An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	**066**
Year:	**2017**
Lead inspector:	**Eileen Woods**

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Registration and Inspection Report

Inspection Year:	**2017**
Name of Organisation:	**Three Steps Ltd**
Registered Capacity:	**Four young people**
Dates of Inspection:	**11th and 25th of September and the 19th October 2017**
Registration Status:	**Registered from 30th November 2017 to 30th November 2020**
Inspection Team:	**Eileen Woods Sinead Diggin**
Date Report Issued:	**18th May 2018**

Contents

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 an 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 announced and took place on the 11th and 12th (briefly) September at the centre, the 25th September at the services headquarters and the 19th October 2017 at inspection offices to complete the review of files. A preliminary verbal feedback meeting was held on the 20th November 2017.

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

- An examination of pre-inspection documentation completed by the manager.

- An examination of the questionnaires completed by:

a) Ten of the care staff inclusive of the manager and the deputy manager
b) The social worker with responsibility for young person residing in the centre.

- An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.

- An examination 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 management
  b) The service development manager
  c) Two staff
  d) The allocated social worker

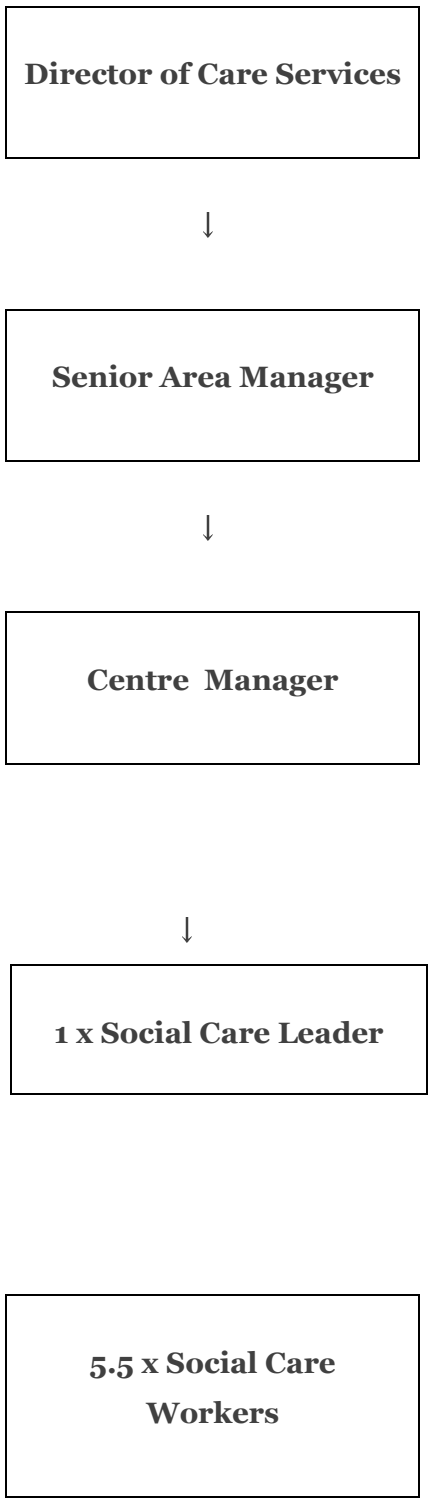
- Observations of a team meeting, an individual review and planning meeting (IRPM) and a consultation time session with the child and adolescent psychotherapist

- Observations of care practice routines and the staff and the child'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 child, staff and management for their assistance throughout the inspection process.

1.2 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 1st February 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 3rd March 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 066 without conditions from the 30th November 2017 to the 30th November 2020 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 30th November 2017 to the 30th November 2020.

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

This centre has a statement of purpose and function that is available in written form for professionals and staff. This was reviewed by the company in July of 2017 and has a date for ongoing review scheduled for February 2018. The statement of purpose outlines its intended client group which is young people aged twelve and under up to a maximum upper age of fourteen. The capacity of the centre is four young people on a medium to long term basis. By agreement with one social work area and with the Child and Family Agency private placement team there has been only one occupant of the centre since August 2016. The sole occupant is in the age category of twelve and under, they have been living at the centre for three years. The stated model of care is to work therapeutically taking account of neurobiology in an attachment and trauma informed model of care.

