



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

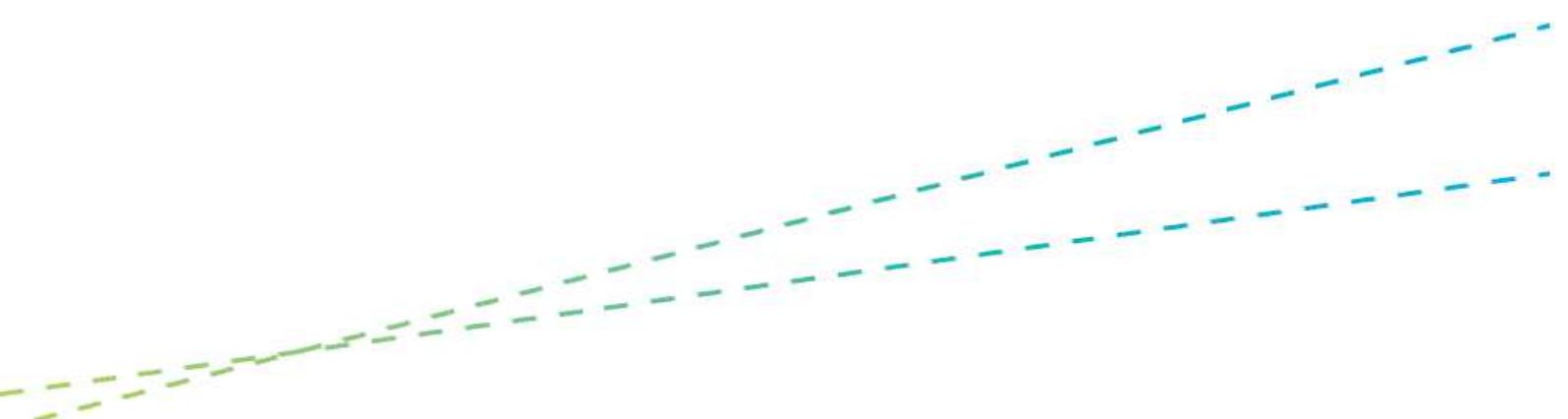
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 127

Year: 2017

Lead inspector: Noreen Bourke

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Intensive Community Programme
Registered Capacity:	One young person
Dates of Inspection:	10th of August 2017
Registration Status:	Registered from the 17th of May 2017 to the 17th of May 2018 with conditions attached
Inspection Team:	Noreen Bourke Lorraine O'Brien
Date Final Report Issued:	October 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 on-going demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

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

1.1 Methodology

The centre was granted their first registration in May 2017 to accommodate one specific young person on a short to medium term basis for a period of one year subject to a continuous cycle of inspections. This announced inspection took place on the 10th of August 2017. The focus of the inspection was to test the application of Standards 2 and 5 of the National Standards for Children's Residential Centers (2001): Management and Staffing, and Planning for Children and Young People.

The inspection report sets out the findings of the 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.

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

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the centre manager.
- ◆ An examination of the questionnaires completed by:
 - a) Four of the care staff
 - b) The social worker with responsibility for the young person residing in the centre.
 - c) The centre manager
 - d) The operational manager
 - e) The company director
- ◆ 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) Three of the staff

