



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 013

Year: 2018

Lead inspector: Lorna Wogan

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Gateway Organisation Ltd
Registered Capacity:	Four young people
Dates of Inspection:	8th and 11th of May 2018
Registration Status:	Registered from the 25th of September 2017 to the 25th of September 2020
Inspection Team:	Lorna Wogan Catherine Hanly
Date Report Issued:	21st of August 2018

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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 in 2007. At the time of this inspection the centre were in their fourth registration and were in year one of the cycle. The centre was registered without conditions attached from the 25th of September 2017 to the 25th of September 2020.

The centre was last subject to an inspection under the National Standards For Children's Residential Centres in June 2017 and this report can be accessed on the Tusla.ie website. The inspectors were satisfied that the recommendations and actions required following the last inspection were addressed.

The centre's purpose and function was to accommodate four young people of both genders from age twelve to seventeen years on admission. There were two young people placed in the centre at the time of this inspection. The centre aimed to help young people recover from adverse life experiences and its work with young people was based on a team approach to assessment and provision of care. The approach to working with young people was informed by attachment theory and resilience theory.

The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment/belonging. The approach was trauma informed and staff received training to understand the impact of trauma on

child development. An external psychologist and attachment specialist provided external guidance and support for the centre manager and the staff team.

The inspectors examined standards 1 ‘purpose and function’, 2 ‘management and staffing’ and 5 ‘planning for children and young people’ of the National Standards For Children’s Residential Centres (2001). This inspection was announced and took place on the 8th and 11th of May 2018.

1.2 Methodology

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

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.

- ◆ An examination of the questionnaires completed by:
 - a) The chief executive officer
 - b) The centre manager
 - c) The deputy manager
 - d) The team leader
 - e) Nine of the care staff
 - f) The young person residing in the centre
 - g) Two social workers with responsibility for young people previously residing in the centre.

- ◆ An examination of the centre’s files and recording process.
 - care files
 - supervision records
 - four personnel files
 - handover records
 - visitors logbook
 - team meeting records
 - management meeting records
 - training records
 - significant event logbook
 - physical intervention logbook

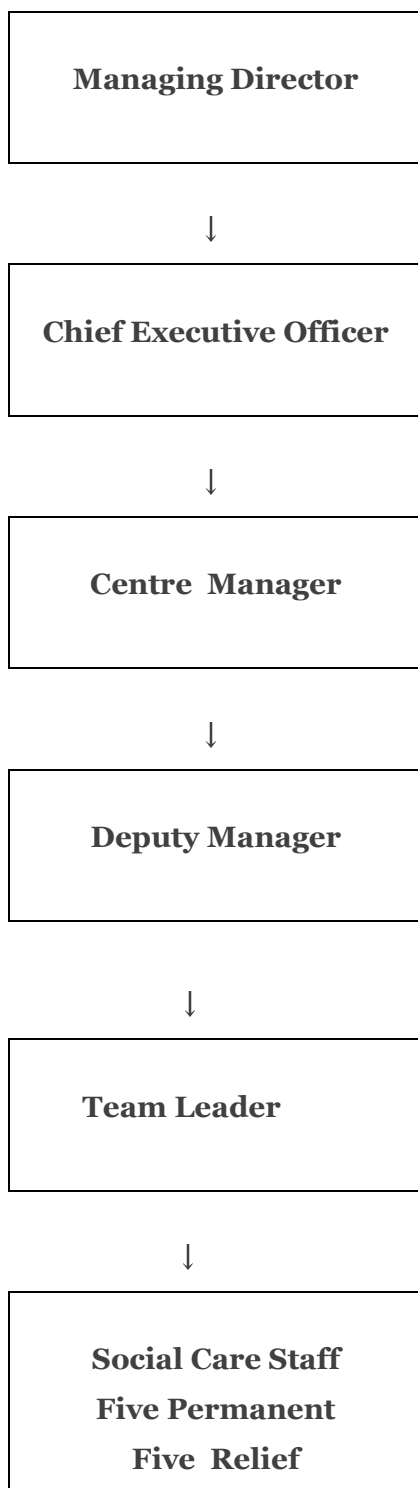
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The chief executive officer
 - b) The centre manager
 - c) The deputy manager
 - d) The social care team leader
 - e) One social care worker
 - f) The social worker supervising the young person in placement
 - g) The lead inspector

- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, chief executive officer, company director and the relevant social work departments on the 24th July 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 3rd August 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to continue to register this centre, ID Number: 013 without attached conditions from the 25th of September 2017 to the 25th of September 2020 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 had a written statement that defined the purpose and function of the centre, the population it catered for and the service it aimed to provide. The inspectors reviewed the written statement of purpose and function. Following this review and interviews undertaken with the centre management and staff the inspectors found that the model of care should be subject to a review taking into account the cohort of young people admitted to the centre and their presenting needs. The inspectors found that staff were experienced working with older teenagers however, they could not easily describe the model of care or the theories that informed their approach. The inspectors advised that the model of care be reviewed to ensure it is in keeping with the purpose and function and the presenting needs of the young people in placement. The inspectors advised this review is undertaken as part of the current strategic planning process for the service being undertaken by the chief executive officer.

The age range identified on the written statement was twelve to eighteen years. It is Tusla policy not to admit young people aged twelve years to residential care unless subject to a special review and a derogation process. The inspectors advise that the centre manager alters the age range on the written statement from twelve to eighteen years to thirteen to seventeen years on admission when they re-apply for registration.

The inspectors found evidence of review of operational policies and procedures within the organisation on team meetings and management meetings records. There was evidence that managers across the organisation had been assigned individual policies and procedures to review and update.

3.1.3 Practices that did not meet the required standard

None identified.

Required Action

- The chief executive officer and the centre manager must ensure the written statement of purpose and function is updated to accurately describe what the centre sets out to do for young people and the manner in which care is provided. The updated statement must amend the age range the centre caters for on admission and ensure the model of care/care approach is outlined and appropriate to the needs of the young people referred to the centre.

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 company structure comprised of the company director, a chief executive officer and an advisory committee. The inspectors found that the chief executive officer had developed a clear strategic plan for service development since their appointment in November 2017. They had recently provided staff with an opportunity to provide feedback on their experience of working within the organisation and with the young people in their care. Currently the chief executive officer was responsible for the oversight of six residential centres in the region and for recruitment, training and development of staff and supervision of all centre managers. The organisation planned to expand the management team to include the post of head of services in the coming months. The centre manager reported to the chief executive officer who in turn reported to the managing director. The chief executive officer met formally with the managing director approximately once a fortnight.

The inspectors found there was a clear management structure in place and there was evidence that the external manager provided good leadership and external oversight of the centre. They had oversight of all operational aspects of the centre through weekly written progress reports on the young people, monthly data returns from the centre manager, formal supervision of the centre manager, management meetings, daily telephone contact with the centre manager and visits to the centre twice a month. Visits to the centre included meeting with the young people and the staff on duty to discuss updates on the service.

The chief executive officer chaired management meetings on a monthly basis with all centre managers across the organisation. The inspector examined the records of these meetings and found evidence of good governance and management. The inspectors were satisfied with the external and internal governance, management and oversight of the centre.

The centre manager, deputy manager and team leader were appropriately qualified and experienced in their management roles. Each of the internal managers had specific management tasks and responsibilities assigned to them. There was evidence the centre manager and deputy manager was present in the centre Monday to Friday during office hours. The team leader worked the duty roster. Staff interviewed stated that the centre management team was accessible to them on a daily basis and provided guidance, support and direction.

Register

The centre manager maintained a register that outlined 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 and complete. The register showed that twenty two children had been admitted to the centre since commencement of operations.

