



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

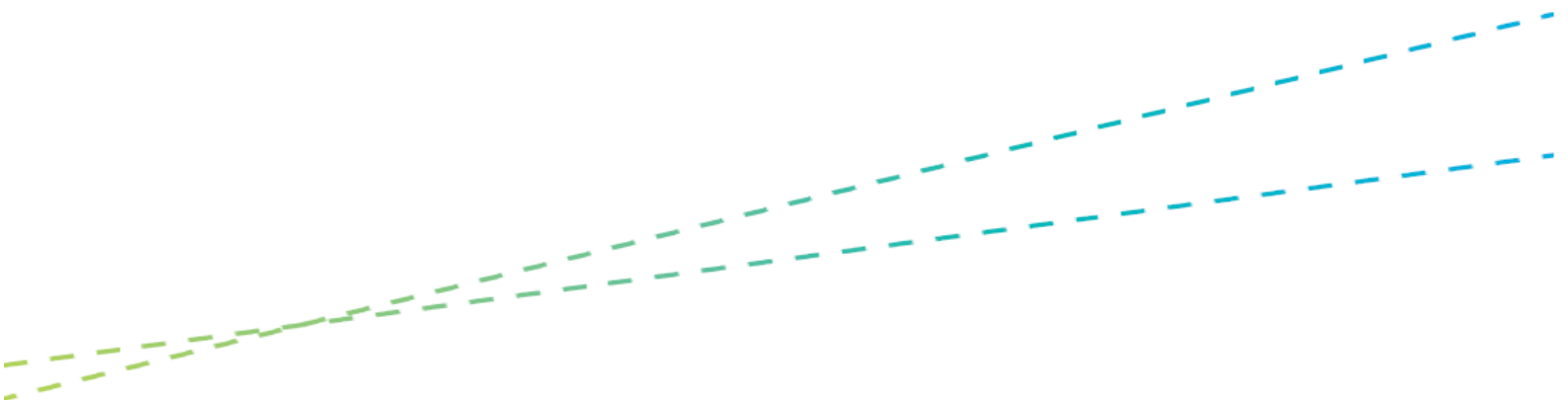
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 075

Year: 2018

Lead inspector: Noreen Bourke

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Solis MMC
Registered Capacity:	Four young people
Dates of Inspection:	13th and 14th of June 2018
Registration Status:	Registered from the 24th of September 2018 to the 24th of September 2021
Inspection Team:	Noreen Bourke Paschal McMahon
Date Report Issued:	10th of September 2018

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1. Foreword

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

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

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

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

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

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

Registrations are granted by 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 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2012. At the time of this inspection the centre was in their second registration and were in year three of the cycle which was due to expire on the 24th of September 2018. The centre had furnished the inspection service with an application form and supporting information to continue their registration for a further cycle of three years.

The centres purpose and function was to provide medium to long term care for four young people of both genders from age thirteen to eighteen years. There were three young people in placement at the time of the inspection. The model of care was to provide an individualised programme of care which aims to assist young people to develop physically, socially, morally, emotionally, cognitively and educationally. This was achieved through the use of relationship between staff and young people.

The inspectors examined standards 1 'purpose and function'; 2 'management and staffing'; 4 'children's rights'; 5 'planning for children and young people' (care planning and review criteria); 8 'education' and 9 'health' of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 13th and 14th of June 2018.

1.2 Methodology

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

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
 - a) Acting centre manager
 - b) Shift coordinator
 - c) Four of the care staff
 - d) Two young people residing in the centre
 - e) Two of the social workers with responsibility for young people residing in the centre.