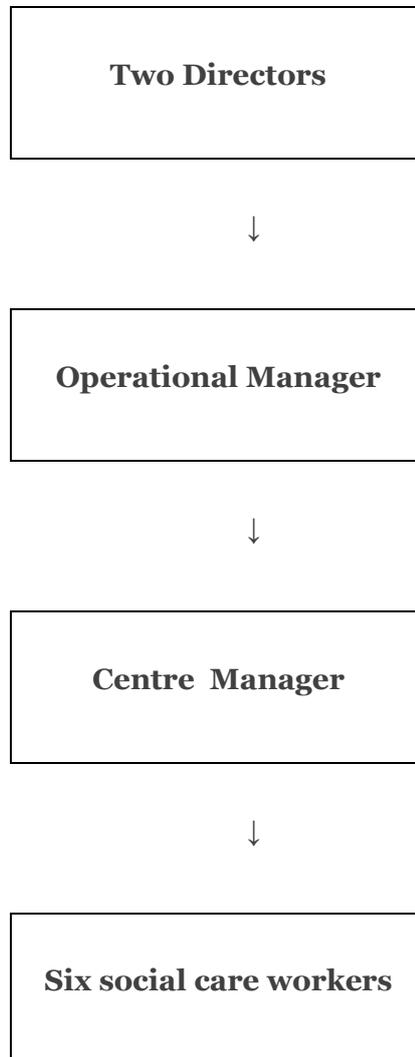
c) The parent of the young person

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

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 person, staff and management for their assistance throughout the inspection process.

1.2 Organisational Structure



3. Findings with regard to registration matters

During the inspection on the 10th of August 2017 the inspectors found that there was substantial non-compliance with a number of regulations and standards. The inspectors found that the centre manager and external managers had not satisfied themselves that appropriate and suitable care practices and operational policies are in place in accordance with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 5.

Such was the inspection services concerns that they issued a letter of immediate notice the day following the inspection requiring prompt action and response to specific issues that needed urgent attention. The inspectors found that although some issues were responded to there was a failure to comply with all instructions given at that time of initial registration.

The service also did not fully comply with direction given in writing on the 11th of August 2017 in relation to issues requiring prompt action following the inspection. The inspectors brought their findings to the registration panel on the 25th of August 2017 where a decision was made to issue the centre with a draft inspection report as evidence of the inspector's findings and to afford them the opportunity to respond to the issues requiring action.

Given the extent of non-compliance found the registrar proposed to remove the centre from the register of children's residential centres under Part VIII, Article 61, (5)(b) (I)(II) of the Child Care Act 1991, at that time. The registrar informed the centre under Article 61, (12) that they may within 21 days of receipt of the notice make representations to the registration and inspection service and those representations would be taken into account prior to making a final determination.

This office also met with the organisations service manager on Thursday the 25th of September 2017 and received feedback in relation to the revised governance structure and staffing arrangements for the centre. A response and action plan was provided by the service manager within the 21 day representation period. Following assessment of the representations the registration panel were satisfied that the service were making sufficient progress to remedy the issues identified in the report and were putting structures in place to prevent them reoccurring. The registration panel proposed to add the following conditions to

their registration under Part VIII, Article 61, (5)(b) (I)(II) of the Child Care Act 1991. The conditions being that:

Article 5: Care Practices and Operational Policies

The registered proprietor and person in charge of a centre shall satisfy the Tusla that appropriate and suitable care practices and operational policies are in place, having regard to the number of children residing in the centre and the nature of their needs.

1. Appropriate and suitable governance structures are sustained and maintained to ensure that the care and operational practices are robust and are consistently implemented. As per the Childcare (Standards in Children’s Residential Centres) Regulations, 1996:

Article 7: Staffing

The registered proprietor and person in charge of a centre shall satisfy the relevant health board (now TUSLA) that the number, qualifications, experience and availability of members of the staff of the centre are adequate having regard to the number of children residing in the centre and the nature of their needs.

2. The staff team is stabilised and the number, experience and qualifications of staff are adequate to number of children residing in the centre and the nature of their needs.
As per the Childcare (Standards in Children’s Residential Centres) Regulations, 1996:

The provider has accepted the conditions imposed bearing cognisance of the statutory process of representation. The centre will continue to be registered from **the 17th of May 2017 to the 17th of May 2018 pending review of their attainment of the attached conditions**. The conditions attached to the registration will be reviewed within two months of this date to allow the service time to complete their action plan after which time the inspection service will verify the information provided.

2. 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

Register

The manager confirmed to the inspectors that the centre had a register of the young person and that the register contained all of the required information. The inspectors did not view the register. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

3.2.2 Practices that met the required standard in some respect only

None identified.