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

Significant event notifications were reviewed by the Tusla registration and inspection service. The lead inspector for the oversight of significant event reports arising within the centre stated that incidents were well managed by the staff team with appropriate follow up and oversight by the centre manager. Significant events were appropriately notified to the relevant persons. The social workers interviewed told the inspectors they were satisfied they were notified of all incidents in a timely manner.

There was evidence that the significant event logbook was maintained at the centre and was signed by the chief executive officer when reviewed. This logbook corresponded to the significant event reports on file. There was evidence on the care files that risk assessments and safety plans were updated as required following significant events.

External oversight of significant events was undertaken by the chief executive officer and the internal training officer.

Training and development

Core training in the management of behaviours that challenge, child protection, fire safety training and first aid was provided for the team and was up to date for all staff. Tusla training officers were scheduled, later in the month, to provide managers with training to enable them to deliver child protection training within the organisation. The organisation was also liaising with the local third level college to secure accredited training for staff within the organisation. Managers in the centre were facilitated to participate in management skills training and supervision practice training. Staff members were also facilitated to attend the HSE training in applied suicide intervention skills training and understanding self harm training workshop. Refresher training was provided for the team in the response abilities pathways training programme since the last inspection. Two day attachment training was provided to the team in February 2018 and some staff members had recently participated in drugs/alcohol training in response to a young people' presenting needs.

The centre manager maintained a record of all training undertaken by staff to date. There were systems in place to capture gaps in training for example in the monthly report to management.

A new full-time post of training officer was established since the last inspection. The role of the training officer was to provide training for staff and to track, audit and source training for the organisation. When the centre undertake a review of their current model of care as recommended by the inspectors the staff should receive relevant and appropriate training to embed the theoretical framework/model of care into daily practice and interactions with the young people. This would further benefit the team and enhance their skills in terms of their work with the young people. The service recruited a psychologist in December 2017 and there were plans in place for this person to provide some specific training for the staff team.

Administrative files

The inspector examined a range of administrative files and records including daily logs, visitor's logbook, handover records and minutes of staff meetings.

Administrative records were well organised and maintained to facilitate effective management and accountability. There was evidence of good internal oversight of records and commentary on staff practice by the centre manager. The centre manager attended handover meetings, team meetings, care planning meetings and reviewed

all care and administrative records generated at the centre. The service had recently strengthened its administrative support structures to support the centre managers across the service. The chief executive officer outlined plans to introduce new electronic systems for managing and processing information on young people and storing data within the organisation. The inspectors were satisfied that management was familiar with the requirements of the legislation in relation to access to information and protecting personal information.

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. Records were also maintained of monies provided to the young people for pocket money and other expenditure. The inspector found that these systems ensured accountability in relation to expenditure in the centre. The centre manager and staff interviewed stated that the budget was adequate for the purpose and function of the service.

3.2.2 Practices that met the required standard in some respect only

Staffing

The inspectors found the team was stable, competent, experienced and consistent in their approach. There was evidence the staff had the skills and experience to work with young people with complex needs and they had established positive and trusting relationships with the young people in placement. There was evidence that staff had the skills and ability to communicate with the young people in an open and transparent manner and worked consistently to identify the required supports for the individual young people based on their presenting needs. Significant conversations with young people were recorded on their care files and in individual work records.

The centre staff comprised of the centre manager, deputy manager, team leader, five permanent social care staff and five relief social care staff. Five members of the core team had between three and ten years experience working in the centre. The inspectors found that the centre had adequate levels of staff to fulfil its purpose and function. The management and staff team were experienced in the provision of residential care and all staff were appropriately qualified. The staff team were stable and only one member of the core team had resigned their post since last inspection in 2017. An exit interview had been undertaken by the acting centre manager prior to their departure date. A review of staff rosters from January to May 2018 supported the view that the team was consistent and stable.

