



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 031

Year: 2018

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Ashdale Care
Registered Capacity:	Three young people
Dates of Inspection:	1st and 2nd of May 2018
Registration Status:	Registered from the 9th of September 2016 to 9th of September 2019
Inspection Team:	Linda Mc Guinness and Michael Mc Guigan
Date Report Issued:	22/06/18

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1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on 9th of September 2013. At the time of this inspection the centre were in their second registration and were in year two of the cycle. The centre was registered without attached conditions from the 9th of September 2016 to 9th of September 2019.

The centre was a detached, single storey house situated in a rural location approximately three miles from the nearest town. The purpose and function was to provide accommodation for up to three young people of both genders from eleven to eighteen years of age. There were three young people living in the centre at the time of this inspection.

The model of care was described as providing specialist residential care through a person-centered therapeutic service to young people with complex emotional and behavioural problems. The aim was to offer a responsive, specialist service as an alternative to more secure forms of care and to return young people to a less structured environment or family placement as soon as is in their best interests.

This inspection was unannounced and took place on the 1st and 2nd of May 2018. The inspection was based on standard, 2 ‘management and staffing’ and standard 5 ‘planning for children and young people’ of the National Standards For Children’s Residential Centres, 2001. Whilst on site, inspectors had reason to examine aspects of standards 7 and standard 10 and these are reflected in the report.

1.2 Methodology

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

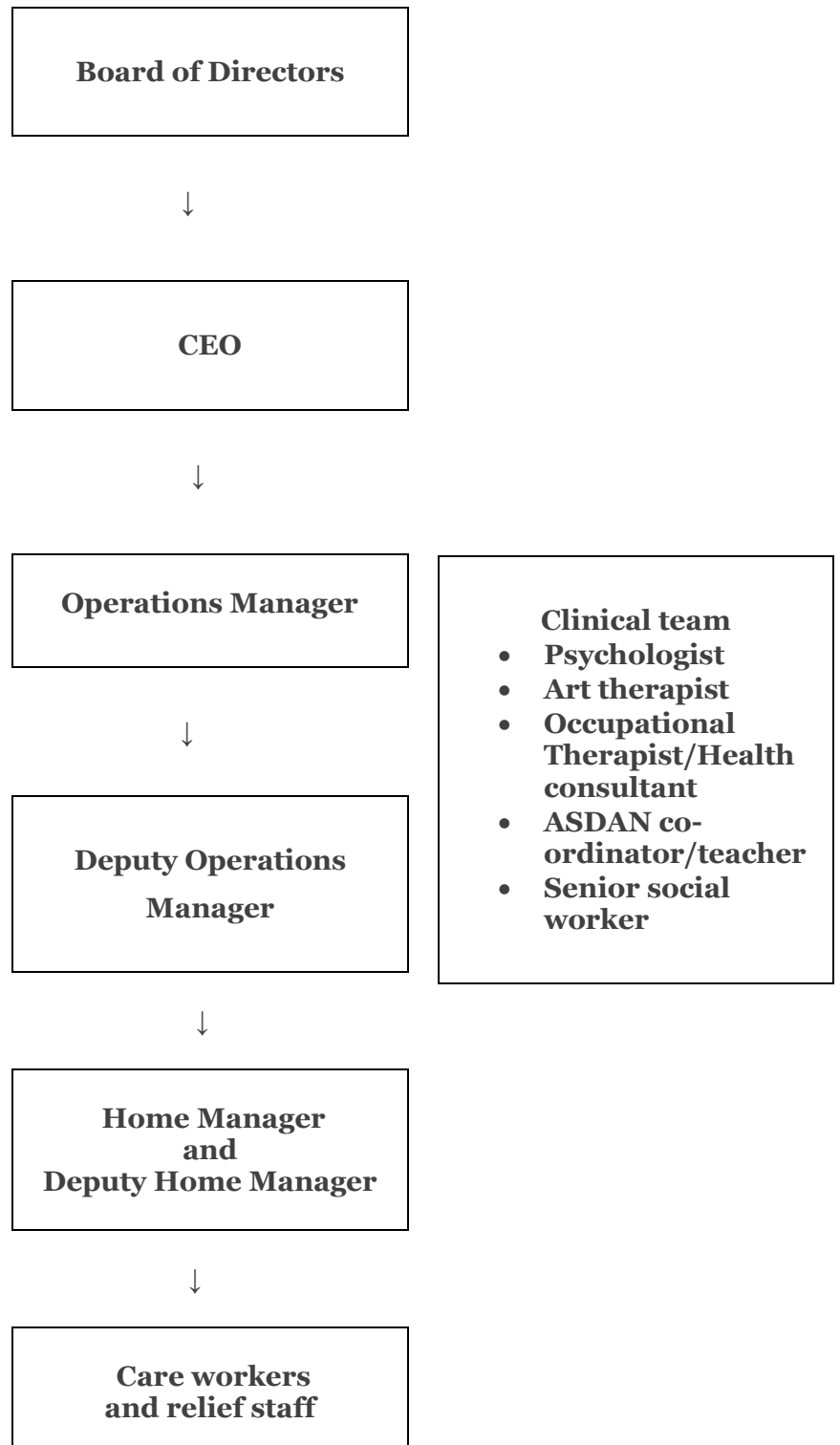
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager
- ◆ An examination of the questionnaires completed by:
 - a) social care manager
 - b) deputy social care manager
 - c) all of the care staff
 - d) the director of service
- ◆ An examination of the centre's files and recording process including:
 - care files
 - daily log books
 - young person's booklet
 - staff personnel files
 - supervision records
 - handover book
 - fire registers
 - training records
 - team meeting minutes
 - management meetings minutes
 - centre registers
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The operations manager
 - c) Four staff members
 - d) All young people were offered the opportunity to meet with inspectors. One took this opportunity and all young people completed questionnaires
 - e) The social workers with responsibility for three young people residing in the centre
- ◆ Observations of care practice routines and the staff/young person's interactions
- ◆ One inspector attended the daily handover meeting
- ◆ Shared meals with young people and staff members