- ◆ An examination of the centre's files and recording process.
 - Centre register
 - Care files
 - Complaints and Sanctions Log
 - Significant Reports Log
 - Minutes of young people's house meetings
 - Staff personnel files
 - Supervision records
 - Staff Training Record
 - Staff Rosters for the previous six months
 - Team handover book
 - Minutes of team meetings
 - Quality Assurance Audit

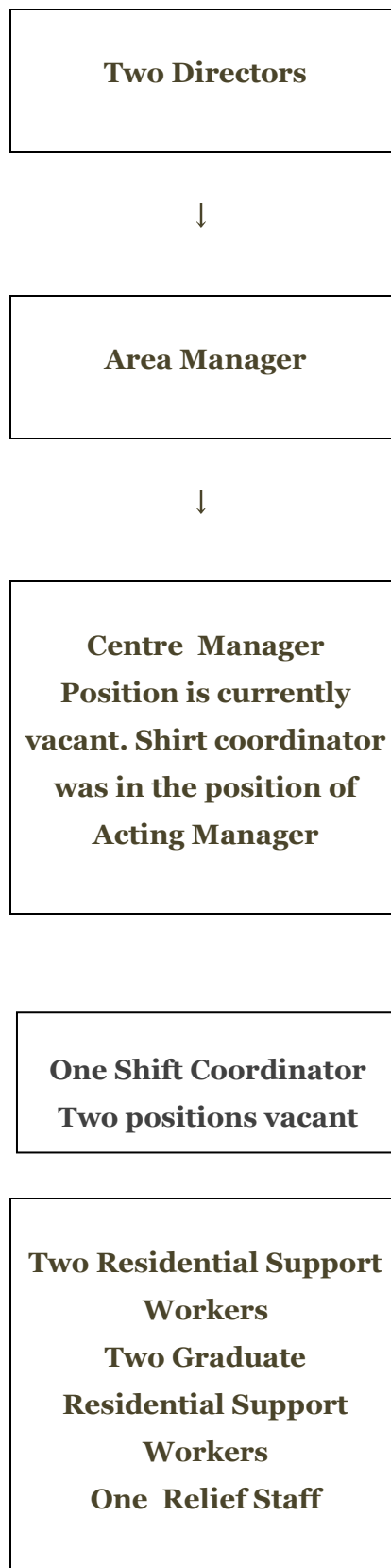
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The acting centre management
 - b) The quality assurance officer
 - c) Four care staff
 - d) Three young people
 - e) The lead inspector with responsibility for having oversight of the centre.

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

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

At the time of this inspection the centre was registered from the 24th of September 2015 due to expire on the 24th of September 2018. The centre furnished the inspection service with an application form and supporting information to continue their registration for a further cycle of three years.

A draft inspection report was issued to the centre manager, area manager and the relevant social work departments on the 23rd of July 2018. The centre manager 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 service director returned the report with a satisfactory completed action plan (CAPA) on the 5th of August 2018.

The findings of this report and assessment by the inspection service of the submitted action plan should they be fully implemented deem the centre to continue to be registered to operate in adherence to the regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to continue to register this centre, ID Number: 075 without conditions attached pursuant to Part VIII, 1991 Child Care Act from the **24th of September 2018 to the 24th of September 2021.**

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

The centre had a written statement of purpose. It provides medium to long term care for four young people of mixed gender, aged between 13 to 18 years. Its stated aim was to respond to the individual needs of the young people within a child centred, supportive and safe open environment. This is done through the medium of therapeutic relationship. Young people are to be given the opportunity to develop relationships with caring adults who will model appropriate ways of dealing with emotions and life challenges. The statement was reviewed on the 6th of June 2018 by management within the service.

The statement lists the key policies that are in place and outlines their availability to young people, their families and social workers. This is done through information booklets which describe the centre. Staff interviewed were familiar with the content of the statement. The importance of relationships between staff and young people was evident in the work of the centre and how the impact of such relationships helped the young people in achieving positive outcomes in reaching the achievement of the goals of their placement plans.

3.2.1 Practices that met the required standard in part

None identified.

3.2.3 Practices that did not meet the required standard

None identified.

Required Action

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

Register

The centre maintained a register of children living in the centre to date. The centres register of admissions and discharges were accurate and up to date. There were three young people in placement at the time of the inspection. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The inspectors found that a written policy and appropriate guidelines were in place regarding the recording and notification of significant events and these records were kept on the young people's individual files. The centre maintained a register and database of all significant event reports. This database allowed the service to review the challenges that were presented to the service when dealing with behaviours that challenged.

Significant event reports were reviewed by an internal monitoring group. This group comprised of the centre manager and shift co-ordinators for three centres within the region. The quality assurance officer also attended these review meetings. Feedback and direction was given to staff within the process of team meetings and in staff supervision.