3.2.3 Practice that did not meet the required standard

Management

Two directors had oversight for the company and had responsibility for the governance and management of the service. They were supported by an operations manager who had responsibility for the day to day operational activities of the service. The operational manager was accountable to the directors of the company. It was evident from the documents furnished and a review of the centres records that the directors had failed in their duty to ensure that appropriate and suitable care practices and operational policies were in place. Of primary concern to the inspectors was the application of staff resources and the vetting of staff did not meet the standards required.

The statement of purpose and function was not in place until the day of the inspection. The reports which the directors relied on from the centre in respect of the management and progress of the young person in their care were not informed by either the care plan or

placement plan as neither of these plans were in place for the young person and therefore could not have allowed the directors to make informed decisions.

One of the directors informed the inspectors that they were appraised of the centres functioning's through weekly management meeting. However, the centre manager reported that these meetings were not specific to residential care as they incorporate all of the services operated by the company and failed to address the specific needs of the centre. Clarity was required regarding the roles and responsibilities of the director of the company and that of the operations manager. The company must ensure that they have the resources and a clear governance structure to deliver a quality and effective child centred service.

The centre manager had a relevant qualification and was the registered designated person in charge of the centre. The centre manager was assigned to the centre for on average one day a week and also had the responsibility of covering staff shifts for annual leave and absences. The letter of registration issued to the centre in May 2017 stated that the centre manager must be regularly accessible to staff and young people and have the capacity to provide consistent leadership and oversight of care and operational practices in the centre. The inspection service found that the centre manager had inadequate oversight of the service. There was poor evidence of planning and management interventions as there was no care plan, placement plan, individual crisis management plan or individual absence management plan on file to guide the young person's care. The overall management systems were not effective to ensure a quality service was delivered to the young person. The inspectors found that written operational policies were not adhered to or properly implemented.

At the time of registration it was noted that the centres policies and procedures were generic in nature and presented in a poor standard. As the centre and social work department required the centre to be operational within a short time frame the inspection service gave the centre a period after registration within which to individualise and improve the quality of their policies and procedures; in particular their child protection policy. During this three month inspection the inspectors found that there was a failure to comply with all instructions given at that time.

Notification of Significant Events

The centre commenced operation in May 2017 and the centre manager was given guidance and templates in relation the prompt and required reporting of significant event notifications. The inspectors found that they had not received notifications and contacted the

centre in relation to this. A number of incidents were subsequently forwarded to the inspection service but were not promptly notified in accordance with the Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 16.

The inspectors found that there were poor practices in the identification and reporting of significant events. This was evidenced through the review of the centre logbook and a review of the daily log which identified incidents which were not reported. Three incidents were reported whereas the inspectors found evidence that an additional four incidents should have been reported also. There was no evidence of a review of the reports by the centre manager or external oversight on file.

Professionals involved with the young person stated that overall there was a reduction in the number of significant events in respect of the young person relative to their previous care placements. However, the inspectors found that there the underreporting of incidents that should have met the thresholds for reporting as significant events challenges the perception of the scale of the young person's progress.

Staffing

In the letter of registration issued to the service by the inspection service on the 17th of May 2017 stated that the centre was registered for the staff team submitted on the application. The inspection service was to be notified of any changes to the staffing or management structures within the centre. The inspectors found that a number of staff were working in the centre that the inspection service were not notified of evidencing that there was a failure to comply with this instruction given at that time.

Six social care staff were employed at the centre. There was a balance of experienced to inexperienced staff on the team to carry out their duties. The centre manager was confident that care staff were scheduled for duty at the key times and there were always two staff on duty. The findings of the inspectors were that the current staff roster did not facilitate the delivery of consistent care to the young person. The roster required staff to work two shifts of forty eight hours which consisted of 14 hour days with 8 hours for sleepover duties. The centre manager and staff were clear that the roster impacted on their attendance at staff supervision, staff meetings and care programme meetings. It was difficult for the centre manager to meet with staff given that they worked in the centre one to two days a week and the centre manager was only present on average one day a week.