Inspectors found through interview, questionnaires and interactions that the team members and the new manager were aware of the service aims and the content of its model of care. The team, aside from the manager and the social care leader demonstrated a low level of experience in the area of working with complex young people and were, the inspectors found, at a point where they were developing their skills and understanding of how to implement the stated model of care. It has been

previously recorded and reported by the social worker, the guardian ad litums (past and present) and the company that there has been an extended period of crisis with the result that there has been almost a full turnover in the staff team which resulted in only two of the staff at the time of this inspection having worked at the centre at the same time in 2016. The young person and many of the previous and present staff had been in a constant cycle of conflict with the young person's complex presentation largely dictating what went on at the centre for extended periods of time.

The consistency and whole team training needed to implement this model of care, which the social worker and the guardian ad litum believe is the right approach, could be said to be tentatively beginning to evidence a positive impact at the time of the inspection visits. The full impact will only be measured over the medium term. Training in attachment theory and trauma informed care was being rolled out for the whole team. The quality and impact of the training was being internally tracked by feedback from the management and experts. The social work team have also provided access to an attachment specialist to support the young person and the team. The centre has a dedicated child psychotherapist who is available in person on a three weekly basis and weekly by skype or phone as required. Inspectors found that the quality of the team's engagement with the psychotherapy resource requires a significant level of development. This can only come with a stable well led team who have opportunities to see the approach role modelled in practice and there was some evidence that the manager and the social care leader can provide aspects of this on a daily basis.

The centre was therefore found not to be have been operating in full compliance with its purpose and function as a specialised service for children aged under thirteen previously. The centre was described by other professionals as not operating in accordance with its original purpose for a period and that they would recommend that the centre focus on its strengths. Inspectors agree with this and strongly recommend that the service focus on this through its ongoing service improvement plan

3.1.2 Practices that met the required standard in some respect only

None identified

3.1.3 Practices that did not meet the required standard

None identified

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

Training and development

Staff had completed training in the management of actual or potential aggression/ MAPA, first aid and most had completed fire safety. Training in Children First was to be updated for all staff by December 2017. The staff had completed training in trauma and attachment and training needs were highlighted in the induction booklets, these were being tracked by the manager and the social care leader. Some staff had also completed training in the model of care and inspectors found that the organisation prioritised the provision of training tailored to the approach being used by the staff. The management were seeking feedback from staff on the training and beginning to look for evidence of implementation of the training in practice. Staff named that extra training in suicidal ideation, self harm, grief and loss, specific learning difficulties and ongoing attachment training would benefit their work. The assigned child psychotherapist was also available to the team for consultation time as a group and to the management and key workers on a weekly basis for guidance.

3.2.2 Practices that met the required standard in some respect only

Management

In the three years period since the last inspection visit this centre has seen six changes in manager and many were in acting positions. The changes in the person in charge, whether for brief or longer periods of time, have not all been notified reliably to the inspection service. Latterly the most recent two had been notified to the local inspector manager.

The present manager of this centre, the sixth to take over this role, did so after a period of transition, on the 1st of July 2017. This person has the requisite years of experience for the role and had been in a manager role within this organisation for two years prior to this move. They achieved the post of full time manager through a formal recruitment process. Inspectors found that the manager displayed their oversight of at the centre through their presence at handover, reading of logs, review of significant events and attendance at team meetings, IRPM's and consultation times. If the manager is not present the social care leader undertakes this work. Inspectors found that the manager introduced a calm and measured overview to the young person's care and provided leadership on a positive approach that has yielded some initial results within the centre itself.