In interview the lead inspector who had oversight for the centre stated that they received notification of all significant event reports. Reports contained a review by the centre manager and further evidence that the staff had a good capacity to support the young people when they were in crisis.

Supervision and support

The acting centre manager provided supervision to the residential support workers. The regional manager provided supervision to the acting centre manager. The quality assurance officer provided supervision to the shift co-ordinator while awaiting the appointment of the new centre manager. Both were trained in the delivery of supervision.

The findings of the inspectors were that throughout the process of staff change supervision of staff was maintained. All staff employed by the service received regular and formal supervision. A supervision contract was held on the supervision files of the staff members. The supervision records showed that there were clear links between the supervision process and the review and development of placement plans for the young people. The service had a comprehensive induction process for staff. The induction process formed part of the on-going supervision of new staff.

To address staff shortages the service employed three agency staff in the course of the previous four months. At the time of the inspection one agency staff was employed at the centre. The inspectors found that agency staff were not provided with supervision by the service or by the employing agency. There was no process of induction of agency staff to the centre. Agency staff were given a brief overview by the acting centre manager of the working of the centre and of the young people. In interview it was evident to the inspectors that agency staff were reliant of staff with whom they were on duty with to learn about the young people. They were met by the centre manager for informal conversations of their working life in the centre; there was no record on file of these meetings. The inspectors recommend that the centre provides supervision to agency staff.

The inspectors reviewed the recorded minutes of team meetings. The records showed that team meeting took place on a regular basis. The focus of the meetings was on the young people and in the implementation of their placement plans. Clinical oversight of the young people's placements was provided by the clinical psychologist for the service who when requested attended the team meetings. A review of the staff handover evidenced that they focused on the needs of the young people. All important and significant information pertaining to the young people was discussed in the process of the handover.

Training and development

There was an effective on-going staff development and training programme for the staff team. All staff had received training in the core competencies of child protection, behaviour management, first aid, and fire safety. There was evidence that staff were given the opportunity to participate in further training to include supervision, safe talk, youth justice for advocated, and placement planning. The centre manager maintained a record of all staff training including the dates when refresher training was required. Agency staff employed at the service had trained in behaviour management and in child protection.

Administrative files

The administrative files were examined by the inspectors and the key records were in evidence. The recording system was well organised and accessible so that they facilitated effective management and accountability. There was good evidence that the manager and line management were monitoring the quality of records. Relevant records relating to the young people were kept in perpetuity and the management understood the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003.

3.2.2 Practices that met the required standard in some respect only

Management

The centre was managed by an appropriately qualified person who was in the role in an acting position. There were three changes to the position of manager in the previous six months. A newly appointed centre manager was due to take up the position in the weeks following the inspection. The acting centre manager was supported in their role by the shift-coordinator and the quality assurance officer. The acting manager was accountable to the regional manager.

The acting manager had systems in place for assessing the quality and effectiveness of the centre. There was evidence that the acting manager reviewed and comments on the administrative records of the centre. Where necessary the acting manager gave direction to staff regarding the placement plans for the young people.

The service quality assurance officer undertook two audits of the centre in 2018. Their quality assurance reports are forwarded to the regional manager. Their reports

generated an action plan. There were clear processes in place on how issues identified in the action plan were to be addressed.

The inspectors found that there were a number of changes within the core staff team over the last six months. This was due to staff resignations and staff re-deployed to work in another centre operated by the service. The impact of these changes resulted in the service not having adequate levels of staff, which meant they became reliant on agency staff to support the work of the centre. Due to the re-deployment of staff to other centres the inspectors found that the senior management team did not take sufficient account of the management of staff resources within the centre to ensure that it had adequate levels of permanent, qualified and experienced staff to care for the young people; This is further discussed in the report under staffing.

Staffing

As previously stated a number of changes had occurred within the core staff team over the last six months which meant that at the time of the inspection there was inadequate levels of permanent, qualified and experienced staff to care for the young people and the service became reliant on agency staff to support the work of the centre. Three agency staff had worked at the centre since March 2018. At the time of the inspection the centre was operating with an acting centre manager, one shift co-ordinator, two qualified residential support workers, two inexperienced graduate residential support workers one of whom was unqualified, one relief staff, and one agency staff.