Therefore the inspectors found that staff oversight systems were not effective in assessing the quality of the service provided by the staff. The centre manager told the inspectors that they relied on the professionalism of staff to adhere to good practice. They maintained daily telephone contact with staff as a way of having oversight of the placement.

Outstanding staff vetting records highlighted in May 2017 was to be provided to the inspection service by the 31st of May. Despite a number of phone calls from the inspection service this issue was not complied with. The inspectors examined the personnel files and found that the files were not in line with the required standards. Not all copies of references or qualifications were on file. While all staff had Garda vetting on file, a file contained a considerable number of adverse disclosures. On file was a letter of acknowledgement by the service of the vetting disclosures but of significant concern to the inspectors was the absence of and documentation to support that a risk assessment had taken place in respect of the vetting disclosure. A contract was furnished prior to Garda clearance being received for one staff which is in breach of National Vetting bureau (Children and Vulnerable Persons) Acts 2012 to 2016. There was no evidence furnished indicating that consideration had been given in relation to the suitability of people working with vulnerable young people in care.

Supervision and support

The findings of the inspectors were that effective supervision was not in place and was not provided in line with the services own supervision policy. There was very little evidence to support that the centre manager was providing consistent supervision to staff. The centre manager acknowledged this and told the inspectors that it was difficult to meet with staff due to the roster arrangements and the fact that she was only in the centre one day a week. This was compounded by the fact that staff had other work commitments outside of the service; one member of the team worked full time with another children's residential service.

A review of supervision records showed them to be vague and did not reflect the connection of the care or placement plan with the intensive community programme the service was charged with providing as neither of these documents were available to staff. A number of team meetings did not take place and the centre manager acknowledged this and stated that again it was not always possible for staff to attend due to the roster arrangements. There was no induction programme in place for staff prior to working in the centre. There was no record that staff had read the operational procedures for the service.

The centre manager informed the inspectors that supervision was provided to them by an external source. A copy of the supervision file was not made available to the inspectors.

Training and development

The centre manager told the inspectors that the service had developed a training and development programme for staff and was due to become operational in August 2017. Some staff had training in the core competencies of child protection, first aid, fire safety; however, the staff files indicated that the service was reliant on the training that staff had undertaken with previous employers or as part of their college courses. The lack of an effective training and development programme does not lend itself to the provision of a quality service for young people.

Administrative files

The record systems in place were organised to facilitate effective management. However, the quality of recording was poor in that it failed to report the work and progress of the young person. While the centre manager undertook some review of files to assess day to day practice and to ensure the quality of recording; the manager furthered highlighted recording as a training issue for staff. In reviewing the daily logs there was no evidence to link the care and placement plan as there was no care or placement plan on file.

There was a financial management system in place however, systems for the procurement of petty cash was not always in place in a timely manner. This issue had been identified by a number of staff in their records of supervision.

3.2.4 Regulation Based Requirements

The Child and Family Agency had 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 had met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 6, Paragraph 2, Change of Person in Charge***

The centre had not 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 7, Staffing (Numbers, Experience and Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- The company directors must evidence that the organisation has good governance structures in place in order to meet its obligations with regard to compliance with the regulations and standards for the placement of children in residential care.
- The company directors must ensure that a manager is assigned to the centre for a minimum of four days a week. This must be evidenced in writing to the Registration and Inspection Service.
- The centre manager must ensure that all incidents are notified in accordance with the Child Care (Standards in Children’s Residential Centres) Regulations 1996, Part III, Article 16.
- The centre manager must evidence that they are reviewing significant event reports in order to identify trends and patterns and to ensure that the responses by staff are appropriate.
- The company directors must review the current staff roster to ensure that there is consistency of care to the young person and that all statutory provision in relation to employment law is adhered to. This must be evidenced in writing to the inspection service by providing a copy of the staff roster for the next three month period.
- The company directors must ensure that all personnel files contain the required references and verbal confirmation of such references for all staff. A copy of staff qualifications must be held on file for all staff and evidenced to the inspectors.
- The company directors must have procedures in place for the consideration of adverse Garda/police vetting disclosures. Certain criminal convictions should be considered unacceptable when determining a person suitable to work with

vulnerable children in care. This must be evidenced in writing to the Registration and Inspection Service and to the placing social worker.

