



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 067

Year: 2017

Lead inspector: Mary Flaherty

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	PMVT Under18's
Registered Capacity:	Five young people
Dates of Inspection:	26th and 27th of September, 2017
Registration Status:	Registered from the 31st of December 2017 to the 31st of December 2020 with no conditions attached
Inspection Team:	Mary Flaherty Linda Mc Guinness
Date Final Report Issued:	02/11/2017

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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 Methodology

This inspection report sets out the findings of a thematic inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was unannounced and took place over the following dates the 26th and 27th of September, 2017.

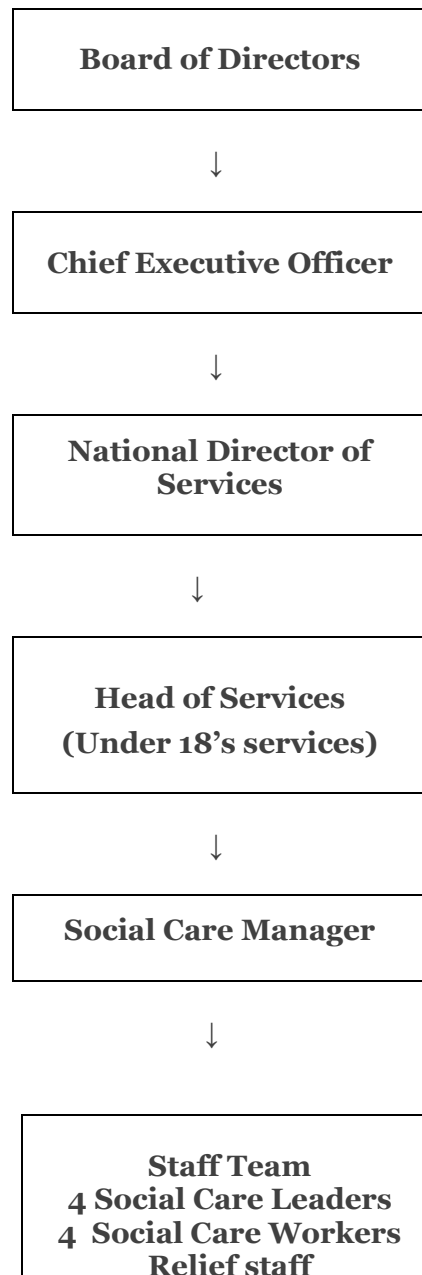
The report is based on a range of inspection techniques including:

- ◆ An examination of questionnaires and related documentation completed by the social care manager and care team.
- ◆ An examination of questionnaires completed by three young people resident in the centre.
- ◆ An examination of the questionnaires completed by:
 - a) Three social workers with responsibility for young people residing in the centre.
- ◆ An examination of a sample of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to have a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The head of service
 - c) Two staff members
 - d) Two young people resident in the centre
 - e) Three social workers worker with responsibility for young people residing in the centre.
- ◆ 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.

1.2 Organisational Structure



2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration. As such the registration of this centre remains from 31st of December 2017 to the 31st of December 2020 with no conditions attached.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The centre has a management structure in place that is well established, the centre manager reports to the Head of Services who in turn reports to the National Director of Services. Governance reports are then made to the Board of Management. The current manager is in post since 2013 and has seven years post qualification experience. The centre manager holds a recognised qualification in social care. The manager has responsibility for overseeing the day to day operation of the centre and is scheduled to work on a full time basis four days per week, during regular working hours. The head of service is on-call from Friday to Monday and visits the centre regularly to oversee and sign off on care files and administrative records.

During interview, the centre manager identified the internal quality assurance systems in place include monthly management meetings, weekly team meetings, staff supervision, staff handovers, child in care review meetings and professional meetings, all of which they attend.