The staff in their questionnaires and interviews referred to practice at the centre as "tighter" and "more consistent" and that they felt "more supported". External professionals described the change as evidenced through improvements in the team's confidence around their work with the young person. Inspectors found that overall the team expressed more hope around their practice and around the future. Staff members who had experienced the changes in managers were unequivocal in naming to inspectors that it had an impact on the child as they are very sensitive to change. A staff also added that despite the positive aspect of the child psychotherapist that due to management changes and a long period of crisis that it is only now possible to begin to see the benefits from it.

The new manager has introduced a sound focus on how the model of care can be implemented in practice to increase the potential for positive change, there has been a reduction in reports of significant events and reports of violence. There was evidence that progress had been made at an individual pace. The care decisions remain highly complex and were conducted on a multidisciplinary basis. The manager had not at the time of the inspection, September 2017, implemented all the areas of their managers role, delivery of supervision had not been fully implemented for example. Inspectors conclude that at the time of this inspection given the high impact changes in the previous twelve months, the fact that the manager had still to

roll out key elements of management delivery that the regulation could not be said to be met at that time.

The company have clearly defined the roles of each person in the line management structure and there were named persons assigned to those roles, all of these persons were available to and involved with the centre, most intensively in 2017. This was from CEO and director of care level down. There is a senior area manager assigned to the centre and they provided supervision to the managers, attended all internal review and planning meetings/IRPM's, completed audits and reviewed restraints, complaints and restrictive practices at the centre. They also reviewed the managers' supervisions and acknowledged that supervision was one of the key items not being delivered on between 2016 and 2017.

Inspectors found that although communication between the parties had been through difficult stages that transparency had become increasingly evident and shared problem solving increased between the professionals to benefit the placement. The company's director of care had completed an unannounced audit at the centre in late 2016 and this named concerning deficits in service delivery that a plan of action was initiated to address. The plan of action was not adhered to by the previous manager and the deficits in for example the areas of delivery of supervision and guidelines for practice were not improved upon. The concerns named by the social work department at that time, early 2017, were regarding the quality of the team's communication, the clinical team link to the social care team and the communication between the social work department and the centre. The social worker confirmed that they and their management understood this in the context of an organisation in crisis with ongoing planning and review needed in order for it to meet the young people's emotional and behavioural needs. At the time of this inspection they were satisfied that the beginnings of stabilisation were such that this remained the most suitable available placement option nationally. Some key deciding factors for the social work department were familiarity with a small number of staff and geographical proximity to family.

In the preceding twelve months of governance records reviewed by inspectors there was evidence in the senior management documentation of auditing and tracking of the delivery of the manager's role within the centre. Ongoing deficits were being noted in the delivery of the service improvement and governance goals and the manager at that time argued that they did not have the staff, the experience or the full supports they needed to complete the job to a high standard. Performance management criteria were implemented from September 2016 but an overall change

in management style and stabilisation of the team were not completed until July 2017. It is important for the ongoing development of this centre that the pace of change be quicker than has been found to date.

Notification of Significant Events

Inspectors found that significant events were notified to the correct parties and were written to a clear standard. The speed with which they are sent needs to improve as they can be slow and recently an account of a significant event was challenged by information from external persons and found to be inaccurate in its key details. It is particularly important in the restoration of trust between the professionals and the centre that such errors are eliminated.

There was a significant event log in operation and actions were noted in response to events in order to best support the young person. Recently these responses have resulted in evidence of positive change. Post incident follow up was completed with the young person and the staff and the manager reviewed all significant events on a rolling basis as do their line management. Formal review of significant events takes place through the organisations 'rights and restrictive practices committee' which meets a number of times a year and involves external professionals. On a rolling basis significant events are discussed at the services team meeting, review and consultation forums.

Staffing

The centre has a staffing complement of six and a half staff and three to one staffing has been in place for much of 2017, latterly reduced to two to one. As stated two of the core team remained from the previous year and in total, according to the daily logs, twenty nine different staff worked at the centre between January to September 2017 with the numbers decreasing in the second part of the year. Latterly the logs recorded the same consistent names on an ongoing basis. It is essential to the care programme that strong combinations of experienced and well led staff are on duty together and this was still a goal that the centre were working toward. The six and a half core staff were all qualified and two had three years experience so the balance on the team was toward those still gaining experience. It was difficult for inspectors to assess the quality of the whole team's ability to communicate well with children as some were still moving to more structured and suitable methods of engagement and incident reduction. There was at least one member of the team with whom the child

strongly identified; it was the manager's goal to build on this. It must be continually prioritised to add experience to the team.