- The company directors must comply with the Vetting Act 2016 by ensuring staff Garda vetting is secured prior to employment.
- The centre manager must ensure that all staff receives a formal programme of induction to the centre. This must be evidenced in writing to the inspectors.
- The centre manager must ensure that all staff are in receipt of regular and formal supervision in line with the organisations operational policies and that there is an effective link between supervision and the implementation of placement plans. This must be evidenced to the inspectors to include a schedule of staff supervision for the next three month period.
- The centre manager must review staff attendance at team meetings with a view to ensuring maximum participation by staff. This must be evidenced in writing to the inspectors and be included in the staff roster for the next three month period.
- The centre manager must undertake a training needs analysis to identify what training is required. A training program must be put in place for all staff. A record of all training must be maintained by the centre manager. This must be evidenced in writing to the inspectors.

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 parent for the young person told the inspectors that they had good contact with their child. This contact included overnight visits and stays at the family home. An educational placement and part time employment had been secured for the young person by their parent. The parent was of the view that being pro-active in respect of their child's health and welfare was important to them and they continued to be involved in the life of their child as much as possible. There was evidence on the file that the young person was supported by the social care staff to maintain family relationships.

Discharges

There were no discharges from the centre for the period under inspection.

Aftercare

The young person had an assigned aftercare worker. An aftercare plan was in the process of being developed. An agreed timeframe for the formulation of this plan was in place.

3.5.2 Practice that met the required standards in some respects only

Suitable placements and admissions

The centre manager and the young person's social worker stated that the purpose of the young person's placement was to provide an intensive community support programme within their own locality. This was also the stated purpose and function of the centre. The placing social worker was satisfied that the placement had met the needs of the young person. The young person engaged well within the local community and had positive relationships with friends. However, the centre manager, staff and social worker stated that there was a lack of engagement by the young person with the staff which had limited the impacted of the intensive programme of care on offer by the centre. The inspectors found that the lack of a care and placement plan, an individual crisis management plan, or an absent management plan and the lack of regular staff supervision and team meetings all contributed to the significant reduction of an intensive community support programme that would proactively encourage the young person's engagement.

The centre was set up and registered for one specific young person which in practice meant only one referral was considered for this centre. Agreement had been reached regarding the

placement of the young person in residence; however, undue administrative delays by the company necessitated the young person having to move to an interim placement.

The inspectors found that during the registration visit the centre manager stated that a house car was available for staff to transport the young person where necessary. The inspector viewed the car and the centre manager had identified a staff member as responsible for the maintenance and upkeep of the vehicle. During the three month inspection the inspectors found that the house car assigned to the centre was withdrawn shortly after the centre became operational. Up to the date of the inspection staff were using their own vehicles and there was no record of indemnification of staff vehicles. The centre manager stated that she had asked staff to indemnify their cars but had not check that this request was complied with and had no evidence on file. The inspectors brought their concerns to the centre manager's attention and a house car was provided to the centre on the day of the inspection.

The registration letter stated that confirmation that the fire doors had been fitted must be confirmed to the inspection service no later than the 31st of May 2017. This confirmation was delayed a number of times by the service. The inspection service received a confirmation letter from an engineer from the centre, however on inspection of the premises there was no fire strips in some of the doors, an issue that needs urgent attention.

Statutory care planning and review

A care plan had been formulated by the social worker; however the centre manager or staff team did not have a copy of the care plan available in the centre as a working document. In the absence of a care plan the inspectors found that the young person's placement was not supported by a placement plan. It is important in the absence of a care plan that the centre develops an interim placement plan which give direction and clarity to staff in terms of the work that they are tasked to undertake with the young person. The centre manager told the inspectors that an interim placement plan had not been devised by the centre.