Management meetings take place on a monthly basis and are attended by the centre managers for four centres operated by the Peter Mc Verry Trust organisation and the head of service. The inspectors reviewed minutes of management meetings for 2017. Centre and organisational development, roles and responsibilities of staff, significant event reviews and quality assurance of individual centres was discussed. There was also evidence of review of the implementation of the model of care, implementation of recommendations from previous inspection audits, finance arrangements, health and safety and staff training. The records of the management meetings reviewed by inspectors reflected attention to issues including governance, practice recommendations from the company, recording practices, staff retention, training

and maintenance. The inspectors noted that the management team were analysing organisational outcomes as part of service development planning - a longitudinal study is currently ongoing and learning gained from this process will inform the overall service development plan. Information gathered from exit interviews with young people is included in this process.

The centre manager completes a governance report on a monthly basis in preparation for the management meeting. The inspectors reviewed the governance reports completed by the centre manager for 2017 and found these to be comprehensive, detailed summary on all aspects of the service.

The organisation has developed a supervision and (of) performance management system for all staff that is to be implemented across all services by the last quarter of 2017. This six section process is based on a competency framework which was reviewed by inspectors. It represents a robust analysis of all aspects of service provision and will further improve governance and oversight.

The inspectors found there is a good focus on identification and management of risk. The service has implemented a comprehensive risk register and the first entry recorded for this centre is April 2016. This centre risk register is updated on an ongoing basis, as required and contains 84 entries at the time of this inspection to include general physical risks, risks to young people in the community, fire equipment, property damage, drug and alcohol misuse, threats amongst young people, drug debts, ongoing child protection issues and school attendance.

The inspectors found the centre manager had a thorough understanding of the young people and had developed positive relationships with each young person in placement. In interview, the centre manager displayed a good insight into each young person's individual needs. They have mechanisms in place to oversee the work of the staff team to include staff supervision, team meetings, management meetings, child in care review meetings and strategy meetings with placing social work teams, all of which they attend. There was evidence that the centre manager reads the young people's individual records and signs same on a consistent basis.

The centre manager and head of care services reported they had regular communication on all aspects of service provision to include all aspects on the care of young people and staffing issues. In interview, the head of care as the external manager displayed a good awareness of the service and they have robust systems in

place to ensure that the service was operating in accordance with the agreed policies and procedures.

The head of service provided the inspectors with two audit reports that they had completed for 2017. The inspectors reviewed same and found that details regarding care file reviews and deficits in service were identified for each young person, where applicable. The inspectors noted reports detailed the agreed action on how the matters identified were to be resolved, however there was no timeframe recorded for its completion. In interview, the head of service described they had a robust, structured and formal framework for quality assurance which includes consistent external oversight and governance by them. The inspectors found that the head of service consistently audited the written records themselves as part of their internal quality assurance system.

Register

The centre is registered to provide care for five young males, aged between 12 and 17 years on admission. The register of admission's and discharges contained the young person's name, date of birth, date of admission and discharge and details of the allocated social worker and the names and addresses of birth parents of the young people placed, as required. The inspectors noted there was evidence of centre management oversight across the register as they are responsible for entering all details. A copy of the register is maintained centrally by Tusla, Child and Family Agency.

Notification of Significant Events

The centre have a system in place to record and notify the Child and Family Agency of all significant events that occur relating to young people in the centre. The notifications are prompt and social workers confirmed that they were satisfied with how promptly they receive information and also how the incidents were managed. All significant event notifications are completed on standardised documents and a register of events is maintained for the purpose of oversight by the manager in the centre. Inspectors noted there were 369 significant events notified since the centre was last monitored in May 2016. The inspectors noted a correlation between high level of significant event notifications and suitability of placements (to be discussed further in Standard 5). The centre manager enters most significant events on to the register. The inspectors found that a small number of entries did not identify who had completed the entry. The centre manager reads all significant events and signs

same. The head of services reads all significant events, as part of their oversight of the centre and they have regular communication with the lead inspector, regarding same. Issues of concern are entered onto the centre's risk register and risk escalated, where appropriate. The inspectors found that responses to risk escalations are held on case files and that there is regular communication with the TUSLA alternative care manager regarding same.

