met with the young person in their placement and had a second visit scheduled to develop the aftercare plan. The needs assessment was completed by the aftercare worker and they were currently working on the leaving and aftercare plan for the young person. This was due for completion prior to Court hearing in the coming months.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The allocated social worker was satisfied that the placement was suitable and the staff team had the capacity to meet the young person's needs despite the centre's location and distance from their community of origin. The social worker found staff to be confident in their work with the young person.

The centre had a written policy and procedures for considering referrals and processing admissions. The centre considered referrals from the Tusla Child and Family Agency national placement team and from the Health & Social Care Trust in Northern Ireland. Referrals were considered initially by the registered proprietor and the centre manager and subsequently discussed at team level.

The admission policy outlined the need to ensure there was an appropriate mix of young people taking into account the need to protect young people from abuse by their peers. The policy outlined that a risk impact assessment would be undertaken when considering a new referral however the inspector found there was no structured or developed process in place to undertake such an assessment. The admission policy should also outline that social workers for current residents are notified of new admissions and made aware of the outcome of the centre's impact risk assessment when considering new referrals for admission. The centre manager and social worker stated that the current resident was in single occupancy placement as agreed with the national placement team therefore no other referrals were being considered in the immediate future.

The centre had a young person's information booklet and the young person received this booklet on admission. The inspector advised the booklet is updated to include children's rights under the UN convention and also the specific rights of young people in care for example the right to make a complaint or the right to access information.

There was evidence that the centre staff prepared a placement proposal that was made available to the allocated social worker prior to the young person's admission to the centre. There was evidence the young person was provided with written information about the centre on admission. Sufficient background information about the young person was provided to the centre in advance of the placement through the Tusla national placement team.

The deputy manager and the social worker confirmed the young person was aware of the aims and objectives of their placement and how long they would be in placement in the centre.

Statutory care planning and review

The inspector found that the young person's care plan was reviewed in line with the requirements of the regulations. The minutes of the statutory review were placed on the care file. The aftercare plan was drafted but not forwarded to the centre until it was approved by the Court. An up-to-date care plan was not on file at the time of the inspection and there was no date identified for the next care plan review. The social worker in interview with the inspector confirmed they had recently forwarded the care plan to the centre. Arrangements must be in place for the residential centre to receive in a timely manner an up-to-date care plan from the allocated social worker. The social worker confirmed they would go through the written care plan with the young person on their next scheduled visit to the centre.

There was evidence of effective communication and cooperation between the deputy manager and the allocated social worker to ensure clear effective planning and management in relation to the young person's placement plan and care plan.

The young person attended their statutory care plan review meetings and actively participated in the process. The social worker stated the staff had prepared the young person for the statutory meeting.

There was a placement plan in place for the young person and was prepared by the deputy manager and key workers with input from the staff team. The placement plan detailed the young person's needs and outlines the supports required to ensure the best outcomes for the young person. The inspector found that staff interviewed were not clear on the process for reviewing and updating the placement plan as outlined on the guidance note attached to the placement plan pro forma. The inspector found that a number of areas on the placement plan template pro forma had not been completed. The placement plan was dated November 2018 and the inspector found

no evidence that it had been updated or reviewed since that date. The inspector also advised that the date the plan was developed and/or reviewed and the signatures of those involved in the development of the plan are evidenced on the placement plan itself. The social worker had not received a copy or had oversight of the placement plan. The social worker must be provided with a copy of the placement plan and provided with an opportunity to input to this plan.

There was evidence that staff facilitated and supported the young person to participate in the development of the placement plan. The young person was reluctant to engage in this process however there was evidence that staff supported them to identify their expectations of the placement and these were recorded on the care file.

The young person had two assigned key workers. Records of completed key work sessions were on file at the centre and were reviewed by the inspector. All key work sessions were found to be linked to the aims of the placement plan. There was evidence that key workers promoted and supported the health and wellbeing through guidance and advice on nutrition, smoking cessation, alcohol, the use of illegal substances, exercise and physical health, mental health, self-care, safe relationships and sexual health and wellbeing.

There was evidence the young person was facilitated to access external supports and specialist services in line with their placement plan and care plan. The inspector was satisfied that planning had commenced in relation to the young person's continued education.