The required statutory review meetings were held in respect of the young person. Through choice the young person did not attend their review meeting. The parent of the young person confirmed to the inspectors that they had attended the review meetings and received a copy of the minutes of the decisions. The centre manager told the inspectors that the centre did not receive a copy of the minutes of the decision of the review meetings.

Supervision and visiting of young people

The social worker had close liaison with the assigned Guardian and Liteum and the Assessment and Consultation Therapy Services who were engaged with the young person. The social worker confirmed that they had not read the care files of the young person; had not visited the young person in placement or confirmed that the premises was fit for purpose.

Social Work Role

Standard

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

The young person in placement had an allocated social worker. Communication and collaboration verbally between the social worker and the centre manager and staff was clear. However, as stated the social worker did not provide a copy of the care plan to the centre in order to facilitate planning and progressing of the placement. The social worker confirmed they were aware that there was no absence management plan, individual crisis management plan or placement plan was in place in the centre to guide the young person's care. Inspectors found evidence that records kept in the centre relating to the young person were not reviewed by the social worker as the social worker had not visited the centre to meet with the young person or satisfy themselves that the premises was suitable.. The social worker interviewed was satisfied they received prompt notification of all significant events despite the inspectors finding four significant events that were not reported.

The social worker interviewed by the inspector stated they were satisfied with the placement to date as it was meeting the identified needs of the young person they supervised. They had no concerns about the standard of care the young person received.

Preparation for leaving care

Staff interviewed by the inspectors were knowledgeable about the individual needs of the young person. A verbal leaving care programme was in place; however, staff reported that there was minimal engagement by the young person in the everyday life of the centre. Staff were trying to engage with the young person in building a relationship; however, it was evident that the lack of engagement by the young person in what was to have been an

intensive supported programme of care was a source of frustration to them. Staff were attempting to introduce a preparation for leaving programme that encouraged a more independent life style, food preparation and self-care. The findings of the inspectors were that this programme lacked direction, oversight and planning.

Emotional and specialist support

The individual therapeutic needs of the young person were assessed by the placing social worker. These included engagement with the Child Adolescent and Mental Health Services. Emotional and specialist supports were offered to the young person through the Assessment Consultation and Therapy Service (ACTS). The emotional needs and supports for the young person were discussed at the Children in Care Review meetings. From a review of the work undertaken by the key workers and care staff it was clear that goals were not clearly identified in the context of the intensive community program that was to be provided, which was also hampered by the lack of a care plan and placement plan. Staff were reliant on their own understanding of the program of care and in the absence of staff supervision and team meetings there was a lack of consistency in how the intended program was to be delivered.

3.5.3 Practice that did not meet the required standard

Children's case and care records

The inspector reviewed the care file of the young person and found that substantial and important statutory documentation was not on the file. These included a copy of the care order, recent photograph, statutory care plan, records of statutory care plan reviews, medical card in the young person's name, record of medical examination, educational reports, placement plan, absent management plan and individual crisis management plan. There was no evidence throughout the records to suggest that the young person's views were sought or recorded.

3.5.4 Regulation Based Requirements

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

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

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

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 22, Case Files.

The Child and Family Agency did not meet the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 -Part IV, Article 24, Visitation by Authorised Persons***

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

The centre did not meet the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) 1996 -Part III, Article 17, Records.***

- The service directors must ensure that on admission of a young person to their service that they are compliant with its responsibilities under the fire safety regulations. Evidence of full compliance with fire regulations for this centre must be provided in writing to the Registration and Inspection Service.
- The service directors must ensure that on admission of a young person to their service that staff who are required to use their own cars to transport young people have the appropriate indemnification and insurance and evidence of this must be held on their personnel files. Evidence of full compliance with safety requirements to transport young people for this centre must be provided in writing to the Registration and Inspection Service.
- The placing social worker must ensure that a care plan and the decisions of the statutory child and care review minutes are forwarded to the centre manager as a matter of urgency.
- The centre manager must develop a placement plan for the young person and ensure that it supports the objectives of the care plan. Staff must have a clear understanding of their role in the implementation of the placement plan.
- The placing social worker must visit the centre to satisfy themselves that it is suitable and will meet the needs of the young person.
- The centre manager must ensure that a record of social work contact and visits to the young person and the centre is accessible. This record details any action or recommendations required of the centre.