- ◆ Attended an IDP planning meeting and met with director and operations manager, operations manager following this meeting
- ◆ Shared meals with young people and staff members

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, director of services and the relevant social work departments on the 30th May 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 12th June 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: 031 without attached conditions from the 9th of September 2016 to 9th of September 2019 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

Inspectors found that there was a clear management structure in place both within the centre and externally at senior management level within the organisation. There was a director of service and until recently an operations manager and two deputy operation manager posts. One deputy had resigned and was going to work independently two days a week to support auditing processes. Inspectors were informed that the vacant deputy operations manager post would be filled imminently. This is important as the organisation is expanding significantly and there should be adequate resources to ensure continued good governance.

Inspectors found that clear systems of accountability and oversight were evidenced through review of the centre records. The social care manager was qualified and experienced, had a recognised qualification in social care and had been in post for the previous two years. They worked from Monday to Friday each week. During interview with inspectors the centre manager identified mechanisms that were in place to ensure that the service was operating in accordance with the agreed policies and procedures to provide best quality of care provision. They indicated that they had oversight of all significant events and attended planning and strategy meetings.

It was found by inspectors upon review of the care files and administrative files that the centre manager had responsibility for overseeing the day to day operation of the centre and met these responsibilities in full. There was evidence from review of minutes of meetings, supervision records, attendance at handover and observation of practice that the manager provided clear leadership to the staff team. They attended handover meetings and had oversight in respect of implementation of young people's plans. The manager and their line management had signed relevant records to evidence their oversight. Inspectors reviewed the manager's folder during the

inspection process and this evidenced a weekly focus on issues such as stability of placements, staffing issues, good team morale, any complaints or child protection issues, health and safety, maintenance and current issues for young people.

Returned questionnaires to inspectors were reviewed and staff members described the centre as being well managed with high support and good communication with management. There was an assigned deputy manager whose role was to support the social care manager. This person had been in post for the past three years and there was evidence that they were clear about their role and provided good leadership in the manager's absence.

Since the last inspection of this centre there have been changes within the organisation with a partner group coming on board for investment with the intention of expansion of the organisation. Members of this group sit on the board of directors. There has also been the appointment of a new position of an organisational health consultant to work alongside both young people staff and with a focus on staff retention and support.

The social care manager reported directly to the deputy operations manager but was now being supervised in a professional capacity by an external consultant social worker. Inspectors found that there were good mechanisms in place for assessing the quality of care for young people in the centre.

There was a quality assurance system in place whereby the deputy operations manager visited the centre to audit young people's care and placement plans/IDP's, centre systems, supervision records and physical interventions. Inspectors found that these audits were detailed and issues were identified for improvement and that appropriate actions were taken. There was evidence that recommendations made in inspection reports were taken on board and implemented across the agency although there had been some time passing in respect of improvements to placement planning. This has now been addressed and was due to be completed and signed off by the end of this inspection process.

Review of records showed that the deputy operations manager had conducted regular audits since their appointment in 2016. These were recorded in a dedicated folder and filed month by month and not in chronological order. Therefore all audits for January were recorded for 2016, 2017 and 2018 in one section etc. This filing system could be improved to facilitate follow up from one audit to the next and ease of access for review purposes. These audits focused on a number of areas including staffing,

complaints, significant events, young people's meetings and consultation with young people, records review, team meetings, training and development and implementation, planning and the physical premises. There was a clear system which detailed evidence of review under the appropriate sections. Recommendations were noted where deficits were identified or improvements were suggested. Some of these included: new staff member supervision being slightly outside the policy time frame, staff training records being placed on file, probation reviews and informal complaints being held on daily logs and not in the complaints register. There was evidence of discussions with centre management held on file following audits and also email follow up from the deputy operations manager to evidence follow up on required actions. These audits also had a focus on positive feedback on good care practice, positive outcomes for young people and resources required to support any actions.