The inspectors examined four personnel files for relief staff recruited since the last inspection in 2017. Three of the four files had the required three references. One relief staff file did not have three references on file. There was evidence the service had requested references and this request had not been responded to. The inspectors found that one of the references had been secured following commencement of employment. The inspectors requested that the staff member provide the centre manager with alternative referees and that the required number of references are secured as a matter of priority. Two of the staff files did not have a copy of their qualifications on file and the inspectors requested that the centre manager secure a copy of their qualifications on file. A senior administrator was now appointed within the service and the chief executive officer assured inspectors that there were systems in place now to ensure this does not occur again going forward. There was evidence that all staff members had their Garda vetting updated every three years.

The organisation had a structured induction process and new staff also participated in an on-site induction process that was evidenced on the files.

Following interviews with staff, observations of practice and review of inspection questionnaires completed by staff the inspectors found the team to be well motivated in their work and committed to providing a high standard of care for the young people in placement. The staff members interviewed by the inspector were aware of their roles, responsibilities and the reporting structure. Communication within the team was good and handover records, daily log books and Key working folders supported the communication systems.

There were no disciplinary procedures initiated against any staff member at the time of the inspection. The chief executive officer and the centre manager had access to professional advice in relation to employment law.

Supervision and support

The centre had a written policy in relation to supervision. The centre manager received regular and robust supervision from the chief executive officer in line with the service supervision policy and a record of the supervision process was examined by the inspectors. Supervision with the centre manager included a review of the young people in placement, their care plans, significant events in the centre and overall standards of care, the managers own well-being and development, staff well-being and development and general operational issues.

A random sample of staff supervision files were selected and examined by the inspectors. The supervision records evidenced that the centre manager and deputy manager provided regular supervision to all staff members. The staff supervision schedule was displayed in the staff office. The records evidenced a focus on learning, team work, self care and professional development needs. Inspectors found that the supervision records did not evidence that individual work and key work undertaken by staff was subject to review and evaluation in conjunction with the placement plan in the supervision process. The records must evidence an effective link between supervision and the implementation of the individual placement plan in accordance with the requirements of the standards.

Team meetings were undertaken on a fortnightly basis and attendance at team meetings was good. Staff found the team meetings to be beneficial in terms of reviewing, planning and evaluating their work. One of the inspectors attended the daily handover and information was delivered in a structured manner with written checklists to evidence the information communicated and the tasks completed.

The staff interviewed were familiar with the service policy on the prevention and management of stress in the workplace and this policy was outlined in the staff handbook. Staff displayed a good awareness of self care within the work and staff interviewed outlined the benefits of team support within the centre. Staff questionnaires and interviews reflected a positive and supportive working environment.

On-call support was delivered to the staff team on a rotational basis outside of office hours by the centre manager and other managers within the organisation. The on-call roster was displayed in the staff office. Staff members had access to the external managers contact details should they wish to engage with them directly on any matter.

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 centre manager must ensure that all the required vetting is secured prior to a staff member commencing employment.
- The centre manager must ensure the supervision records evidence an effective link between the supervision process and the implementation of the individual placement plan and key work undertaken.

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 manager was clear on the information they required prior to making a decision to admit a young person. The organisation had systems in place to ensure pre-admission risk assessments and placement mix assessments were undertaken prior to accepting referrals for admission. At the time of the inspection there were two young people in placement. One of the young people was missing from care for a significant period at the time of the inspection. The social work service had requested the centre to hold the placement due to the age and nature of the young person’s needs. The other young person in placement was residing in the centre for over two years.

The social worker with responsibility for the young person currently in placement confirmed they were satisfied the child was well cared for in the centre and had made steady progress to date and continued to benefit from the care they received. The social workers responsible for the two young people previously in placement were satisfied with the standard of care the young people received. Social workers stated that the centre staff were committed to the young people and the young people benefitted from the programme of care and the relationships they developed with staff.

The centre had a child-friendly information booklet describing aspects of centre life however the centre manager informed the inspectors that this booklet was scheduled to be updated in the coming year. The young person in placement was actively engaged with EPIC, a national advocacy group for young people in care and was regularly in contact with the regional advocate in the area.