The inspectors were notified that the service were taking steps to address the deficits in staff shortages as a centre manager had been appointed and was ready to take up the position and two staff from another centre were due to be redeployed to support the current core team. However, the inspectors found evidence that the level of change within the core staff team had an adverse effect on the young people. In interview with the inspectors the importance of relationship between staff and young people was very much in evidence. All three young people said that they had very good relationships with the staff before the changes occurred. The process of staff change within the centre did not allow for closure to occur within these established relationships. Three of the staff who left the centre did not meet with the young people to tell them that they were leaving; there was no closure to the established relationship between the young people and staff. Given that the stated aim of the centre is the development of therapeutic relationships between staff and young

people, the service must develop a process for dealing with closure of these relationships between the young people and staff.

The young people told the inspectors that staff changes and staff shortages had impacted on their life in the centre. If a young person had to be collected from outside of the centre, the young person in the centre had to go with the member of staff regardless of whether or not they wanted to. One young person was collected late at night by an agency staff member whom they had met for the first time. One young person stated that they were accompanied by an agency staff to a family access visit. They told the inspectors that the family access was a particularly anxious experience for them; and that they did not feel that they could talk to the staff member about how they felt. The staff member had worked four shifts in the centre prior to the access visit taking place; the young person said that they did not have a relationship with them. The senior management team must put systems in place to ensure that there are adequate levels of permanent, qualified and experienced staff to care for the young people

The inspectors examined a sample of staff personnel records of staff presently working in the centre. The inspectors found that the staff employed directly by the service were appropriately vetted before taking up duties. All staff had the required references and verbal confirmation of references on file. Two staff did not have a qualification in social care, had no previous experience of working in residential care and were given a title of graduate residential support workers. As a means of supporting these staff the service had in place a graduate support programme. This included professional supervision. The centre manager or shift co-ordinators met with the member of staff at the end of each shift to analyse their work and to address any issues arising for them.

To address staff shortages the service employed three agency staff in the course of the previous four months. At the time of the inspection one agency staff was employed at the centre. The inspectors examined the personnel files / compliance packs provide to the service by the agency. All three staff had the required qualifications, references and verification of references. The findings of the inspectors were that one agency staff member had Garda vetting and a Police Clearance cert for time lived outside of the country. However, there were two further periods of their having lived outside of the country for over six months where there was no police clearance cert which is in breach of National Vetting bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

A review of a second staff file on Garda vetting evidenced that the file contained adverse disclosures. There was no documentation on file to support that a risk assessment had taken place in respect of the vetting disclosure.

3.2.3 Practices that did not meet the required standard

None identified.

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 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 7, Staffing (Numbers, Experience and Qualifications) -Part III, Article 16, Notification of Significant Events.*

Required Action

- The senior management team must take sufficient account of the management of staff resources within the centre to ensure that it has adequate levels of permanent, qualified and experienced staff to care for the young people.
- The regional manager must develop protocols for closure of relationships between staff and young people when staff leave the centre.
- The centre manager must ensure that staff resources are managed effectively to ensure that young people know and feel comfortable with staff when they are collecting them or in accompanying them on family access visits.
- The service directors in conjunction with the centre manager must develop a formal and structured induction for agency staff. This process of induction should be evidenced on the personnel files and within the supervision process.

- The services recruitment practices for agency staff must fully comply with the of National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Complaints

The centre had a policy and procedure in place to manage complaints. Information booklets were given to the young people about the centre and these were clear regarding the process for complaints. There was evidence on the file of the young people that they had made complaints. A copy of the complaints and of the outcome of the complaint was forwarded to the placing social worker. In talking to the young people they were able to explain how and why they made complaints. In some cases the young people sought the support of EPIC (An advocacy group for Empowering Young People in Care), and the Ombudsman. They also sought the support of the regional manager for the service and the child care manager in whose area they were placed.

Access to information

The young people were provided with an information booklet in relation to the centre. Young people were informed of their right to access their records. The young people told the inspectors that they had looked at their records but chose not to read them on a regular basis.