The director of service visits the centre and meets young people and staff members from time to time. Staff and young people also noted that the operations manager occasionally visited the centre and was available to them.

Management group meetings were scheduled to take place each month and records were available for 13 meetings in 2017. It was evident that there was a focus on service development and improvement. Inspectors reviewed the minutes of meetings for each month in 2018 and found that the records reflected attention to issues including staffing, supervision, roles and responsibilities, leadership training, budgeting, health and safety, peer support groups, safeguarding, inspection recommendations, clinical input to young people's care, health and safety, placement planning and service level agreements. All records held an agenda, discussion of the agenda items; actions required and follow up correspondence or documents to be distributed. Each meeting evidenced discussion in respect of previous actions and agreement to carry these over if not yet completed.

Inspectors noted that the management meeting of 20/0218 made reference to a letter sent on 13/12/17 in respect of the enactment of the Children First legislation and which made reference to additional legal responsibilities in relation to safeguarding children. Following this the organisational management did not fully implement some aspects of these responsibilities. Another management meeting on 16/04/18 referred to 'safeguarding posters to be made' but when this inspection took place on 1st and 2nd of May the organisation was not in compliance with the requirement to have a child safeguarding statement. Organisational management must ensure that governance structures and processes ensure full implementation of all legal requirements.

Register

During this inspection, the centre register was reviewed and found to be complete and in line with regulatory requirements and the National Standards for Children's Residential Centres, 2001. The register contained details of young people, their admission dates and information on their parents and social workers. There was a system in place where duplicated records of admissions and discharges were kept centrally by Tusla, the Child and Family Agency. There was evidence on the register of oversight by the operations and the deputy operations managers

Notification of Significant Events

The centre had policies in relation to pre admission risk assessments, significant events, risk assessment and risk management, missing in care and complaints. There was a system in place to record and notify the Child and Family Agency of all significant events relating to young people living in the centre. There was clear guidance to the staff team in relation to what constituted a significant event and how to manage and report these. There was also a policy in relation to engaging An Garda Síochána to deal with incidents involving young people. There was evidence of discussion at management meetings and direction from the centre manager to improve recording processes which was also noted in staff supervision where necessary. Supplementary training was provided if required.

There was significant event review group in place. Inspectors found from interviews that while there appeared to be an effective verbal feedback loop from the significant event review group (SERG) to the social care team that this was not evidenced on the minutes of the records of these meetings. The purpose of these meetings is to review the antecedents, staff interventions and outcomes of the incidents being reviewed and to benchmark them against the suggested interventions in young people's plans. The discussion should be noted in some detail and following this, it should be determined if any recommendations/guidance is to be made to the team or if there are any updates to individual crisis management plans, placement plans or absence management plans.

Inspectors attended an IDP meeting and found that significant events were being reviewed by at this forum by the clinical team and the social care team. This provided support for staff to respond therapeutically to trauma based behaviours but once

again the decisions / actions were not formally agreed and recorded from these sessions and placed on young people's plans.

A register of significant events was maintained for the purpose of oversight by the manager in the centre. Inspectors noted there were 447 entries on the register relating to the current group of young people. These included positive significant events, child protection concerns and physical interventions which were colour coded for review purposes. It is important to note that the majority of the significant events related to the early parts of young people's placements and that there was a definitive reduction in challenging behaviour and physical interventions correlating to their progress in the centre. There was evidence of regular oversight by the social care manager and the operations managers on the register.

Inspectors found that all notifications took place promptly to social workers and other relevant persons. All social workers who were interviewed by inspectors confirmed that they were satisfied with how incidents were notified and managed.

Administrative files

Inspectors found some good practice around this with records being easy to access and that they facilitated effective planning and accountability.

Inspectors found that the social care manager had followed up with team members following review of records where improvements were noted internally or through audit processes. Most deficits identified in audits by the deputy operations manager were promptly rectified. Files were kept securely and there was evidence of oversight of financial management systems and records.

3.2.2 Practices that met the required standard in some respect only

Staffing

Inspectors found that the centre had adequate levels of staff to fulfil its purpose and function. There were nine full time equivalent posts with another two staff covering weekend work on the roster. There were three social care workers currently on maternity leave and these lines were being filled for continuity by staff who were employed by the organisation but not necessarily assigned permanently to this centre. The assigned deputy manager stood in for the manager during periods of

annual leave. There were defined roles for the senior practitioners within the centre. The human resources department has oversight of all recruitment and initial vetting for prospective employees.

There was evidence that all staff had received induction training to include shadow shifts and a set induction agenda. Staff interviewed who were in post a number of years indicated that there have been improvements in the induction process since they took up post and the current programme takes a number of weeks to complete in full. There was evidence of an induction checklist in the files of all staff reviewed by inspectors.