The inspectors found there were social history reports, care planning and assessment reports on file that provided staff with adequate information on the young people prior to admission. Medical reports secured on admission to the centre were on file.

Contact with families

Family contact arrangements were planned prior to admission to the centre and the staff supported and facilitated family contact as set out in the care plan. Families, significant others and friends were encouraged and facilitated by the team to visit in the centre if agreed as part of the care plan. There was evidence that the social workers kept families informed about events in their child's life. There was evidence that the young people's views were taken into account when planning family contact. Family contact was discussed at each statutory review meeting and decisions about family contact were set out in the care plan. Following consultation with social work parents were not met with by the inspectors as part of this inspection.

The centre staff maintained a written record of all family contact and these records were maintained on their individual care files.

Emotional and specialist support

The inspectors found there was a good awareness within the team of the emotional and psychological needs of the young people. It was evident the team had good

connections with the young person who was in placement for over two years. The records evidenced that external specialist supports were sought and advocated for by the key workers and the centre managers. Individual counselling was made available to respond to the presenting needs of the young people. There was evidence the staff team helped the young people manage emotions relating to complex family relationships through key working.

Preparation for leaving care

Inspectors found that appropriate work was completed in terms of preparing the young person in placement for living independently and moving on from care however the inspectors found that this plan of work was not evidenced on the written placement plan. Key workers must ensure that work identified to help the young person prepare for leaving care is set out in the placement plan. The centre had appropriate materials to assist in the preparation for leaving care. These materials informed the preparation for leaving care programme in the centre.

Discharges

The centre had a written policy on discharges indicating its commitment to ensuring the young people leave the centre in a planned and structured way in accordance with their statutory care plan. There was evidence that the centre was committed to ensuring all discharges were undertaken in a planned manner. The inspectors found evidence of good pieces of work with young people as they moved towards positive endings. The team also assisted and supported young people when they moved on initially. There was evidence of staff members maintaining connections with young people following their move on. Three of the five young people recently discharged from the centre were discharged in accordance with their care plan. Two young people had recently been discharged from the centre following extended periods where they were missing from care. The decision to discharge was taken by the social work department.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

The inspectors examined the care files of two young people in placement. Care plan reviews were undertaken within the required regulatory timeframes and updated care plans were on file following the care plan reviews. There was evidence that the centre

manager, young person, key workers and parents were consulted in the development of the care plan. There was evidence that social workers helped prepare the young people for their reviews and provided feedback from the review meeting if the young person did not attend in person. There were no minutes of the statutory care plan reviews on file in respect of one young person. The centre manager confirmed they had requested a copy of the minutes of the relevant care plan review.

The inspectors found that the young people were well prepared by the staff for their child in care reviews and were encouraged and supported to attend review meetings where appropriate. There was evidence that the manager and key workers were strong advocates for the young people. The key workers prepared comprehensive written reports to the child in care reviews and these reports were evidenced on the files.

Social workers confirmed that communication was good between the centre staff and the social work department. The social workers confirmed that they received weekly reports from the centre that provided a comprehensive outline of the young person's weekly activities, key work, progress and matters of continuing concern.

There were placement plans developed for the young people in placement and these plans were reviewed and updated every three months. An overview report was then completed and on file. This report was designed to outline the outcomes of the key work and individual work undertaken. The inspectors found that the placement plans were too broad and generic and not weighted towards measuring specific outcomes. The inspectors advised that the placement plans should be more specific, individualised and task orientated. This would provide more clarity around the key work tasks, assist the team to evaluate outcomes for young people and reduce replication of information across a number of previously established documents used to inform the placement planning process. The chief executive officer indicated that the newly appointed internal psychologist will assist the teams in developing this area of practice along with the current review of the centre record management systems.

