



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number: 133**

**Year: 2018**

**Lead inspector: Linda Mc Guinness**

Registration and Inspection Services  
Tusla - Child and Family Agency  
Units 4/5, Nexus Building, 2<sup>nd</sup> Floor  
Blanchardstown Corporate Park  
Ballycoolin  
Dublin 15  
01 8976857

## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2018</b>
<b>Name of Organisation:</b>	<b>Harmony Residential Care</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Dates of Inspection:</b>	<b>14<sup>th</sup> and 15<sup>th</sup> of March 2018</b>
<b>Registration Status:</b>	<b>Registered from the 8<sup>th</sup> of December 2017 to the 8<sup>th</sup> of December 2020</b>
<b>Inspection Team:</b>	<b>Linda Mc Guinness and Michael Mc Guigan</b>
<b>Date Report Issued:</b>	<b>12<sup>th</sup> of April 2018</b>

# Contents

<b>1. Foreword</b>	
1.1 Centre Description	5
1.2 Methodology	6
1.3 Organisational Structure	8
<b>2. Findings with regard to Registration Matters</b>	9
<b>3. Analysis of Findings</b>	10
3.2 Management and Staffing	
3.5 Planning for Children and Young People	
<b>4. Action Plan</b>	24

## 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 on 8<sup>th</sup> of December 2017. At the time of this inspection the centre were in their first registration and were in year one of the cycle. The centre was registered without conditions from the 8<sup>th</sup> of December 2017 to the 8<sup>th</sup> of December 2020

The centres purpose and function was to accommodate two young people of both genders from age thirteen to seventeen years on admission. The centre will accommodate a young person less than thirteen years of age if this is assessed as a suitable placement and derogation to the purpose and function is in place. Their model of care was described as being informed by the principles of cognitive behaviour therapy and delivered through the use of the therapeutic relationship. The model of care focuses on a number of key themes, primarily the need to feel safe, building self-esteem and confidence, stabilising the young person's behaviour, developing appropriate coping skills and helping young people to address issues which may impede development.

The inspectors examined standard, 2 'management and staffing' and standard 5 'planning for children and young people' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 14<sup>th</sup> and 15<sup>th</sup> of March 2018.

## 1.2 Methodology

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

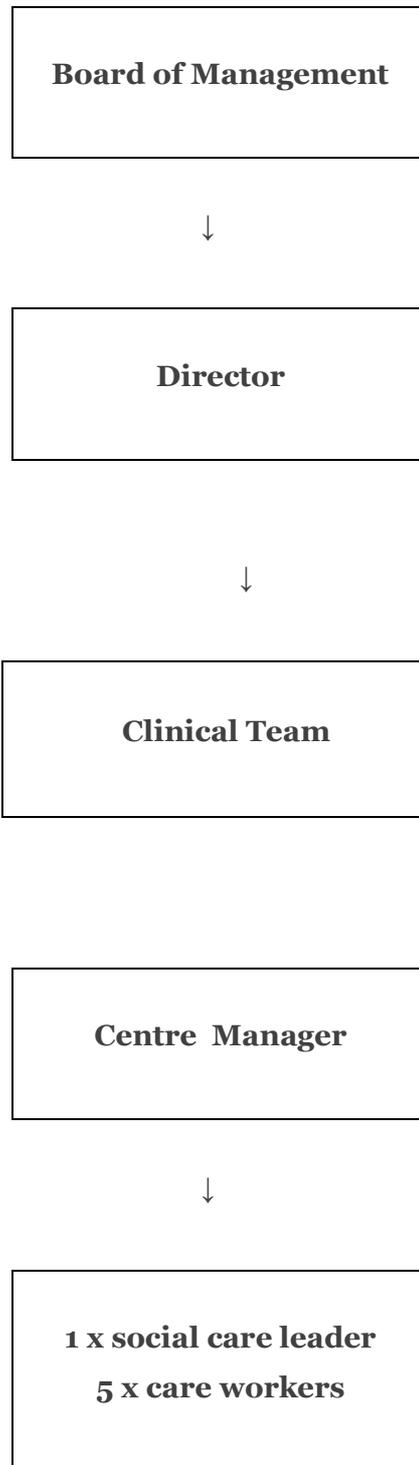
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
  