Inspectors reviewed a sample of five personnel files including some staff employed since the last inspection process. All staff files reviewed had evidence of Garda vetting / enhanced disclosure form other jurisdictions, verified references and verified qualifications as required. Inspectors noted that a reference for one staff member was from employment ten years previously even though they had worked in the field of social care more recently. Centre management must ensure that references for the most recent employment are sought and verified in line with standard 2.11 of the 'National Standards for Children's Residential Centres' and best practice. The more recent employment references should be sought, placed on file and notified to the inspection service.

There was a balance of experienced to inexperienced staff as required. Inspectors interviewed a number of the staff team during inspection and reviewed returned questionnaires. They were clear about the purpose and function for the centre and the model of care. All felt supported by management and felt that clinical input supported the work they do. They felt that there was good communication and a commitment to providing training. Returned questionnaires indicated that all staff felt there was a strong commitment to providing good quality care to young people. Recent inspection reports across this organisation reported on staff retention being a problematic issue. Since the recent organisational changes have come into effect there have been a number of measures put in place to address this issue. The pay scales have been increased and an organisational health consultant has been employed. This person has extensive experience in the field of mental health and occupational therapy. The purpose of this position is to provide physical, emotional and social support, improve communication throughout the organisation, enhance the culture of leadership, and in so doing, improve staff retention. This will be done through individual staff consultations, teambuilding workshops and staff centered debriefing consultations. Staff members are to be given the opportunity to reflect on

academic, emotional and professional needs, and collaboratively develop a plan for their personal and professional development. Senior management have reported to the inspection service that these measures have already resulted in a reduction of staff turnover.

Supervision and support

The centre had a policy on supervision which stated that staff should receive supervision every two weeks for the first three months of service and at monthly intervals thereafter. Inspectors reviewed a sample of four staff records and found that supervision was always taking place within this timeframe. Each file had a supervision contract or agreement which set out expectations of each participant. Supervision was generally broken down into two sections one which focused on professional development and support and the second being case management. Within the professional development section of supervision there was evidence that the manager gave feedback on staff performance and the sessions were reflective in nature with a focus on the strengths and positives and any support or training required. There were three sections which recorded the issue, the discussion and action required. However at times there was very little evidence of follow up from previous sessions and this should be built into the agenda as a standing item.

Relating to the second section it was evident on all files that there some focus on planning for young people however this needs to be more detailed and focused on care practice, actions and outcomes. Inspectors noted that the discussion relating to placement planning was often recorded as a narrative and would benefit with more emphasis being place on the '*how*' relating to specific actions. The decisions regarding placement planning and key working reflection /guidance was not clearly recorded. This section of the template did not have the three sections relating to description of issues, discussion and action to be taken and should be improved to ensure agreed decisions are followed up and reviewed at a later session.

The social care manager was supervised by the head of training, governance and policy since 30/03/18 and had previously been supervised by the deputy operations manager. Inspectors found that two sessions had taken place, one at the beginning of March 2018 and one at the end of that month. There was no recorded session for April 2018 which brought the supervision slightly outside the timeframe stated in the policy. The supervision to the manager evidenced an introduction to the supervision process and an exploration and agreement of the contract, the company history, the

current dynamics in the centre, guidance and direction to the staff team, work life balance and any challenging issues. While this supervision relationship was only newly established there was no evidence of case discussion here or review and feedback from auditing processes which would be expected in the manager's supervision. Inspectors recommend that these are included to enhance governance and support an outcomes based approach.

Staff meetings took place twice per month one of which was an IDP meeting which was facilitated by the clinical team. Attendance at team meetings was high. Review of the records of the team meeting minutes showed a detailed focus on practical issues such as staff sickness, petty cash, savings, chores, pocket money and clothing for young people, summer trip, family access planning, health and safety and the centre vehicles. Other discussions related to training, consistency and consequences for young people and the outcome of key working file audits. It was evident that young people and their current issues and progress were discussed at each meeting. Nonetheless, the records did not show a strong focus on the discussions in respect of care practice care approaches with young people and implementation of agreed actions from the placement plans or IDP meetings and this requires significant improvement. Similarly in respect of the minutes of the IDP meetings the discussions were frequently recorded as a narrative and there was very little detail relating to the set goals or how to go about achieving them in the work with young people. The social worker for one young person had attended an IDP meeting and informed inspectors that this was an excellent forum for analysis and planning to respond to their young person's needs. Inspectors, having attended one of these meetings concur with this viewpoint but recommend that the method of recording the discussions and decisions made at team meetings and IDP meetings are improved to facilitate evidence of effective planning.

One inspector attended the handover meetings and found it to be an effective forum for communication and planning. It was child focused, reflective in nature and evidenced a good awareness of the emotional needs of the young people.