Supervision and visiting of young people

The inspectors found that the social worker had not met the standard or the regulatory requirements in relation to visiting the young person currently in the centre. The young person indicated on their questionnaire that they were not satisfied with the level of support they received from their social worker. The inspectors found evidence that the social worker had made significant efforts in some areas to respond

to the young person's requests. Earlier in the year they had facilitated the young person to access their case file in the social work office and met with the young person at the statutory review meetings. However on review of social work visits to the centre over the past twelve months the inspectors found that the young person required more regular and consistent visits from their social worker given the presenting needs of the young person.

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 inspectors found evidence that social workers read the daily logs from time to time. The social worker interviewed confirmed that they maintained an up to date case file including a record of every visit to the young person. The social worker for the young person in placement confirmed that the young person's individual crisis management plan did not permit the use of physical restraints and staff did not employ such interventions in the management of challenging behaviour. There was evidence the social worker and the Gardaí followed the joint protocol for the management of repeated episodes of young people missing from care.

In the course of this inspection the inspectors were concerned that issues relating to the young person's citizenship had not been resolved since the last inspection. The inspectors advised the social worker to seek legal advice as a matter of priority to ensure this issue is addressed prior to the young person leaving care in eleven months time.

Aftercare

Tusla, the Child and Family Agency recently published a new national aftercare policy for alternative care along with a range of supporting documents to inform relevant professionals of the supports available to children on leaving care.

At the time of the inspection the social worker confirmed they had recently submitted a referral to the aftercare services. The inspectors found that the care planning process was not sufficiently robust in terms of addressing the young person's leaving

care requirements. The service manager and the centre manager had commenced exploring some possible aftercare options within their own services however the leaving care planning process had not commenced within the Tusla child and family agency. The inspectors advised the social worker to commence regular and consistent aftercare planning meetings as a matter of priority to ensure there was a clear plan in place to support the young person to transition from the centre within the next eleven months.

Children's case and care records

Records were stored in a manner that maintained appropriate levels of privacy and confidentiality about the young people's circumstances. The inspector found that records were written in an appropriate professional manner. The young people had individual care files that were stored in secure fire retardant cabinets. Key workers had responsibility for maintaining the care records. The key workers maintained an active key work file that contained a copy of the most up to date care plan, placement plan, absence management plan, risk assessment and individual crisis management plan. The inspectors examined this file and found it was a useful resource and an efficient way to support and manage key work. The records of house meetings and individual work records evidenced that the children's views were sought and recorded.

The care files contained the required information such as birth certificates, care orders/voluntary consent and relevant medical consent forms. A birth certificate on file for one of the young people was a poor copy and the inspectors advised the social worker to secure a more readable copy. Pre-admission medicals were evident on file and a copy of the young people's immunisation history was on file at the centre.

The centre had introduced a new system for filing the care records that facilitated staff to access with ease most recent information on the young people. However the inspectors found that this system presented risks in terms of information being misfiled and or misplaced in the transferring records to the main care file. Some information required by the inspectors was misfiled in the folders. The inspectors advised the centre manager to regularly review the effectiveness and efficiency of this new system over the coming months. Historical information required by the inspectors was stored on the main care folders and was not as accessible for inspection purposes. The chief executive officer informed the inspectors that the current case management review system and the general data protection regulations will influence the systems in place for maintaining care file records both current and

past records within the organisation. Care files relating to young people discharged from the centre continued to be stored in the centre and were not maintained in secure cabinets. The chief executive officer assured the inspectors that this matter will be addressed as a matter of priority.

All staff signed a confidentiality agreement when they commenced their employment in the centre and this was held on their personnel file.

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 22, Case Files.

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 24, Visitation by Authorised Persons

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 social worker in respect of one young person in placement must ensure that minutes of statutory care plan reviews are forwarded to the centre manager.
- The centre manager must ensure that the placement plans are more specific, individualised and task orientated.