A review of significant events takes place on a monthly basis as part of the management team meeting forum. The purpose of this review is to sample significant events and to use a group reflection and learning approach to gain insight as to how events are managed. Inspectors noted that the antecedents, staff interventions and outcomes are recorded as part of this learning process. Whilst this is positive, inspectors felt this process could be improved to evidence how learning is shared with the care team in relation to their day to day practices in this centre.

Complaints and child protection follow up is completed and provided by the care team to the TUSLA alternative care manager on a regular basis. The alternative care manager attends strategy meetings with the centre manager and social work department when specific concerns for the young person require this level of planning and intervention. At the time of this inspection process there were no outstanding complaints or child protection notifications recorded.

Supervision and support

The centre has a policy on supervision which states that staff should be supervised at least once every six to eight weeks. The manager, who had received training in a recognised model in the delivery of supervision, had responsibility for supervision of the staff team in adherence with the centres supervision policy. Inspectors examined a sample of the individual supervision files maintained for each staff member and observed that signed supervision contracts were in place and that supervision had taken place at regular intervals in line with the organisation's policy stated above. Records of supervision reviewed referred to aspects of the social care role, were found to be comprehensive in detail and to have a clear record of actions agreed. The records also contained sufficient details on the discussions on the planning of care for young people, care practices, professional development and key-working practice. There was evidence of planning for mandatory and extra training for staff members, reflective practice and de-briefing. Preparation for child in care review meetings and end of place reports, impact of the work on staff and model of care training. The

inspectors noted that supervision records detailed support provided to staff following allegations and/ or complaints being made against them by a young person.

An external consultant facilitates monthly group supervision sessions with the staff team to assist with team development, de-briefing and the impact of the work on them. Staff in their interviews described this as a supportive measure in place for the care team.

Eight out of nine staff members have completed training in Daily Life Events (DLE) which is a core component of the model of care. The centre manager facilitates supervision sessions with staff to assist the implementation of the model of care into practice. The inspectors found recorded evidence of the successful application of the model of care across case files, team meeting minutes and placement plans. The staff interviewed as part of this process, displayed a clear understanding of the model of care and described this as a framework underpinning their everyday practice.

The inspectors found supervision records demonstrated an effective link to the implementation and progression of the young person's individual placement plan and key-working. The staff interviewed as part of this process and centre manager described that the key working role is successfully implemented and that the young people are progressing in their placement.

The team handover takes place daily and is attended by staff on shift, the staff members that are coming on shift and the centre manager. The inspectors reviewed minutes of handover meetings and found it to be well organised, structured and that it delivered a comprehensive account of the previous day and included a focus on pro-active planning for the young people for the day ahead.

The team also have a weekly team meeting that is attended by the centre manager and staff team. The team meeting minutes were reviewed for the previous year and the inspectors found that the system of recording could be improved as there were two record books and no clear agenda at the outset. There were records of discussion regarding young people, actions to be taken and those responsible for implementing actions were identified. One inspector attended the team meeting during the inspection process and found it was detailed, child focused and related to the model of care. Placement plans, key-working and Individual Crisis Management Plans (ICMPs) are discussed and updated where necessary. Inspectors found that the care team paid good attention to primary care needs of the young people and decisions were made based on the individual needs of each young person taking into account

their emotional and developmental stage. There was a focus on after care and the needs of the current client group, as appropriate.

The centre manager receives supervision from the head of service. From review of the records the inspectors found supervision was completed within the stated timeframes and that the quality of the supervision records were detailed and issues discussed included referrals, discharges, team dynamics, work/ life balance, implementation of model of care, staff training, reflection on complaints, staff development and performance management. There was evidence of efforts of additional support to staff who required same. In interview, the centre manager had reflected positively on the consistent support from the head of service. The head of service is available to staff team for support and present in the centre on a regular basis. The head of service informed the inspectors that they had quality assured staff supervision records earlier this year and intended to review them again in the last quarter of 2017.

Training and development

With the exception of one person all the staff team have a qualification in a social care related field. This person has given a commitment to return to complete their qualification and management are supporting them in this regard. The staff member had looked into relevant courses and none were available in 2017, so they intend to apply for registration to a course in September 2018.