Training and development

There was a policy in place in relation to staff training. Core training requirements for all care staff included Therapeutic Crisis Intervention (TCI), Children First, First Aid, Food Hygiene and Fire Safety. Supervision was provided on a monthly basis and it was through this forum that individual development plans for each member of staff were drawn up identifying training needs to be facilitated by the company. A yearly

training schedule was developed at the start of each year. A new head of training, governance and policy had been appointed since the last inspection process. Staff training and development was built into the team meeting and was evident through review of monthly manager reports, management meetings and audits conducted by the deputy operations manager which were reviewed by inspectors.

The staff team had received supplementary training in support of their work with young people both externally to the organisation and through the internal TAP (training and awareness programme) model. These included the model of care, trauma and attachment, mindfulness, professional boundaries and containment, managing self-harm and suicide prevention. Inspectors were also provided with a training schedule for the period January to December 2018 which included all mandatory refresher training and courses including complex trauma and dissociation, anger and attachment, the role of the keyworker, grief and loss, mindfulness and compassion based practice.

There was a policy in respect of safeguarding and child protection and this states all staff will be trained in Children First: National Guidance for the Protection and Welfare of Children. While all files reviewed showed that all staff had received safeguarding and child protection training some had not yet completed the online training in revised Children First: National Guidance for the Protection and Welfare of Children, 2017 which is provided by the Child and Family Agency. The social care manager must inform inspectors when this has been completed.

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 Actions

- Centre management must ensure that references for a prospective employee's most recent employment are sought and verified in line with standard 2.11 of the 'National Standards for Children's Residential Centres' and best practice.
- Centre management must ensure supervision evidences an appropriate focus on planning for young people which is detailed and focused on care practice, keyworking, actions and outcomes. There must be a clear link to the placement plan as required by the National Standards for Children's Residential Centres, 2001.
- Centre management must ensure that all supervision records have a focus on follow up from previous sessions and implementation or carry-over of agreed actions
- Centre management must ensure the methods of recording the discussions and decisions made at team meetings and IDP meetings are improved to facilitate evidence of effective planning.
- Centre management must ensure that all the staff team complete the Child and Family Agency on-line training in respect of the 2017 revised version of 'Children First: National Guidance for the Protection and Welfare of Children'

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

There were three young people living in the centre at the time of this inspection. There was a policy in place outlining the admission process to the centre and each young person had a planned transition which included a robust pre-admission risk assessment process to take into account the possible negative impact of young people on each other. Social workers confirmed that they were involved in this process. Review of the records showed that there was a plan of action to manage any issues of concern which arose from these processes. These actions were intended to protect young people from possible abuse from peers in line with the national standards for children's residential centres 2001.

Inspectors sent questionnaires to the social workers for all young people living in the centre and while they did not respond in writing they all participated in an interview process following the inspection. Each social worker interviewed concurred with the centre manager that the placement was suitable and meeting the needs for their allocated young person.

There was an age appropriate booklet which provided all necessary information about the placement. One young person who spoke with inspectors formally and two others chatted with inspector over meals. All young people completed a questionnaire and returned it to inspectors. All young people indicated that they were happy in their placements and that they trusted staff to support and to help them. The young person who met formally confirmed that they understood the reason for their placement in the centre.

Contact with families

There was evidence that the team made arrangements to support family access and to help young people manage emotions relating to this through keyworking with the support of the clinical team. There were good records of family contacts and for one young person it was evident that they had a say in planning for family access at their child in care review meetings. Two young people indicated that they would like more family access with siblings and extended family members this should remain a focus during planning meetings. There is space within the centre for young people to meet family members in private if it is considered appropriate.

Emotional and specialist support

Inspectors' review of the records, attendance at handover meeting and at the IDP meeting evidenced that the staff team showed a good awareness of the emotional need of the young people and had a good understanding of model of care in operation in the centre. The young people have access to specialist psychological support, art therapy, occupational therapy and the clinical team provide guidance to the team in their work with the young people. Previous inspection reports have noted a lack of evidence of a connection between the clinical work and the social care aspect of the work. This was still present to some extent during this inspection but inspectors were provided with a suite of new documents which would address this issue. It was evident from the progress young people had been making and from the satisfaction of social work departments that the specialist support to young people both directly and through the staff team was making a positive difference to them. However, the evidence of the planning and implementation of this work required significant improvement. Inspectors recommend that this work is completed and put into operation as soon as possible.

Preparation for leaving care

None of the young people in the centre were over 16 years old and required a preparation for leaving care plan. Their placement plans had an appropriate focus on age appropriate development of independent living skills such as personal hygiene and healthy eating, shopping, travel etc.

Discharges

There have been no discharges from the centre since the last inspection

Aftercare

The centre had a policy in respect of preparation for leaving care and aftercare. None of the young people were of an age that they would be moving to independent living

however, a return to foster care was named as a goal in two of the young people's plans. Inspectors found that there could be more of a focus on planning for what is required to make this a reality. It should remain a primary focus at each child in care review.