Inspectors found that inductions had been completed with new staff and the quality of this varied according to the records. A positive aspect of the inductions is the strong focus on the completion of core training. The new manager reviewed the inductions when they took over and resumed the process for a number of staff. Six personnel files were reviewed by inspectors and were found to be well managed and completed in accordance with the Department of Health guidelines 1995.

Supervision and support

The manager is trained in the provision of supervision as is the social care leader, much of the supervision actually conducted at this centre in the previous twelve months was by the social care leader. The sample of twelve months supervision reviewed by inspectors highlighted that the delivery of supervision had not been consistently completed in accordance with the centres policy or in respect of the complex care needs. The incoming manager did not take over the delivery of supervision between July and September and inspectors have asked that they focus on this as a key area of their role and bring it into line with policy and best practice. It is essential that the provision of supervision and a consistent quality within these be stabilised, regularised and overseen as such by line management. Those sessions that were recorded displayed a demonstrable link to key working and placement planning.

Presently the team meetings are completed on a three weekly basis, inspectors observed one and although touching on the core areas competently it was shorter than what might have been expected given the model of care and the issues requiring attention and development. The minutes of the previous twelve months of team meetings contained relatively little detail. The current structure around the team meeting day is that the team meet, then senior and other staff, but not all staff, go to an internal review and planning meeting/IRPM designed to co-ordinate and prioritise items for the third part of the day which is the time with the psychotherapist, this is called consultation time. Inspectors found that following review of team meetings, IRPM 's and consultation times and considering these in the context of the display of care delivery at the centre that the team should have a more frequent team meeting, weekly would be optimal but two weekly at minimum and that the team should build their confidence and length of exposure to the

psychotherapists to make better use of the time. Inspectors observed significant room for team development in how the team utilised the consultation time.

The service run an employee assistance programme for staff and a psychotherapist is also available to them. There was evidence of the EAP programme, a work force engagement group and support being offered to staff but this alone did not prove effective is stemming the loss of staff in the short term 2015/2016. The senior management believe that these initiatives have begun to yield positive results in this area and are committed to maintaining their focus on staffing and staff support. Increased supervision, the ongoing training, more regular team meetings and increased levels of good professional development by exposure to the clinical specialist's supporting the model of care may prove to have an impact on staff retention rates in accordance with the organisations goals.

Administrative files

The new manager was given a list of file items to pursue following on from the services own internal audit of recording systems. They had commenced actioning these. Inspectors have found on this occasion and prior that the records at the centre are long and contain multiple layers of planning and preparation documents particularly in the areas of behaviour management and key working. Inspectors found that staff referred mainly to a core range of documents such as the placement quick reference guide. Within the regularly used documents and records there were a trend of mistakes, for example the quick reference guide referred to the previous guardian ad litum who had finished months before. On number of occasions the daily logs contained the staff first names only, the full names of all persons should be clearly recorded at all times. The manager should track and review records for learning opportunities with staff.

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 - Part III, Article 5, Care Practices and Operational Policies***

-Part III, Article 6, Paragraph 2, Change of Person in Charge (Standards in Children's Residential Centres) Regulations 1996
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- The Manager and their line management must ensure that actions, recommendations and policies related to good governance are maintained to a consistent standard at the centre.
- The management must ensure that all significant events reports are issued without delay and contain accurate information.
- The organisational management must continue to focus on strengthening the experience level and practice capacity on the team.
- The manager must undertake the supervision of the full time team in accordance with the organisations supervision policy.
- The management must review the existing staff arrangements for meetings, handovers and other forums that contribute to team development taking account of the findings of this report.
- The manager and staff must ensure that all working documents are accurate, up to date and relevant to purpose. Full names must be recorded at all times.