A register is maintained by the centre manager for all staff training completed and required. In review of the training records, the inspectors found two staff members require training in Children's First National Guidance for the Protection of Children: 2011. The centre manager advised this training is being scheduled by the services' human resource (HR) department and was due to be completed by 25/10/17. Two staff members had not completed training in fire safety and fire warden training. These were is scheduled for 5/10/2017 and 08/11/2017. Two staff members had not completed first aid training and this is scheduled for 16/11/2017.

Three staff members were due to complete refresher training in Therapeutic Crisis Intervention and took place following inspection on 4/10/2017. With the exception of one person who had been on leave, all staff members, have completed training in 'Daily Life Events', (DLE) and the centre manger advised this training is to be scheduled as soon as possible.

The social care manager provided details of a training analysis and there was evidence that training needs were discussed at length during supervision.

Administrative files

The administrative records reviewed by inspectors were completed to a satisfactory standard. The centre has a standardised administrative filing system that is in operation for many years. In review of centre registers and records, the inspectors found evidence of centre management and external management's oversight on documentation to include daily logs and centre registers. The inspectors noted that some entries on daily logs had not been signed by staff members, and this matter was already flagged by centre management and had addressed this with team members and it was an ongoing issue within supervision.

There are clear arrangements in place for the financial running of the service and the Board of Management oversee the budget for the service. The manager and staff were satisfied that there is adequate petty cash for the day today running of the service and if money was needed for specific items then this would be facilitated.

3.2.2 Practices that met the required standard in some respect only

Staffing

There are nine permanent staff, (including the centre manager) working in the centre. Four staff members are employed as social care leaders and four staff members are employed as social care workers. This care team is well established, with all members having considerable experience in social care.

The social care leaders are rostered to be on shift on alternative days to ensure that as far as practicable there is an experienced staff member working in the centre who can lead the team. The social care leader role is under review currently and this will include a review of their responsibilities and on call rota.

Samples of staff personnel files were reviewed as part of the inspection and they were found to comply with the requirements in respect of Garda vetting and references from previous employers. However, the inspectors did not find copies of qualifications on file for all staff members and verifications of qualifications were also not present in some instances. The inspectors did not find certificates for training completed by staff on personnel files. It is recommended that the files are reviewed again by management to ensure they fully comply with the Department of Health and Children circular 1995.

There is a policy and procedure in place for induction for new staff. There is very low staff turnover in the centre, however a staff confirmed through their interviews that they received induction prior to taking up duties and that they found the induction helpful, informative and that it assisted them in preparing to take up full time duties.

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

- Centre management must ensure that all personnel files are up to date and comply with requirements.

3.5 Planning for Children and Young People

Standard

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

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

The centre has an admission policy which details the referral and admissions criteria and the admission process. The centre is registered to provide care for five young people, aged between 12 and 17 years on admission and referrals for placements are accepted from the Child and Family Agency National Placement Team. Inspectors found that each of the young people in placement had been placed in line with the written statement of purpose and function.

All admissions to the centre are processed through the local Child and Family Agency led Central Resource Panel. The centre manager does have input into the final decision as to whether the admission of a young person is suitable given the nature of needs of the young people in the centre. The centre completes comprehensive collective risk assessments to determine the suitability of placement and the impact that certain behaviours may have on the current young people resident in the centre. The inspectors noted that there have been two young people discharged from the centre, in an unplanned manner during 2016/ 2017. In discussion with centre management, it is acknowledged that many of the issues which arose during placement for both young people, were known at the time of referral. Centre management have reviewed the admissions process in both instances and whilst there is no written record of same, they state they have implemented the learning for future referrals to ensure suitability of placement.

The inspectors reviewed the collective risk assessments on file for the three young people currently in placement and found that they identified all areas of risk and suitable plans were in place to manage same. Whilst acknowledging the logistical challenges, one social worker described that a collaborative meeting amongst all

allocated social workers and centre management should take place the outset of any admission, to complete the collective risk assessment process and plan for the impact of an admission; and that this process would further improve good practice. Currently this process is managed through telephone and written communication.