Children's case and care records

With the exception of an up-to-date care plan for one young person and an admission to care form for another inspectors found that files were well maintained and contained all relevant information. Inspectors noted that there were however two occasions where records relating to one young person were held on another young person's file in error. Routine oversight and auditing process should ensure that this does not happen.

There was evidence that centre management had written on many occasions to the supervising social work department requesting the outstanding documents for one young person. The social care manager gave guidance and direction to staff in respect of language in report writing and that this was a focus in the supervision records and centre audits reviewed by inspectors. There was a system in place for archiving of records. There was evidence on the records that the young people's views were sought in respect of their plans.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Two of the three young people living in the centre had up to date care plans dated 18/11/17 and 20/03/18. The third young person had a care plan on file dated 03/11/16 which was six months after their admission to the centre and which was 19 months prior to the inspection date. Further, this young person only turned 13 years of age in December 2017 and prior to that there was an obligation on the supervising social work department to hold monthly statutory child in care review meetings each month under the 'National Policy in relation to the Placement of children aged 12 years and under in the Care or Custody of the Health Service Executive'. Inspectors note that there were summaries of child in care review meetings prepared by the centre staff to evidence six such review meetings when there should have been 16 reviews in that period. Following inspection the principal social worker provided evidence that 10 child in care review meetings were held in the first 11 months of placement however the statutory records of these meetings were not held on file in the centre. The supervising social work department must ensure compliance with all national policies in respect of young people in care.

On occasion care plans took a considerable period to be sent to the centre following child in care review meetings. Social work minutes of statutory child in care review meetings were not always on the file and often there were minutes prepared by staff in the centre, but these were not the official minutes as required by regulations and were not signed by social workers. There was evidence that these had been requested by the management on a number of occasions.

Young people's placement plans were drawn up in the centre and where a care plan had not been provided the placement plan was drawn up from the notes the centre took at the child in care review meetings. There was evidence on consultation with young people through key working and individual work. Inspectors noted that there was evidence of senior management oversight on the individual young people's plans.

Each young person's placement plan should be drawn up from a detailed care plan which outlines specific needs and which has been agreed by all relevant professionals in the statutory review processes. Inspectors found that there needed to be improvements made in the placement planning process to ensure evidence of an effective link to care plans, clinical input, keyworking and the supervision process. The placement plan must be specific in term of goals, actions required, persons responsible and timeframes. Key working plans and schedules should be derived from the goals set in the placement plans, be reviewed regularly and discussed in staff supervision. They must include recommendations and guidance from clinical specialists working with the young person or the team in support of the work.

There was good evidence of keyworking and individual work on all files examples of which included focus on issues such as self-care, shared living, emotions and behaviour, education, family, access to information, independent living, peer relationships and antisocial behaviour/Gardaí. Inspectors found however, that the majority of keyworking was focused on discussions of negative behaviour with young people and that more structured keyworking plans devised from an improved placement plan template would ensure a better focus on other goals.

The centre manager and deputy operations manager informed inspectors that they would be reviewing placement plans to ensure a better link to the care plan goals and to the clinical guidance provided. The proposed new placement plan was presented to inspectors on the third day of the inspection and was almost ready for implementation across all centres in the agency. This should be put in place as soon as possible to evidence planning, guide care practice and keyworking and show

evidence of progress or lack of progress. Organisational management should review the new system after a period to ensure it is effective and fit for purpose.

Supervision and visiting of young people

There was evidence that two of the young people were meeting their social workers regularly and that they were meeting their statutory obligations in this regard. All contacts were recorded as required. There were deficits in respect of statutory visits to the third young person. This young person was placed a significant distance from their home place and the placing social work area. Nonetheless, the Child Care (Placement of Children in Residential Care) Regulations 1995 Article 24 (1) sets out the minimum visiting requirements where the supervising social worker must visit the child in the centre and see the child privately. The social work department must make arrangements to meet their statutory obligations in respect of visiting the young person. They must also evidence that they read the young person's care file records kept in the centre from time to time as required.

Social Work Role

Standard

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

Inspectors interviewed the supervising social workers for all three young people currently residing in the centre. One social work department acknowledged the delay in sending an up to date care plan to the centre. There was evidence on young people's files that forms were completed prior to child in care review meetings to consult with them about aspects of their care. Each social worker informed inspectors that the placement was suitable, meeting the needs of their young person and that they were making good progress in the centre. Social workers confirmed that they received prompt notifications of significant events concerning their young person and that they were invited to professional and strategy meetings.

Inspectors note from interviews with staff and management, returned questionnaires and from centre records that there has been some difficulty with communication with the social work department for one young person with delays in responding to communication, requests for information and closing off on child protection notifications made by the centre. Further child in care review meeting was scheduled

by teleconference had been cancelled. The social work department for this young person must ensure that they make arrangements to meet all their statutory obligations and responsibilities.