3.4.2 Practices that met the required standard in some respect only

Consultation

As part of the admission process to the centre young people attended the placement agreement meeting along with the placing social worker and staff from the centre.

Information was provided to the young people about the centre and their placement plan.

A review of the records of the centres house meetings evidenced that meetings were offered to the young people. However the young people told the inspectors that they did not always attend the meetings and this was due to the dynamic within the group. They said that their views were taken into account by the acting centre manager who often met with them individually as did their key workers and shift-coordinator. For the meetings that did take place there was evidence that the acting centre manager reviewed and commented on issues raised by the young people and how issues were resolved.

Young people were given information about the placement plan and of the process for reviewing the placement plans within their child in care review meetings. However, the inspectors found that there were deficits in care planning for two of the young people and in the decision making process as neither had a statutory care plan. The young people informed the inspectors that they did not feel that they had any influence on decisions that were made in respect of the care planning process. In the absence of care plans it was not possible to review the level of consultation and involvement of young people regarding decisions made about their care.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency had not fully met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People*.

Required Action

- Supervising social workers must ensure young people are consulted and their views and opinions sought about decisions that affect their lives and future.

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

None identified.

3.5.2 Practices that met the required standard in some respects only

Statutory care planning and review

As previously stated the inspectors found that there were deficits in care planning for two of the young people and in the decision making process as neither had a statutory care plan. One young person had been in placement for 14 months without a care plan. The centre manager wrote to the placing social worker on six occasions between January and May 2018 requesting a statutory care plan. However, there was evidence that a number of professional meetings took place between April 2018 and June 2018. The young person left the centre in June 2018 on reaching their 18th birthday and moved to the aftercare service.

The care plan for the second young person expired on the 9th of December 2017. There was evidence on the file of the young person to show that the centre manager had requested a care plan on four occasions between December 2018 and June 2018.

In speaking to the inspectors two young people told the inspectors that they had not been given a copy of a care plan. While they did attend their child in care review meetings they were not given a copy of the decisions or the outcome of the meetings. There was no copy of the decisions of the review meetings on the files of the young people. The centre was not provided with a social history of the above two young people even though they had a long history of being in the care system.

The young people did not feel that they had any influence on decisions that were made in respect of the care planning process. In the absence of care plans it was not

possible to review the objectives of the young people's placements against the placement plans.

A care plan and minutes of the care plan review was held on the file for the third young person. They had as assigned aftercare worker. They had a clear plan in place regarding their move to aftercare. They told the inspectors that they were happy with the direction their aftercare plan was going and of the process of consultation regarding the plan.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

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 23, Paragraphs 1 and 2, Care Plans

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

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

Required Action

- The placing social workers must ensure that a care plan is developed and a copy given to the young person and provided to the centre manager.
- The placing social workers must ensure that the young person and the centre manager receive a copy of the recorded minutes of statutory child in care review meetings.
- The placing social workers must ensure that the centre manager receive a social history of the young person on admission to the centre.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

All of the young people had identified educational placements. Staff within the centre placed a high value on the educational needs of the young people. One young person had completed their leaving certificate exams and had an assigned place in a third level college. Two young people who were over the age of sixteen years were struggling with maintaining their education placements. The findings of the inspectors were that efforts were made by staff and the placing social workers to engage the young people in alternative programmes of education and their efforts to maintain these placements were ongoing.

A reports from one of the school tutors to the inspectors confirmed that the centre and social worker for the young person worked closely with the school in addressing the educational needs of the young person. They stated that the young person was supported by staff to attend school. Staff maintained close links with the school principals and tutors. There was evidence that staff attended all relevant school meetings and functions.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

Required Action

None identified.

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

Staff reported to the inspectors that the young people were in general good health. Evidence of medical assessments on admission to care was on the files of the young people. They were registered with a general medical practitioner and had individual medical cards. Consent for medical treatment was held on the individual care files. Staff were clear in relation to consent for medical treatment in situations where a

medical emergency arose. The records showed that the immunisation records were on file for two of the young people. The centre manager had requested a copy and was awaiting these records for a third young person.