3.5 Planning for Children and Young People

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

3.5.1 Practices that met the required standard in full

Contact with families

The records at the centre reflect an overall good standard of communication with family members. The young person has repeatedly pursued information about their family and early life. Much of the progress made in this area presents as being driven by the young person as opposed to by the social work department. The reasons for

this are complex and the social work department have made efforts advised by risk assessments of what is in the young person's best interest at any given time. It was evident that as stability has returned in stages to the young person's day to day life that actions are taking place increasingly around family and extended family information sharing with the young person. Life story work has also been commenced with an experienced person from the social work department. There were arrangements for sibling contact and contact with extended family. There is an access worker assigned by the social work department. The team at the centre have expressed the view that wider and more family contact and information sharing is needed for the young person to progress.

Supervision and visiting of young people

The social worker for the child has been the same throughout the three years of this placement and they have consistently met with and are available to the young person by phone or in person. They visit the centre on a regular basis and there was evidence that the child can and does contact their social worker by phone when they wish.

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.

As stated this social worker has been allocated long term and they have completed care planning and statutory reviews in accordance with the relevant regulations. Adherence to the national policy on the placement of children aged twelve and under has been broadly observed. There are minutes outstanding for the file of these. The social worker has read the logs and highlighted deficits in the day to day care regarding the young person's diet and the centre had initiated a plan of action to address. The inspector found that suitable diet remained an ongoing matter for attention at the time of the inspection. The social worker has utilised their area resources well with the assignment of an attachment specialist, access worker, area complex case committee, and risk escalation system in the ongoing oversight of the placement.

The social worker outlined that the protective factors in the placement was the close proximity to family, the presence of a significant figure on the staff team and the willingness of the centre to work with the social work department and their specialist. The social worker acknowledged the company's transparency around their previous difficulties and their co-operation in meetings. They noted, as do inspectors, that it is vital that there continues to be reliable and accurate information sharing on an ongoing basis by all parties.

Two key professionals stated that prior to the summer of 2017 they found that claims for therapeutic process and progress were not supported by evidence but that this has improved. The social worker concluded that the social work department were satisfied that the centre can currently meet the needs of the young person if the present stability and service improvement is maintained.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Inspectors found that the child has been in residential care for three years under the age of thirteen and that the social work department have used the mechanism of alternating monthly reviews with professionals meetings to meet the child's needs. The care plan was on file and has been consistently updated six monthly but the monthly minutes were not typically on file and have been requested. The focus in the care planning has begun to move from crisis management toward a more planned approach. It is essential that the placement and its support structures stay stable and of an increasingly good standard in order to support forward planning.

At the time of this inspection visit the timeframe for the placement and its ultimate purpose was presented differently by social work, the manager and the staff. It is important that if parallel planning is taking place and that if this is what is required then a clear statement of intent and routes to same should be shared between social work and the centre to further support the work there.

The manager outlined that the therapeutic plan is the placement plan and that this is a live document with a presence at handovers and the team meetings for discussion on approaches to completing goals. The plan identifies long and short term goals. The plan is sent to the social worker and their team leader along with weekly reports as an ongoing tracking of the implementation of the therapeutic plan. Inspectors found that the aims and goals were identified to be achieved in the main through a

consistent application of positive behavioural support and structured daily plans, there was evidence of this being increasingly in place. Inspectors observed though that many goals were talked about as new for example diet or hygiene but these have been issues over an extended period of time. There is no way of reliably answering how much progress would have made within a more consistent environment. The professionals involved noted that the young person came with and continues to have complex presentations but that at times issues had become further protracted by the placement deficits.

Inspectors found that overall the structures were clear and visible including routine review for the placement plans but that they had been developed during periods of crisis and it would be positive to see them be fully reviewed in a framework away from the crisis driven planning. There has not been progress on most aspects identified on the placement plans over the preceding twelve months and there were no claims made to the contrary. At the time of the inspection the team had made progress toward the significant goal of a return to full time education. The whole team must contribute to tracking all aspects of this young person's care and valuing each aspect including the practical as well as the emotional and psychological. In reading the placement plan the content from months prior looked as specific as it did at the time of this inspection visit but these with their attendant support documents such as SMART goals and key work planning protocols had not resulted in change in the absence of suitable people and a suitable programme through which to deliver it. This must be the focus from here forward.