- The social worker must ensure that visits to the young person in placement are regular and consistent and in compliance with the timeframes set out in the statutory regulations.
- The relevant statutory aftercare service for one young person must allocate an aftercare worker as a matter of priority.
- The social worker must ensure that there are regular forums in place to plan and review the leaving care plan for one young person in placement.
- The social worker must seek legal advice in relation to the issue of citizenship for one young person.
- The chief executive officer must ensure that the care files of former residents are maintained in secure cabinets.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.1	The chief executive officer and the centre manager must ensure the written statement of purpose and function is updated to accurately describe what the centre sets out to do for young people and the manner in which care is provided. The updated statement must amend the age range the centre caters for on admission and ensure the model of care/care approach is outlined and appropriate to the needs of the young people referred to the centre.	This recommendation is presently being acted upon. The chief executive officer and the centre manager have reviewed the written statement of purpose and function and are presently updating it with regard to amending the age range the centre caters for. The model of care is also under review and will be amended accordingly to ensure it meets the needs of all young people in the centre. This is being done as part of the current strategic planning process for the service being undertaken by the chief executive officer.	The centre manager and chief executive officer will review the purpose and function on a regular basis to ensure it meets the needs of all young people in the centre.
3.2	The centre manager must ensure that all the required vetting is secured prior to a staff member commencing employment.	This recommendation has been addressed since the inspection.	Bi-monthly review of all staff files will be carried out by centre management. The files of all new staff coming to work in the centre will be audited by the senior administrator prior to commencement of employment to ensure all necessary documentation is on file.

	Staff supervisors must ensure the supervision records evidence an effective link between the supervision process and the implementation of the individual placement plan and key work undertaken.	This recommendation has been acted upon and is now part of the supervision process and is evidenced on the supervision records.	Staff supervisors will continue to ensure best practice in this regard and review and evaluate individual work and key-work in the context of the young person's placement plan.
3.5	<p>The social worker in respect of one young person in placement must ensure that minutes of statutory care plan reviews are forwarded to the centre manager.</p> <p>The centre manager must ensure that the placement plans are more specific, individualised and task orientated.</p> <p>The social worker must ensure that visits to the young person in placement are regular and consistent and in compliance with the timeframes set out in the statutory regulations.</p>	<p>The centre management spoke with the relevant social worker and they confirmed they would forward outstanding minutes of care plan review meetings immediately. This was completed.</p> <p>This recommendation has been taken on board and centre management has initiated a procedure for undertaking placement plan meetings with all key-workers every three months to ensure placement plans are more specific, individualized and task orientated.</p> <p>This recommendation has been acted upon. The social worker has visited the young person on a more regular basis.</p>	<p>The centre management will ensure there is better communication between social worker and centre management.</p> <p>Placement plan meetings will focus exclusively on the three areas identified by the inspectors. Placement plans are currently being reviewed throughout the organisation in order to devise an organisational template that is more specific, individualised and task oriented.</p> <p>Centre management brought this recommendation to the attention of the relevant social worker.</p>

	<p>The relevant statutory aftercare service must allocate an aftercare worker as a matter of priority.</p> <p>The social worker must ensure that there are regular forums in place to plan and review the leaving care plan for one young person in placement.</p> <p>The social worker must seek legal advice in relation to the issue of citizenship for one young person.</p> <p>The chief executive officer must ensure that the care files of past residents are maintained in secure cabinets.</p>	<p>This recommendation has been acted upon.</p> <p>This recommendation is currently being acted upon. The aftercare needs assessment plan is currently being completed with the relevant young person. A leaving care plan will be developed following the needs assessment.</p> <p>The social worker agreed to seek legal advice in relation to this matter and is currently liaising with the relevant authorities and family members.</p> <p>This recommendation will be acted upon as soon as an appropriate storage facility is secured by the organisation.</p>	<p>An aftercare worker has been allocated to the relevant young person.</p> <p>The aftercare worker and social worker will ensure compliance with this recommendation.</p> <p>Centre management made the relevant social worker aware of this recommendation.</p> <p>The centre management will ensure there is ample secure storage space for care files and other sensitive documentation pertaining to past residents.</p>
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