3.5.3 Practices that did not meet the required standard

None identified

3.5.4 Regulation Based Requirements

Tusla -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:***

Regulations 1995:

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

-Part V, Article 25 and 26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

The Child and Family Agency has met the regulatory requirements in accordance with the ***-Part IV, Article 22, Case Files.***

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

-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan

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 Actions

- The social work department for one young person must make arrangements to meet their statutory obligations in respect of visiting the young person in line with Placement of Children in Residential Care) Regulations 1995 Article 24 (1).
- The social work department for one young person must prepare a care plan as required under the Child Care (Placement of Children in Residential Care) Regulations 1995 Article 23 (1)
- The social work department for one young person must make arrangements to hold and record decisions made care plan reviews in line with Child Care

(Placement of Children in Residential Care) Regulations 1995 Article 25 (1), (7)

- The supervising social work department for one young person must ensure compliance with all national policies in respect of young people in care, specifically the National Policy in relation to the Placement of children aged 12 years and under in the Care or Custody of the Health Service Executive
- Supervising social workers must ensure that up to date care plans are sent to the centre promptly following child in care review meeting.
- Centre management must ensure that each young person's placement plan is drawn up from a detailed care plan which has been agreed by all relevant professionals through the statutory review processes. The placement plan must be specific in term of goals, actions required, persons responsible and timeframes. They must include recommendations from clinical specialist working with the young person or the team in support of the work.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

None identified - Only some aspects of this standard were assessed

3.7.2 Practices that met the required standard in some respect only

There was a written policy on safeguarding young people in the centre, a professional and personal boundaries policy and a whistle blowing policy which are included in the induction for new staff members. During this inspection, from interviews with staff members it became evident that the organisation did not have a child safeguarding statement in place in line with the newly enacted Children First legislation. This was despite information being sent to the centre in respect of their obligations in December 2017. This was immediately brought to the attention of senior management and a child safeguarding statement was provided to the inspection service and displayed in each centre as required by 04/05/18 two days after inspection.

Child Protection

Standard

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

3.7.3 Practices that met the required standard in full

None identified.

3.7.4 Practices that met the required standard in some respect only

The centre had written policies and procedures in respect of child protection which were consistent with Children First the National Guidance for the Protection of and Welfare of Children, 2017. Review of the staff files showed that all staff had received training in child protection however some had not completed the online update to the Children First Guidance 2017, provided by Tusla the Child and Family Agency. Centre management must ensure that all staff have received up to date training in respect of Children First the National Guidance for the Protection of and Welfare of Children' 2017.

3.7.5 Practices that did not meet the required standard

None identified

Required Actions

- Organisational management must ensure that they are aware of all their obligations under legislation and implement required actions within dedicated timeframe
- Centre management must ensure that all staff have received up to date training in respect of Children First the National Guidance for the Protection of and Welfare of Children' 2017.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

None identified

3.10.2 Practices that met the required standard in some respect only

None identified

3.10.3 Practices that did not meet the required standard

Fire Safety

Inspectors noted that fire extinguishers had been moved from their dedicated positions at a time when some young people had been displaying challenging and dangerous behaviour. No risk assessment had been carried out in respect of this and there was no timescale or review period for review of this decision. The extinguishers remained in a staff bedroom at the time of inspection although this measure did not appear to be required any longer. Centre management must ensure that a thorough risk assessment is carried out and that a risk management plan is devised when moving any fire equipment. This measure must be for the shortest time possible and reviewed regularly.

Inspectors found that fire drills were not recorded as required and there were gaps on the register in respect of weekly tests of equipment. Inspectors also found that there was no record of fire extinguishers being tested or periodically checked by staff. Inspectors noted that weekly fire alarm tests were not being completed within the required time frames and that the training record for staff relating to fire safety was not accurate. Centre management must ensure that all adequate precautions are taken against the risk of fire and that staff and young people participate in regular fire drills, which are properly recorded as required by national standards.

Required Action

- Centre management must ensure that all adequate precautions are taken against the risk of fire and that staff and young people participate in regular fire drills, which are properly recorded as required by national standards.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>Centre management must ensure that references for a prospective employee's most recent employment are sought and verified in line with standard 2.11 of the 'National Standards for Children's Residential Centres' and best practice.</p> <p>Centre management must ensure supervision evidences an appropriate focus on planning for young people which is detailed and focused on care practice, keyworking, actions and outcomes. There must be a clear link to the placement plan as required by the 'National Standards for Children's Residential Centres'.</p>	<p>Immediate - Centre management will ensure that effectively communication is maintained with the HR department to ensure that references are in line with standard 2.11.</p> <p>Immediate- A new Individual Placement Plans for the young people is being implemented. This links care practice, keyworking sessions, actions and outcomes. This will facilitate ease of review through the supervision process.</p>	<p>Centre management will read and sign off on all personnel files alongside operations management to ensure references are checked before employment commences.</p> <p>Supervision files will be regularly audited by the organisation's monitoring inspector during regular unannounced visits to the centre.</p>