Emotional and specialist support

The staff described the key working role in a manner consistent with the stated goals of creating a connection with the young person in order to build a therapeutic relationship, to act as an advocate and to develope and implement goals. As stated prior the whole team competencies in understanding the emotional and psychological needs was still in progress but the team were certainly aware of the young person's immediate needs. The manager described staff as respectful and calm with the young person and as being available to the child. The relevant diagnosis was increasingly evident on file as the context through which the behaviours could be contextualised and addressed also.

Professionals meetings took place bi-monthly and the social work department along with the centre co-ordinated a variety of clinical services and professionals involved either episodically or keeping an oversight on the case. A number of referrals to

suitable specialist services had taken place over the years and others are being re applied for in response to, for example, a return to education.

The centre provides access for their team on a three weekly basis to a child psychotherapist for consultation. The inspector found that the team were increasingly evidencing their skills and abilities in this area and that this is supported by the experts available to them within the organisation.

3.5.3 Practices that did not meet the required standard

None identified

3.5.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995***
-Part IV, Article 23, Paragraphs 1and2, Care Plans
-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan
-Part V, Article 25and26, Care Plan Reviews
-Part IV, Article 24, Visitation by Authorised Persons
-Part IV, Article 22, Case Files.

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) 1996***
-Part III, Article 17, Records
-Part III, Article 9, Access Arrangements
-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- The purpose of the placement must be discussed and clarified between the professionals involved. Centre planning must then reflect that.
- The placement plan known as the therapeutic plan must be current and specific.

3.6 Care of Young People

Standard
Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to

develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

Inspectors found that the staff involved the child in their own plans and tried to seek ways in which to offset a lack of peer contact. Clubs, sports and activities have been tried and most have been discontinued by the child's wishes. Birthdays and special occasions were celebrated and the team worked to try to keep day to day life as reflective as possible of their age group. Inspectors found that the staff team were aware of improving the day to day life experiences and that personal hygiene was dealt with sensitively through a nominated person daily.

Restraint

The team were all trained in restraint and there was a matrix developed and specific behaviour plans related to violence, aggression and property damage for example. Restraints had been reviewed through the centre and line management systems and some through the organisations committee called the 'rights and restrictive practices committee'. There is also a restrictive practice log in place and this relates to actions such as the removal of cutlery in order to make safe an environment.
This child has experienced restraint at this centre and the social worker and guardian ad litum were notified of all restraints. Both are satisfied that the restraints were merited and time limited and none had resulted in concerns for them. There was a physical intervention log started in January 2016 and this contained twenty five entries for this young person. The overall level of critical incidents had decreased and the staff were clear that restraint would only be utilised if there was a serious risk of harm to the young person or another person.

3.6.2 Practices that met the required standard in some respect only

Provision of food and cooking facilities

The staff team stated that regular routines around food and meals has not been possible for periods of time but that steady improvements have been made in this area. The team added that improvements in diet had taken place through the shared

meals in the kitchen on occasion and doing some cooking and shopping together. The kitchen was being maintained in a sparse manner due to safety plans at the time of the inspection. It was planned to gradually restore a homely environment in the kitchen.

The social worker found through their review of daily logs that the daily diet contained regular use of a ready brand of noodles. It had been reported by the management that this has been addressed but inspectors noted that the product is still a favourite and used as a treat, we would recommend moving away from this low nutrition value item. A healthy eating policy should be implemented at the centre.

Managing behaviour

Inspectors found that the new manager had reframed and implemented into practice a positive behaviour support model of behaviour management. This was evident in the written records and the manager had provided direction to staff in the use of preventative and de-escalation techniques such as role plays, visual aids, contracts and clear communication as the core of this approach. The manager was modelling and leading this and it was proving effective in removing areas of conflict incrementally.