- The Centre Manager must ensure recording systems are kept in a way that helps effective care planning and show that the young person's views were sought and recorded.

4. Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
2.3	<p>The company directors must evidence that the organisation has good governance structures in place in order to meet its obligations with regard to compliance with the regulations and standards for the placement of children in residential care.</p> <p>The company directors must ensure that a manager is assigned to the centre for a minimum of four days a week. This must be evidenced in writing to the Registration and Inspection Service.</p>	<p>The organisation has now employed a full-time dedicated service manager to oversee all aspects of residential care within the company.</p> <p>Complete</p> <p>A fulltime manager has been recruited for the Centre.</p> <p>Complete – commencement date 03.10.17</p>	<p>This post has been filled and will be a permanent feature of the service.</p> <p>This is a fulltime, on-going post</p>

<p>2.8</p>	<p>The centre manager must ensure that all incidents are notified in accordance with the Child Care (Standards in Children’s Residential Centres) Regulations 1996, Part III, Article 16.</p> <p>The centre manager must evidence that they are reviewing significant event reports in order to identify trends and patterns and to ensure that the responses by staff are appropriate.</p>	<p>All SENs will be forwarded to the appropriate authorities including, social work department, Registration Service, monitor, Guardian ad Litem and parents within the specified time frames</p> <p>Immediate</p> <p>SENs will be reviewed on a monthly basis at staff meetings, in individual supervision sessions with staff and by the Service Manager in supervision with the Centre Manager.</p> <p>On-going (commencement date end of October when staff team in place)</p>	<p>Service Manager will review the process on a monthly basis at staff meetings in individual supervision sessions with staff.</p> <p>This will be recorded formally</p> <p>Updated training will be provided to all staff in this regard. The SEN documentation will be amended to include evidence of oversight by the service manager and unit manager.</p>
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<p>2.10</p>	<p>The company directors must review the current staff roster to ensure that there is consistency of care to the young person and that all statutory provision in relation to employment law is adhered to. This must be evidenced in writing to the inspection service by providing a copy of the staff roster for the next three month period.</p>	<p>The company is in the process of recruiting additional staff to form a core team who will be able to provide consistent care with the oversight of the newly appointed manager.</p> <p>Roster will be forwarded to the Inspectorate on completion of this process.</p> <p>Commenced and on-going</p>	<p>There is a commitment to maintain the core team at a level consistent with the provision of appropriate and stable standards of care.</p>
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<p>2.11</p>	<p>The company directors must have procedures in place for the consideration of adverse Garda/police vetting disclosures. Certain criminal convictions should be considered unacceptable when determining a person suitable to work with vulnerable children in care. This must be evidenced in writing to the Registration and Inspection Service and to the placing social worker.</p> <p>The company directors must comply with the Vetting Act 2016 by ensuring staff Garda vetting is secured prior to employment.</p>	<p>The Directors are reviewing all the Garda clearances where criminal convictions are recorded and are in the process of formulating a robust assessment process in relation to those staff with old convictions where working with vulnerable children. In the interests of transparency, an external professional has been commissioned to assist in this review.</p> <p>Will be completed by mid-October</p> <p>This is being implemented in respect of the current recruitment programme</p>	<p>A new policy is being drawn up with due reference to the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016 and the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012-2016. This will be completed by end of October and will be copied to the Inspectorate.</p>
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<p>2.12</p>	<p>The centre manager must ensure that all staff receives a formal programme of induction to the centre. This must be evidenced in writing to the inspectors.</p>	<p>A comprehensive induction pack for all staff is being finalised and will be in place by the end of October</p> <p>On-going – Completion date end October</p>	<p>All new and existing staff will receive a one-day induction training.</p>
<p>2.13</p>	<p>The centre manager must ensure that all staff are in receipt of regular and formal supervision in line with the organisations operational policies and that there is an effective link between supervision and the implementation of placement plans. This must be evidenced to the inspectors to include a schedule of staff supervision for the next three month period.</p>	<p>The supervision policy is currently being reviewed and all staff will receive supervision from that centre manager on a monthly basis.</p> <p>Each supervision session will include a section which focuses on the individual treatment plan for the child and the effectiveness of current interventions.</p>	<p>The Service Manager will review supervision records on a monthly basis and will provide professional supervision to the Unit Manager.</p>