	<p>Centre management must ensure that all supervision records have a focus on follow up from previous sessions and implementation or carry-over of agreed actions</p> <p>Centre management must ensure the methods of recording the discussions and decisions made at team meetings and IDP meetings are improved to facilitate evidence of effective planning.</p>	<p>Immediate- Centre management will ensure that all action plans are achieved or carried over if necessary and that actions remain a focus point of the supervision process</p> <p>A revised recording format for the IDP will be ratified at the management meeting on 14.6.18.</p>	<p>Supervision files will be regularly audited by the company's monitoring inspector at regular unannounced intervals.</p> <p>This will be regularly reviewed at monthly management meetings to ensure its effectiveness.</p>
<p>3.5</p>	<p>The social work department for one young person must make arrangements to meet their statutory obligations in respect of visiting the young person in line with Placement of Children in Residential Care) Regulations 1995 Article24 (1).</p> <p>The social work department for one young person must prepare a care plan as required under the Child Care (Placement</p>	<p>Immediate full compliance with minimum visitation frequency. Social Worker has scheduled regular planned visitation to the Centre, including meeting the child on his own.</p> <p>Completed Care Plan has been forwarded to the centre Manager for inclusion on the Child's file.</p>	<p>Visitation frequency signed off by Team Leader and Principal Social Worker.</p> <p>Additional training/briefing will be provided for the allocated</p>

	<p>of Children in Residential Care) Regulations 1995 Article 23 (1)</p> <p>The social work department for one young person must make arrangements to hold care plan reviews and record decisions made in in line with Child Care (Placement of Children in Residential Care) Regulations 1995 Article 25 (1), (7)</p> <p>The supervising social work department for one young person must ensure compliance with all national policies in respect of young people in care, specifically the National Policy in relation to the Placement of children aged 12 years and under in the Care or Custody of the Health Service Executive</p>	<p>Date for the next Statutory Child in Care Review has been scheduled. Minutes will be recorded and sent to the centre following review meetings.</p> <p>The social work department accepts that their practice fell short of that required by the national policy from March to December 2017.</p> <p>Centre management to escalate to relevant persons if national policies are not being implemented in full.</p> <p>The supervising social worker will provide an improved and responsive reply to centre staff's communication. They will ensure no delays in responding to communication or requests or delays in signing off standard report forms/notifications.</p> <p>The Child's records, held by the Centre, will be read, reviewed and signed off by the Supervising Social Worker during each visitation</p>	<p>social worker.</p> <p>Greater Team Leader (Line Manager) and Principal Social Worker oversight to ensure full compliance with the Child Care Regulations 1995, Articles 22, 23, 24 & 25.</p> <p>Additional training/briefing will be provided for the allocated social worker.</p> <p>Email communication from Centre staff to the Social Worker, will be cc'd to the Line Manager.</p>
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	<p>Supervising social workers must ensure that up to date care plans are sent to the centre promptly following child in care review meetings</p> <p>Centre management must ensure that each young person's placement plan is drawn up from a detailed care plan which has been agreed by all relevant professionals through the statutory review processes. The placement plan must be specific in term of goals, actions required, persons responsible and timeframes. They must include recommendations from clinical specialist working with the young person or the team in support of the work.</p>	<p>Greater Team Leader (Line Manager) and Principal Social Worker oversight to ensure full compliance with the Child Care Regulations 1995, Articles 22, 23, 24 & 25.</p> <p>Centre management and senior management team have reviewed placement plans and have implemented a new recording format for same. Centre management have completed new placement plans for the three young people. One care plan is still outstanding at the time of writing this response document.</p>	<p>Greater Line Manager oversight. Centre management to escalate to relevant people if care plans are not received in a timely manner following statutory child in care review meetings</p> <p>Placement plans to be reviewed monthly. This process will also be kept under review at management meetings.</p>
<p>3.7</p>	<p>Organisational management must ensure that they are aware of all their obligations under legislation and implement required actions within dedicated timeframe</p>	<p>Organisational management have corrected the matter of the Child Safeguarding Statement and are now compliant with the requirement. This was implemented on 04/05/18</p>	<p>This will kept on the management meeting agenda for review in line with statutory obligations</p>

	Centre management must ensure that all staff have received up to date training in respect of Children First the National Guidance for the Protection of and Welfare of Children' 2017.	All staff have now completed the 2017 revised version of children's first.	All new staff will have to complete on line training same during their induction period.
3.10	Centre management must ensure that all adequate precautions are taken against the risk of fire and that staff and young people participate in regular fire drills, which are properly recorded as required by national standards.	Centre management have reviewed the fire drill recording template and new books have been ordered. Centre management with immediate effect will ensure that all precautions are taken with regards to fire safety and that same are recorded as required.	To be audited by the organisation's monitoring inspector at regular unannounced intervals.