Sanctions had been reviewed and those found to be ineffective were put aside and the new manager introduced new approaches as outlined above. The sanctions and interventions latterly had a stronger connection to the goal of building capacities to self regulate. Inspectors found that there were guidelines developed on this included in the therapeutic plan. Staff also knew the core goals in behaviour management during interview and in their questionnaires.

There were structures and rules increasingly in place to provide a safe structure at the centre and inspectors experienced that although this still remained a significant challenge the staff were adhering to the changes well. Inspectors found that there was good communication with the child with decisions being well signalled and discussed with them. It was key that the child had a voice and that consistency was maintained in their best interests even if they were dissatisfied. Therefore age appropriate consultation was introduced and the young person was supported toward taking on positive responsible.

Inspectors found that there was a large volume of behaviour management plans these were informed by extensive risk assessments and safety plans were on file in addition

to this. Staff referred mainly to a quick reference guide and the extensive document system in behaviour management and in key working was not presented in a manner that clarified its relevance to the therapeutic model. Inspectors strongly recommend that the extensive paperwork system be revised to better support the model of care.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***
-Part III, Article 11, Religion
-Part III, Article 12, Provision of Food
-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

- The behaviour management planning documents must be completely reviewed for proven effectiveness to staff and young people in delivery of care at the centre.

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

Accommodation

Inspectors found that changes had been made to the house in order to make it feel and look more homely. The changes were successful in improving the appearance and layout of the centre. There was evidence of play and recreational items in the house and in the grounds although certain areas of the house were maintained in a sparse state to minimise incidents. Office and file storage arrangements had also been altered to decrease physical points of conflict. There was now had open access

to the daily log and some other documents regarding the work of the team. In discussion with the manager they noted in response to inspector's review of the property that the centre did not have a house alarm, following this the manager decided with their line management to install a house alarm. Daily housekeeping and cleaning records were maintained by the team and regular deep clean events were scheduled from time to time.

Proof of adequate insurance was provided to the inspectorate as part of the centres application for renewal of registration.

Maintenance and repairs

There is a maintenance log maintained at the centre, the records noted that for urgent repairs for example septic tank that repairs took place the same day. Painting and ongoing upgrading of the property had taken place in 2017. The maintenance log is signed by staff, the maintenance persons and the external management. Dates of entry and completion of tasks were entered into the log.

Safety

There is a health and safety statement in place with a representative appointed from the staff team, the health and safety documentation was not up to date until reviewed by the new health and safety rep in the summer time. A risk register was maintained. There is a health and safety checklist folder which offers access to the health and safety policy and tools for daily safety, car and fire checks. There was also a pest control contract in place and inspectors noted that there was a first aid box available in the staff office. There is a safe storage of medication system in place which has been revised in response to improved office safety arrangements and administration of medication records are maintained according to a well devised system. All staff were found to have been trained in basic first aid.

Fire Safety

Inspectors found that all statutory requirements with regard to building control and fire safety had been satisfied and proof of same had been supplied to the inspectorate as part of the centres application for renewal of registration. There were records at the centre of fire alarm tests, emergency lighting and fire fighting equipment monitoring and servicing. The records noted that fire drills had been carried out in 2017 up to September. There have been minor incidents of fire setting and these

were managed well by staff through the existing fire safety systems. As a result of previous incidents fire extinguishers had been maintained in a locked space adjacent to the original designated areas, this must be kept under dynamic review so that they can be restored once the risk has decreased.

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

None identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The Manager and their line management must ensure that actions, recommendations and policies related to good governance are maintained to a consistent standard at the centre.	Since the introduction of Senior Area Managers and the structural changes in this organization regular house visits, planned announced and unannounced internal audits that include the CEO/ Director of Care Services have been scheduled and completed routinely.	This practice will continue as part of the day to day governance.
	The management must ensure that all significant events reports are issued without delay and contain accurate information.	In all but one instance since the current Social Care Manager's appointment SENs have been forwarded in a timely manner that is in line with guidelines. There was a discrepancy in relation to information regarding an SEN. The updating of a completed SEN was delayed due to a core professionals meeting and outcome.	Regular Core Professional's meetings are arranged for the first quarter of 2018. The manager will ensure that there is more proactive contact with external professionals. SENs will be forwarded in line with expectations and any delays communicated to both the Social Worker and Inspectorate.