<p>2.15</p>	<p>The centre manager must review staff attendance at team meetings with a view to ensuring maximum participation by staff. This must be evidenced in writing to the inspectors and be included in the staff roster for the next three month period.</p>	<p>Attendance at staff meetings is mandatory. All staff have been advised accordingly.</p> <p>Complete</p>	<p>The importance of staff meetings will be expressed in the induction process and will be monitored on an ongoing basis. Staff meetings will be formally recorded.</p>
<p>2.18</p>	<p>The centre manager must undertake a training needs analysis to identify what training is required. A training program must be put in place for all staff. A record of all training must be maintained by the centre manager. This must be evidenced in writing to the inspectors.</p>	<p>A training needs analysis will be among the first duties of the new centre manager and will be completed by the end of October.</p>	<p>Service Manager will monitor.</p>

<p>5.1</p>	<p>The service directors must ensure that on admission of a young person to their service that they are compliant with its responsibilities under the fire safety regulations. Evidence of full compliance with fire regulations for this centre must be provided in writing to the Registration and Inspection Service.</p> <p>The service directors must ensure that on admission of a young person to their service that staff who are required to use their own cars to transport young people have the appropriate indemnification and insurance and evidence of this must be held on their personnel files. Evidence of full compliance with safety requirements to transport young people for this centre must be provided in writing to the Registration and Inspection Service.</p>	<p>The house is now compliant with fire safety regulations as required remedial work is now complete</p> <p>Staff will not under any circumstances carry young persons in their cars without evidencing to the Centre Manager appropriate indemnification. There will be no exceptions to this. Staff will be advised in induction.</p> <p>Immediate</p>	<p>Indemnification will be documented in the staff's file. This will be reviewed by the Service Manager.</p>
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<p>5.7</p>	<p>The placing social worker must ensure that a care plan and the decisions of the statutory child and care review minutes are forwarded to the centre manager as a matter of urgency.</p>	<p>A care plan is now in place for the current young person. Review minutes will be sought from the social worker department and kept in young person's file.</p>	<p>No further admissions will be accepted without a care plan.</p>
<p>5.10</p>	<p>The centre manager must develop a placement plan for the young person and ensure that it supports the objectives of the care plan. Staff must have a clear understanding of their role in the implementation of the placement plan.</p>	<p>A placement plan is now in place for the current young person. This will be reviewed at weekly staff meeting and amended as necessary</p>	<p>Oversight by service manager on monthly basis</p>

5.24	The placing social worker must visit the centre to satisfy themselves that it is suitable and will meet the needs of the young person.	To be addressed by the Social Work Department.	
5.25	The centre manager must ensure that a record of social work contact and visits to the young person and the centre is accessible. This record details any action or recommendations required of the centre.	This is being implemented with immediate effect.	Oversight by the Service Manager
5.43	The Centre Manager must ensure recording systems are kept in a way that helps effective care planning and show that the young person's views were sought and recorded.	<p>Service Manager and Centre Manager will review current recording systems and where necessary amend processes to ensure they are accessible, clear and relevant.</p> <p>Young person's views will be sought through key working sessions and recorded accordingly</p>	This will be reviewed on a weekly basis by the Centre Manager