Children's case and care records

The staff in the centre established and maintained a care file for the young person living in the centre. The care file did not contain a copy of the most up-to-date care plan or a copy of the care order. The names of the key workers were not identified on the file along with the child's religion. The absence management plan was incomplete and not signed by the allocated social worker. There was additional guidance for staff specific to managing absences from the centre and the inspector advised these procedures were attached to the absence management plan. There was no individual crisis management plan developed in respect to the young person in placement. The inspector also found there were a number of documents duplicated on the care file. The inspector advised the centre manager devise an audit checklist to ensure all the required information is up-to-date and placed on the care file. The inspector found the care file was kept confidentially and stored in a secure manner.

The registered proprietor confirmed that care records that were no longer required at the centre would be archived in the company head office.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

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

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

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- The centre manager must develop a system for undertaking a risk impact assessment when considering new referrals to the centre in line with the centre policy on admissions. The admission policy should also outline that social workers for current residents are notified of new admissions and made aware of the outcome of the centre's impact risk assessment.
- The centre manager must update the young people's information booklet to include children's rights under the UN convention and also rights specific to young people in care.
- The social worker must ensure the centre receive a copy of the updated care plan in a timely manner.
- The centre manager must have a clear process in place to review and update the young person's placement plan.
- The centre manager must ensure the social worker is consulted in the development of the placement plan and has a copy of the placement plan.
- The centre manager must have a system in place to audit the centre care files to ensure information is complete and up-to-date.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p>3.1</p>	<p>The registered proprietor and the centre manager must ensure the written statement of purpose and function contains accurate information that is consistent with the policy and procedure manual, current legislation and operational practices.</p> <p>The registered proprietor in conjunction with the centre manager and the deputy manager should undertake a comprehensive review of the policy and procedure manual to ensure it accurately reflects the policies, practices and procedures operational in the centre.</p> <p>The registered proprietor in conjunction with the centre manager must ensure the model of care used by</p>	<p>The current written statement of purpose and function has been reviewed and forwarded to the inspector. This will continue to be reviewed to fully reflect the policy and procedure manual, current legislation and operational practices.</p> <p>As above, the policies and procedures are being reviewed on a monthly basis to reflect the current operational service. The policies and procedures are generic and need to allow for the unforeseen issues and needs of the young people in our care.</p> <p>The service has taken the approach of developing a model of care to reflect the ethos of the organisation and the care</p>	<p>As the service develops there is an ongoing process in place to review policies and procedures to reflect the current position. This is done on a monthly basis by the centre manager, deputy manager and registered proprietor and discussed at team meetings.</p> <p>As above, a system has been put in place for the ongoing review of policies and procedures on a monthly and will take time to mould the policies and procedures to accurately reflect the operational service.</p> <p>This is an ongoing process and the model of care will be evidence based, relevant to the care we provide and managed and supervised by external supervisors to</p>

	<p>the residential centre is clearly defined, evidenced based and ensure that all staff are adequately and sufficiently trained in the defined therapeutic approach.</p>	<p>already in place. This is being undertaken with the assistance of our external consultants. We are currently training staff to understand the needs of the young people through attachment and resilience approach.</p>	<p>ensure its appropriateness and success. Meetings between management and our two external consultants have taken place to co-ordinate all the different aspects of their work into one coherent, evidence based model of care.</p>
<p>3.2</p>	<p>The registered proprietor must ensure that there are suitable arrangements in place to oversee the management of the centre's care practices, operational policies and procedures.</p> <p>The centre manager must ensure there is evidence of their oversight and review of the management of the significant events and identified actions that may need to be addressed to ensure continued safe effective care of the young person.</p> <p>The centre manager and the deputy manager must maintain a record of all internal management and planning meetings.</p>	<p>The registered proprietor has put in place a process on monthly visits to the unit to review the care practices and policies and procedures and to direct management and staff on these issues.</p> <p>The centre manager, in conjunction with the deputy manager reviews each significant event and look for patterns. These are discussed with staff, the social worker and Gardaí where relevant to help manage the situation and keep the young person safe.</p> <p>All internal management and planning meetings are recorded and actions and decisions outlined in the recordings.</p>	<p>The process is now in place where structured monthly visits to the centre for the purpose of ensuring the oversight of the centre's care practices, operational policies and procedures.</p> <p>The internal managers will ensure they evidence their oversight of significant events.</p> <p>Management meetings are scheduled every two weeks. The registered proprietor will attend these meetings at a minimum every four weeks.</p>