	The organisational management must continue to focus on strengthening the experience level and practice capacity on the team.	A core team has been established since the appointment of the most recent manager. The experience of the team has been added to with the introduction of our Model of Care training which all staff receives. Staff have also attended training with an attachment specialist. Staff attendance at consultation time also enhances knowledge and understanding of the therapeutic work. Training needs assessment is completed with all staff with a plan in place to address any identified deficits.	Since the inspection was completed in September the staff team has remained consistent with monthly roster being filled by the core staff team without any agency staff usage. The roster is planned to ensure more experienced staff alongside less experienced staff to role model therapeutic ways of working. This rostering process is completed by the manager with oversight of the Senior Area Manager to ensure that this balance is maintained.
	The manager must undertake the supervision of the full time team in accordance with the organisations supervision policy.	The Social Care Manger has taken over supervision of all team members since October 2017, following verbal feedback from the inspector.	Supervision is scheduled with all staff in line with policy and is included on the roster for the staff team. This will continue to be the process with its effectiveness being reviewed as part of monthly KPIs that are reviewed and tracked by the senior team
	The management must review the existing staff arrangements for meetings, handovers and other forums that contribute to team development taking account of the findings of this report.	The format as reviewed by the inspector have been reviewed and amendments to the current process have been implemented to ensure better communication, attendance at meetings and individual consultation time;	In order to facilitate better attendance, meetings schedule has been reviewed and amended to allow handover to happen in the house and then for team members to attend the meetings. Members of the team and

		with a view to further developing the team.	manager are booked in advance monthly for individual consultation time with the Consultant Psychotherapist. A protocol has also been introduced to ensure that team members who miss meetings read and sign off minutes from the meetings to ensure that they are aware of the topics discussed and agreed actions/ outcomes. The duration of handover has been increased and additional team meetings will be scheduled going forward should the need arise.
	The manager and staff must ensure that all working documents are accurate, up to date and relevant to purpose. Full names must be recorded at all times.	Working documents have been reviewed and updated	The manager and in their absence the appointed team leader review logs and working documents on a daily basis to ensure all details are up to date and fully completed/ recorded. These are also reviewed on a monthly basis in management audits. External governance through KPI, monthly checks, house visits and unannounced audits will also assist in improving the consistency of the documentation to ensure a high standard is being maintained.

3.5	The purpose of the placement must be discussed and clarified between the professionals involved. Centre planning must then reflect that. The placement plan known as the therapeutic plan must be current and specific.	Placement purpose, and a need for discussion around same, was highlighted in a Core Professional Meeting on 21.12.17. Purpose of placement is on agenda for next Core Professional meeting on the 22.02.18. Therapeutic Plan was updated in January 2018 and will continue to be reviewed on an on-going basis.	Long term planning will be discussed with relevant professionals, introduced to the young person and included in the Therapeutic Plan going forward. In line with company policy the purpose and function has also been reviewed in February 2018 by CEO/ Director of Care Service, Senior Area Manager and Social Care Manager. As part of the meetings process the Therapeutic Plan will continue to be reviewed regularly. Goals are reviewed during this process as well as consultation time with the consultant psychotherapist to ensure aims and objectives are current and relevant.
3.6	The behaviour management planning documents must be completely reviewed for proven effectiveness to staff and young people in delivery of care at the centre.	Behaviour management file was reviewed by the Senior Area Manager following the inspection. All existing support plans have been reviewed and updated. Old behaviour management plans have also been archived.	This organisation is currently undertaking a paperwork review to standardise paperwork across the service. This will include a review of the effectiveness of existing set up and the introduction of an outcome measurement document that will assist in evaluating the effectiveness of delivery of care to the young people in the service.