Currently there are three young people placed in the centre who have presented with complex needs and at times present with challenging behaviour. The inspectors found that the care team have developed strong relationships with the young people and their families/ support network to assist them in their lives and with their plans for their future.

The social workers for the three young people living in the centre completed questionnaires and two social workers were interviewed as part of this inspection process. All three social workers stated they were satisfied that the placement was meeting the needs of their young people and that the young person was progressing in their placement.

Contact with families

The ethos and approach of the manager and care team has been to encourage supportive family relationships through regular contact, consultation and inclusion in the care of the young person and inspectors found this had been achieved to a good standard. Inspectors found that the care team and social work department worked together to support agreed contact arrangements for the young person with family members. The centre has a written policy on family involvement and the centre had suitable facilities for young people to spend time with their family in private, if required.

Supervision and visiting of young people and 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.

All the young people in the centre have an allocated Child and Family Agency social worker who visits them in the centre and meets with them in private, on occasion.

Two young people completed interviews with the inspectors and they spoke of their positive relationship with their social workers. Inspectors completed interviews with two placing social work teams, as part of the inspection process and found that they were familiar with the care needs of each young person and their progress in their placement. The young people had contact information for their social worker and the inspectors found records that regular meetings had taken place both in the centre and off site. Meetings had also taken place between the centre, relevant professionals, young people's parents and their social workers. Young people also attended and were supported to participate in these meetings.

There was clarity in the working roles between the centre staff and the allocated social workers and all parties reported an effective working relationship. The placing social work teams for two young people had reviewed the young person's case file and daily logs whilst in the centre. One recently allocated social worker stated they intended to review the young person's daily logs on their next visit to the centre, and to include this as part of their work when visiting the centre in the future. Overall, the allocated social workers reported that they were satisfied that their young person was safe and well cared for in the centre. They were satisfied with the standard of communications from the care team and management and described them as very professional, young person centred and as strong advocates for the young people.

The centre keeps a record of all social work visits to include a record of agreed actions taken as a result of the visit on the young person's case file. Inspectors found that two placing social work teams have fulfilled their statutory obligations by having care plans and care plan reviews in line with the requirement of regulations. The completed care plan for one young person was outstanding at the time of this inspection process, and a copy of same had been requested by centre management for the young person's case file. Inspectors were notified following the inspection that a care plan referring to this current placement was subsequently provided by social worker and is now on file for this young person.

Emotional and specialist support

In interview the care staff demonstrated a keen understanding of the young people's social history and circumstances that would impact on their emotional wellbeing. The key-working and individual work records demonstrated efforts from the staff team to engage with the young people and interact in supportive ways towards

building positive relationships. Daily logs reflected that the care team were observant of the young people's general presentation whilst also attentive to their basic needs.

Inspectors found the care team demonstrated consistent evidence of implementing the model of care in that they sought to understand the reasons behind the young person's behaviours. Staff members had a strong focus on developing relationships through activities that the young person enjoys and allowing this time to emotionally connect with the young person. A consultant psychologist who is allocated to work with two young people in placement, has attended the staff team meeting on occasion to provide support to staff members and develop practical skills to support the young person in placement. In interview, staff members described this support as integral to the staff team's management of the young person's behaviour and in developing a relationship with them currently.

Preparation for leaving care

The centre's written statement of purpose and function identifies one goal of the service is to provide essential life skills to the young people living there. Inspectors found a 'life skills' folder that the care team use as a resource to prepare the young people for leaving care. There were two young people in placement aged seventeen years at the time of this inspection process. The inspectors found that after-care planning was a priority for both young people's placement. Inspectors found that the young people placed there were being supported by the care team with regards to maintaining their living space, cooking, shopping, budgeting and developing their interests and talents. This was reflected in centre records. The young people were encouraged to be actively involved in decision making around their own life and to attend and participate in meetings to plan for their placement and future.