- ◆ An examination of the questionnaires completed by:
  - a) all of the care staff
  - b) the social care manager
  - c) the director of service
  - d) the psychologist on the clinical team
  - e) The social worker(s) with responsibility for one young person residing in the centre
  
- ◆ An examination of the centre's files and recording process including;
  - care files
  - daily log books
  - young person's booklet
  - staff personnel files
  - supervision records
  - handover book
  - maintenance log
  - training records
  - team meeting minutes
  - management meetings minutes
  - centre registers
  
- ◆ 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 centre management
  - b) Three staff members
  - c) One young people formally and one informally
  - d) Both social workers with responsibility for the young people residing in the centre

- ◆ Observations of care practice routines and the staff/young person's interactions.
- ◆ Attended handover meeting
- ◆ Shared meal with one young person and staff

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

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

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children’s Residential Centres and in line with its registration. As such the registration of this centre remains registered from the 8th of December 2017 to the 8th of December 2020.

## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

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

#### **3.2.1 Practices that met the required standard in full**

##### **Management**

There was a clear management structure in place. There was a board of management and the social care manager reported directly to the director of social care who sits on the board. Inspectors found that there were mechanisms in place for assessing the quality of care and outcomes for young people in the centre and also that adequate governance was being provided at both centre manager and director of service level.

There was a quality assurance system in place whereby the director conducted file audits, had oversight of behaviour support plans, individual crisis management plans, risk assessments and care plans. They were also involved in the pre admission risk assessment process for new referrals to the centre. Review of records showed that the director of service had visited the centre 27 times since it opened in December 2017. There was a clear purpose recorded for each visit including meeting with staff and young people and conducting audits. The board of management played an ongoing role in staff recruitment and approval of policies and procedures. Outcomes of any complaints which may be made relating to the centre are to be sent to the board of management.

The social care manager had a recognised qualification in social care, 20 years social care experience and had 12 years experience managing children's residential centres prior to taking up this post. They had responsibility for overseeing the day to day operation of the centre and were scheduled to work from 9am to 5pm Monday to Friday. There was one social care leader in post whose role was to support the social care manager with the day to day operations in the centre. This person had a recognised qualification and some experience working in a social care setting but not with young people in residential care.

As noted this social care team was relatively inexperienced however there was an on-call system in place whereby staff members on duty can contact a manager to give guidance or advice. There was evidence of support from centre manager and senior line managers to the staff team.

From review of questionnaires submitted and from interview with the centre manager they identified mechanisms that were in place to ensure that the service was operating in accordance with the agreed policies and procedures to provide best quality of care provision. These included, their presence in the centre, listening to young people about their day to day experiences, management meetings, weekly team meetings, staff supervision, handover meetings, and professional/strategy meetings. Inspectors found that generally, in practice that these mechanisms were in place and working effectively to provide good governance across most aspects of care provision and day to day operations. One area of improvement is the signature of the social care manager on some documents including the handover book in which some deficits were noted. These are detailed later in this report. Inspectors found that the centre manager read the young people's individual records and had signed these on a consistent basis to evidence their oversight. In interview, the centre manager displayed a good insight into each young person's individual needs and that they had given direction to the staff team on planning and the management of behaviour. Observations of inspectors and records reviewed reflected that the social care manager spent time with young people.

Management meetings take place each month and were attended by the proprietor, the director of service, social care managers and the training officer for the organisation. Inspectors reviewed minutes of management meetings and found that the records reflected attention to issues including governance and auditing, training, on call arrangements, clinical input to young people's care, health and safety and team, dynamics.

### **Register**

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

## **Notification of Significant Events**

The centre had policy in relation to risk assessments and significant events. There was a system in place to record and notify the Child and Family Agency of all significant events relating to young people living in the centre. There was clear guidance to the staff team in relation to what constituted a significant event and how to manage and report these. There was evidence of direction from the centre manager to improve recording processes. There were agency specific procedures and recording systems and the policy stated that they would monitor and review significant events on a regular basis. This was generally done by the manager and social care team and then the clinical team. There was not yet a significant event review group in place within the organisation but it had recently expanded to a third centre and the centre manager informed inspectors that this was being considered.