	<p>The centre manager must ensure the centre register is maintained in line with legislative and regulatory requirements.</p> <p>The registered proprietor must ensure that staff are supported to complete qualifying training in social care practice and aim to ensure the centre has at least one qualified staff member at child care leader level on each shift.</p> <p>The centre manager must have a system in place to facilitate periodic monitoring and review of personnel files to ensure they are up-to-date.</p> <p>The registered proprietor in conjunction with the centre manager must ensure there is a formalised induction process in place for newly</p>	<p>The additional information required for the register has been input on the register held at the centre.</p> <p>The registered proprietor has requested that staff update their training in line with requirements and allowances have been made to allow staff to complete their training in terms of the duty roster and financial assistance. The roster reflects the aim that experienced and qualified staff are on each shift.</p> <p>A programme of monthly inspection of personnel files is in place. An online record of all staff qualifications and training has been drawn up and is available on a spread sheet for easy updating</p> <p>A formal induction process is in place at the centre. All new staff members attend for an induction meeting with</p>	<p>The information will be input to the register when required as per legislative and regulatory requirements.</p> <p>There are three qualified/experienced senior staff on the staff roster that fulfils this requirement. Recruitment is ongoing in regards to social care leader posts.</p> <p>As part of the monthly audit of the centre administration the centre manager and deputy manager have put in place a monthly procedure to monitor and review the personnel files.</p> <p>An induction process is in place and will be updated accordingly as needs change. The model of care is being developed at the moment and is scheduled to be completed</p>
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	<p>recruited staff members and maintain a record that staff have received formal induction.</p> <p>The registered proprietor must develop a code of conduct for staff members.</p> <p>The registered proprietor must ensure that a record of the centre manager's supervision meetings are maintained and stored in a secure manner.</p> <p>The centre manager must ensure that supervision records evidence that staff review the implementation of the individual placement plans in</p>	<p>management and are taken through the policies and procedures, the care plan and placement plan, working practices, expectations of staff, information on the needs of children in care. All new staff will complete behaviour management training and will avail of the attachment training with other staff. The induction process continues over the first two weeks of employment.</p> <p>A code of conduct for staff members is included in the staff member's staff handbook which is supplied with their contract of employment.</p> <p>The registered proprietor has made sure a record of the centre manager's supervision is stored on file. The registered proprietor has ensured that the centre manager's supervision is carried out externally.</p> <p>It is now the practice that the individual placement plan is discussed at supervision. This has now been formally been</p>	<p>at the end of May 2019. All newly recruited staff will receive monthly training on attachment. All newly recruited staff receive information on attachment as part of their induction.</p> <p>Code of conduct for staff is in place in the staff handbook given to all staff at induction.</p> <p>The registered proprietor has ensured that regular monthly supervision is undertaken externally in addition to regular direction from the registered proprietor to the centre manager.</p> <p>The review of the placement plan is ongoing at individual supervision meetings and team meetings on a monthly basis.</p>
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	<p>accordance with the national standards.</p> <p>The registered proprietor must ensure there are systems in place to monitor the quality and effectiveness of staff supervision.</p> <p>The centre manager must ensure that the supervision process is carried out in compliance with the written policy for example the frequency of supervision and planning supervision schedules.</p> <p>The centre manager must ensure that records of team meetings are legible and clearly outline the issues discussed and decisions taken at team meetings.</p> <p>The registered proprietor must develop written procedures to outline the support mechanisms in place for staff, in particular for those who have</p>	<p>evidenced in the supervision records.</p> <p>The registered proprietor reviews supervision files as part of the monthly monitoring meetings.</p> <p>The centre manager's process of supervision was in its early stages during the inspection having only recently started in the position. The staff supervision is now fully in compliance with the written policy.</p> <p>The team meeting records are written at the team meeting by rotating members of staff to ensure fairness and accuracy. These are kept in one book. These will be copied onto a word processor for clarity.</p> <p>All staff are made aware at supervision of the system of 6 weeks free counselling should they require this. All staff have access to the external group supervision</p>	<p>This is an ongoing process. The effectiveness of staff supervision is monitored at monthly monitoring meetings which include the registered proprietor, centre manager and deputy manager.</p> <p>The centre manager will continue to ensure that staff supervision is in line with the written policy.</p> <p>The centre manager will put in place a process where team meeting minutes are written up from the team meeting record book onto a word processor and stored securely.</p> <p>The registered proprietor is developing a written policy for staff support and this will be communicated to all staff. This will be completed by the end of April 2019.</p>
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	<p>suffered stress or injury in the course of their work.</p> <p>The centre manager in conjunction with the registered proprietor must develop systems to monitor, track and identify staff training needs.</p> <p>The registered proprietor must ensure that staff receive specific training in safeguarding vulnerable children in line with their own safeguarding statement and safeguarding policies and procedures.</p> <p>The centre manager must have a risk management framework and supporting structures in place for the identification, assessment and management of risk.</p>	<p>should they not feel confident talking to the centre manager or deputy manager.</p> <p>A process of tracking staff training and qualifications has been developed and is updated regularly with new training recorded.</p> <p>Two staff members have already completed this training and the staff team in total will complete this external training on 21st May 2019. A member of staff has been allocated the role of safeguarding and child protection training in house and has a time slot at team meeting to complete this.</p> <p>Risk assessments are carried out both formally and informally in relation to the young person and staff. The information from previous significant events are considered and forms part of future risk assessments. Risk assessments are recorded, communicated to staff and the</p>	<p>A process was being developed during the inspection and is now fully in place and is updated monthly and additionally after training such as group behaviour management training.</p> <p>This is an ongoing process and safeguarding vulnerable children training and policies and procedures are being improved through input from our external consultant in terms of appropriate responses.</p> <p>Risk is a dynamic issue and changes as the young people's needs and circumstances change. It is therefore an ever changing area and as such the management and staff at the centre will continue to manage this risk proactively and reactively to promote the wellbeing of the young people and</p>
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		young person and kept on file.	safety of staff.
3.5	<p>The centre manager must develop a system for undertaking a risk impact assessment when considering new referrals to the centre in line with the centre policy on admissions. The admission policy should also outline that social workers for current residents are notified of new admissions and made aware of the outcome of the centre's impact risk assessment.</p> <p>The centre manager must update the young people's information booklet to include children's rights under the UN convention and also rights specific to young people in care.</p> <p>The social worker must ensure the</p>	<p>At the time of the inspection the centre manager had developed a pre-admission risk assessment to be used to consider any future referrals. The process for pre assessment risk assessments referrals has been updated in the statement of purpose and function. This includes a professionals meeting between the centre staff and management, prospective referrals social worker and social work team leader and social workers and team leaders for current residents to assess the appropriateness of the new referral.</p> <p>The young person's information booklet has been updated to include the UNCRC rights of the child in a child-friendly format.</p> <p>The social worker has been requested to</p>	<p>The centre policy on admissions will be reviewed and updated by the end of April 2019 to ensure that existing residents are not adversely affected by any new referrals and that new referrals are managed to ensure the welfare and safety of existing and newly referred young person and staff.</p> <p>As with all written documentation, the young person's information booklet will be reviewed twice annually to ensure it is in line with best practice.</p> <p>Liaison between the centre and social</p>