Discharges

The centre has a written policy on discharges; the aim is to have all discharges in line with the agreed care plan however in circumstances where this does not occur the final decision on a unplanned discharge is made by the head of service and centre manager. A review of the centre register for the previous year found that one young person had left the service due to the at risk behaviours they were placing themselves and due to the level of risk associated with the other young people in the house at the time. Three young people had left the service in the previous year, in line with the service's policy and in a planned manner. An end of placement report is completed for all young people when they move on, to provide an analytical overview of the

factors impacting on the placement. The inspectors reviewed three 'end of placement' reports and found they contained a summary of the young person's placement and interventions offered, and reflected efforts made by the staff team to engage with the young person whilst in placement and following their discharge to bring closure to the placement and with relationships with the staff team.

Aftercare

The Child and Family Agency has a written policy on aftercare provision. Two young people in the centre are aged seventeen years and they have been referred to aftercare services. They are currently awaiting an allocated after-care worker. At the time of this inspection process, the allocated social workers for both young people had presented their young person to the local resource panel so as they were on the list for after-care services.

Children's case and care records

The centre maintains a care file on each individual young person and the social workers maintain a case file, both these files are kept in perpetuity. The care records in the centre are standardised and kept in line with local Child and Family Agency Policy. The inspectors found that care files contained all required documents, were organised to facilitate ease of access and records were professionally written.

The daily log records and consultation logs show how staff members consult with young people as part of the everyday practice. Inspectors found that there were some gaps in staff signatures on both daily logs and consultation books. Inspectors found that these matters had been identified by centre management in their oversight role and brought to the attention of the care team, as appropriate. Consistent oversight in respect of this issue must be maintained.

Placement Plans and key-working records also demonstrated how the voice of the young person was being taken into account when decisions are being made regarding them.

The inspectors found that the system in place for conducting and recording collective risk assessments requires attention as information pertaining to each admission were held on the individual case files for all residents. The centre manager and head of service were in the process of filtering these documents to ensure compliance with data protection and young people's rights is upheld.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

There were up to date care plans on files for two of the young people in placement at the time of inspection and an outstanding one for the third young person was provided after the inspection process. The statutory review of the care plans for all three young people had occurred in accordance with regulations and the minutes on file showed that the young people attended their review and that their views and wishes were obtained to inform the decision making processes. The centre manager reported they were awaiting a copy of the updated care plan and minutes of the child in care review meeting for one young person, from the placing social work team.

The care plans for the young people are supported by a placement plan. The inspectors found that the placement plans for each young person was a meaningful document that allowed the goals of the care plan to be actioned. The goals of the placement plans were congruent with the care plans and the centre had a system in place to track how goals were being met, within an agreed timeframe and identified who was responsible for same. There was a consistent review process in place as described above. The inspectors found evidence of consistent oversight by the centre manager across placement plans and key-working records and their signature across all documents on the young person's case 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 have met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

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

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

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- The Child and Family Agency must ensure that a completed care plan is forwarded to the centre without delay.

4.Action Plan

Standard	Required action	Response with time frames	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	Centre management must ensure that all personnel files are up to date and comply with requirements.	The manager is scheduled to review all personnel files on 01/11/2017 to ensure all required documentation has been placed appropriately on file.	The manager will carry out regular reviews of staff personnel files and will ensure copies of training certificates are also held on HR files. HR clinics are held at intervals throughout the year, SCM will review personnel files at this meeting going forward to ensure full compliance. SCM will review personnel files for new team members as appropriate.
3.2	The centre manager must complete training needs analysis of the staff team's needs and submit this alongside the action plan as to when this training is to be provided.	A training needs analysis template has been devised and has been submitted to inspectors for review. Once this template is agreed this analysis will be completed for all staff within a two week period.	Training analysis will be monitored and reviewed at scheduled HR clinics, and updated as appropriate.
3.5	The Child and Family Agency must ensure that a completed care plan is forwarded to the centre without delay.	The care plan has been sent to the centre by the allocated social worker and is held on the young person's file.	The manager will continue to request an up to date care plan is in place at young person's admission and as required during their placement.