A register of significant events was maintained for the purpose of oversight by the manager in the centre. Inspectors noted there were 16 entries on the register two of which were admissions and four of which were positive notifications.

Inspectors found that all notifications took place promptly and social workers who were interviewed confirmed that they were satisfied with how incidents were notified and managed. The centre manager ensured that significant events relating to one young person are also notified for the other young person if there was a possibility of negative impact on that young person.

All significant events were being reviewed by the clinical team and recommendations on interventions and practice guidelines were provided weekly. Inspectors found that there was an effective feedback loop from the clinical team to the social care team. During follow up to this inspection with social workers and centre management one inspector noted that there had been an increase in significant events being notified for one young person. Centre management must ensure that the issue of impact of incidents in the centre is carefully monitored and notified to the other young person's social worker where appropriate.

## **Administrative files**

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

Inspectors found that the social care manager had followed up with team members and took action on decisions made by staff following review of records. Most deficits identified in audits by the director were promptly rectified. Files were kept securely

and there was evidence of good oversight of financial management systems and records.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Staffing**

Inspectors found that the centre had adequate levels of staff to fulfil its purpose and function. However this was a newly established team and inspectors found that there was not a balance of experience on the staff team and also that there was not a staff member qualified to social care leader on each shift in line with best practice. The social care leader whose role was to support the manager and lead aspects of care provision including supervision had no prior experience working in children's residential centres. Given that they were taking on a very inexperienced team when opening this centre, it would have been more appropriate to ensure that the social care leader had significant experience in children's residential centres. Inspectors noted that the mentoring role was omitted (or noted as not completed) on the induction checklist for the social care leader. It is important, given this person's role that this part of the induction is completed in a timely manner. Further, there were sections of other staff inductions that had not been recorded as completed and this must be addressed.

Inspectors noted that there were however, some control measures in place to mitigate against the inexperience of the staff team. The director of social care was regularly present in the centre and met with both staff and young people. Further, the centre manager had implemented fortnightly supervision for staff to support them.

Inspectors reviewed a sample of personnel files and noted that each staff member had up-to-date Garda vetting and three verified references on file as required. Some staff files including the centre manager did not have a curriculum vitae and it is recommended that this is in place on each file. The management team was requested at initial registration to update curriculum vitae on staff files and this should be addressed without delay. With the exception of one staff member who was completing their studies in social care all staff were appropriately qualified. There was a document on file from the college which indicated that this staff member had attended in 2016 but no evidence that they were attending a course for the college year 2017 – 2018. There was evidence that there was an induction process to include policies and procedures, training and 'shadowing' other staff at the outset of employment. Some sections of the induction checklist were not completed for some

staff and it was not clear if these had been completed but not signed off, or not yet completed. This must be addressed as a matter of priority.

Review of key-working records, interviews with staff and observations of inspectors, evidenced that staff had an ability to relate to and communicate effectively with young people.

### **Supervision and support**

The centre had a policy on supervision which stated that staff should be supervised at at least once per month for one hour. The social care manager was supervised by the director of service and they supervised the social care leader and three of the staff team. The social care leader supervised the remainder of the staff team and this was explained by the social care manager as a way to ensure continued professional development of the social care leader. All staff members had an individual supervision contract. Supervision with the staff team was taking place within the required time frames and because of the inexperience of the team the preferred frequency at the time of inspection was every two weeks where possible.

In the context of the newly formed and inexperienced staff team and inexperience of the social care leader in children's residential centres, inspectors recommend that that social care manager takes responsibility for all staff supervision at this time. It is a small team and this work should be manageable alongside the other responsibilities of the social care manager. The role of social care leader can be developed over time and through a variety of extra responsibilities.

There was no clear effective link in supervisions with placement plans. This was however, addressed in the case manager meetings external to the supervision process and there needs to be a more effective link between the two.

The extensive supervision policy outlined a dual focus for the supervision process which included an operational focus and a developmental focus. The operational focus included review of job description, purpose and function of the centre, policies and procedures, building relationships, the progress of young people, care planning, keyworking, shift plans and record keeping. The developmental focus included the impact of the work, strengths and skills development, areas for improvement, team work and reflective practice. Inspectors reviewed a sample of the supervision files and found that goals stemming from supervision were only set in the professional development section. This needs to be addressed to include the aspects of supervision within the operational role as outlined above, and others such as

reflective practice and review of outcomes of interventions with young people. This will be further reviewed in the next inspection process.