	<p>centre receive a copy of the updated care plan in a timely manner.</p> <p>The centre manager must have a clear process in place to review and update the young person's placement plan.</p> <p>The centre manager must ensure the social worker is consulted in the development of the placement plan and has a copy of the placement plan.</p> <p>The centre manager must have a system in place to audit the centre care files to ensure information is complete and up-to-date.</p>	<p>return the care plan in a timely manner.</p> <p>The process of monthly updating the placement plan is in place. The key workers update the placement plan and take this to team meeting where input from staff and management is included. The key workers have a regular time slot at the team meeting to ensure key working is discussed. The updated placement plan is sent to the social worker for comments and any corrections are noted.</p> <p>As above, the placement plan was sent to the social worker on 28th March 2019 and will be reviewed at the staff team meeting on 15th April 2019. Comments and input from the social worker are recorded on the plan and the plan amended accordingly.</p> <p>There is a new process in place for auditing care files. Key workers are responsible for monitoring the care files on a weekly basis and management will</p>	<p>worker will continue regularly to ensure the welfare and safety of the young person in our care.</p> <p>The process of updating the placement plan is in place on a monthly basis.</p> <p>The social worker will continue to be consulted on the placement plan as it is updated after the monthly meetings by the staff team.</p> <p>The process in place is working well. Care files are kept up to date by the key workers with the assistance of other staff members and monitored monthly by management.</p>
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		oversee this process. The key worker will complete a monthly review of key working and the care files are reviewed at the monthly management meeting.	Records of these monthly review meetings are kept on file.
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