There was evidence that the young people received regular medical, dental ophthalmic and other specialised services as required. There was evidence that where one of the young people required specialist services that they were supported by their social workers and Guardian ad Litem in advocating for access to such services.

The inspectors found that medicinal products were stored securely in the centre. An individual record was maintained for each young person of how medication was administered.

A review of key work reports evidenced that where it was age appropriate the young people were given guidance and information on diet. They were supported in their identity and sexual development and where necessary referred to support groups in the community. There were clear boundaries in place to discourage any young person who smoked from smoking in front of the other residents. The young people were discouraged from smoking by care staff and the young people were advised by staff of the negative effects of smoking on their health.

3.9.2 Practices that met the required standard in some respect only

None identified.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 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 20, Medical Examinations*.

The centre had met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services)*.

Required Action

None identified.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The senior management team must take account of the management of staff resources within the centre to ensure that it has adequate levels of permanent, qualified and experienced staff to care for the young people.</p> <p>The regional manager must develop protocols for closure of relationships between staff and young people when staffs leave the centre.</p>	<p>New centre manager has been appointed 23rd July 2018 and taken up the role on a full time basis. As a result the acting manager has returned to the role of shift co-ordinator.</p> <p>Interviews are to take place 9th August 2018 for Residential Support Worker positions in the centre, full time and relief. Two additional staff have since transferred to the centre on a full time basis.</p> <p>Where staffs are to be redeployed, a consultation will take place with the young people, manager and staff concerned. Adequate notice will be afforded for relationship closures relative to the needs of the young people.</p>	<p>Delays in the recruitment process are normally unforeseen and can impact on making appointments on a planned basis.</p> <p>Recruitment is planned and scheduled throughout the year.</p>

	<p>The centre manager must ensure that staff resources are managed effectively to ensure that young people know and feel comfortable with staff when they are collecting them or in accompanying them on family access visits.</p> <p>The service directors in conjunction with the centre manager must develop a formal and structured induction for agency staff. This process of induction should be evidenced on the personnel files and within the supervision process.</p> <p>The services recruitment practices for agency staff must fully comply with the of National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.</p>	<p>In the case where relief or agency are required to work within the centre, the Shift Team Co-ordinator will ensure that young people are notified of staff collecting them and where possible, core staff to be used.</p> <p>The centre does not hold personnel files for agency staff but do have compliance packs which contain – Name, position, Location, C.V, MCMA application, Garda Vetting, References, Qualification, Training, Photo, ID, Driving Licence. A formal induction to the specific centre will to be conducted with the agency staff by either centre manager, shift co-ordinator or most senior member of staff on duty. This will be detailed.</p> <p>This issue related to a period of time spent travelling outside the country. It has been addressed with the Agency concerned.</p>	<p>The Quality Audit Team will review records to ensure centre compliance.</p> <p>The Personnel Department will scrutinise all compliance packs to ensure accuracy.</p> <p>As above.</p>
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<p>3.4</p>	<p>Supervising social workers must ensure young people are consulted and their views and opinions sought about decisions that affect their lives and future.</p>	<p>At the time of the CAPA being returned to the inspection service two of the young people moved placement. The inspector followed up with the relevant social work departments to ensure the young people are consulted and their views and opinions sought about decisions that affect their lives in the future.</p>	
<p>3.5</p>	<p>The placing social workers must ensure that a care plan is developed and a copy given to the young person and provided to the centre manager.</p> <p>The placing social workers must ensure that the young person and the centre manager receive a copy of the recorded minutes of statutory child in care review meetings.</p>	<p>At the time of the CAPA being returned to the inspection service the two young people without care plans moved placement. The inspector followed up with the relevant social work departments to ensure care plans were devised for the young people.</p> <p>At the time of the CAPA being returned to the inspection service the two young people without care plan review minutes moved placement. The inspector followed up with the relevant social work departments</p>	<p>The centre will continue to request Child in Care reviews, care Plans, all other necessary information/documents along with child friendly version of same for the young people from the referring social work departments.</p>

	The placing social workers must ensure that the centre manager receive a social history of the young person on admission to the centre.	regarding this issue.	
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