There was a policy on staff support which aims towards high levels of staff autonomy. In order to achieve this it stated that this can only be achieved through a professional environment. This professional support outlined in the policy included, induction, training, professional supervision, incident de-briefing, on-call support and team meetings amongst others. While there was evidence of good practice and the social care workers expressed feeling supported by line management, not all of these were fully embedded in the centre at the time of this initial inspection and this should be addressed as part of a service improvement plan and on-going audits by senior management.

The team handover takes place daily and is attended by staff on shift, the staff members that are coming on duty and the centre manager. The inspectors attended a handover meeting and reviewed minutes of previous meetings. They found the process to be well organised, structured and facilitated the effective exchange of information. Staff starting shift initially read the records from the previous day and asked for clarification on any issues if required. There was a comprehensive account of the previous day and included a focus on pro-active planning for the young people for the day ahead. This however was frequently not completed on the handover template in the designated section. This had been picked up in an external audit in January but was not rectified. The handover was child focused and had a suitable emphasis on reflective practice and included guidance given from the clinical team or other specialist support professionals associated with young people.

Team meetings took place on a monthly basis and evidenced effective communication for the planning of care for young people through review of a keyworker report and each young person's behaviour support plan. Inspectors found that while these two documents were available for review, this discussion was not comprehensive enough on the minutes of the staff meeting. Inspectors could see that practice guidance had been updated following team meetings but the discussion to inform the decisions was not recorded fully. There was much more detail on the minutes in respect of practical issues, such as record keeping filing, petty cash and activities. While the social care manager and the director had attended the team meetings the clinical team had not yet attended any of the meetings. Not all the team had yet received training in the Cognitive Behaviour Therapy (CBT)/and Applied Behaviour Analysis (ABA) model of care and it may be useful for them to attend periodically to cement the link between the clinical input and the social care work. Inspectors found that there had been three

team meetings since the centre opened and that one staff member had missed two of these. Centre management must ensure that attendance at meetings is maximised to facilitate effective planning, particularly as meetings only take place on a monthly basis.

### **Training and development**

There was a policy in respect of the stated model of care which is underpinned and informed by Cognitive Behaviour Therapy (CBT) approach and uses the principles of ABA (Applied Behaviour Analysis). The policy states that all staff will receive training on the CBT Model of Care, ensuring an understanding of the concepts involved in its application. Inspectors found that in practice, that this has not yet happened and staff had been directed to some on-line training to give them an insight to this approach of working. Inspectors found that this was not sufficient. The placement proposal for the first young person to move into the centre indicated that all staff had been trained in this model of care and inspectors found this not to be the case. There was good guidance in practical terms from the clinical team to support staff in their interventions with young people. Nonetheless, in order to fully understand and implement the stated model each team member should receive the appropriate training as a matter of priority.

There was a policy in place in relation to staff training and this sees each staff member complete a training audit upon their employment which outlines a plan to address their specific training needs. There was evidence that training needs were discussed at length during the supervision process. Staff members were encouraged to take responsibility for identifying specific learning needs and for maintaining and updating their skills.

The policy stated that staff members are provided with mandatory training to include 'Children First: National Guidance for the Protection and Welfare of Children', a recognised behaviour management system to include the use of physical interventions, and Occupational First Aid. Inspectors found that all staff had recently (February 2018) received training in the 2017 revised version of Children First and training in the behaviour management system. Inspectors found that some staff had been working in the centre for a number of weeks without this behaviour management/physical intervention training and this should not happen.

Inspectors interviewed the organisation's training officer who outlined the provision of supplementary training to support the team in their work with the young people. Examples of this training included placement plans, risk assessments, report writing,

keyworking, trauma and attachment, medication management, self-harm, supervisee training, and stress management amongst others.

### **3.2.3 Practices that did not meet the required standard**

None identified

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 7, Staffing (Numbers, Experience and Qualifications- Part III, Article 16, Notification of Significant Events.*

### **Required Action**

- Centre management must ensure that all aspects of the staff induction process and checklist are completed and signed off.
- Centre management must ensure that the records of the supervision process include goals and actions for both the planning and professional development aspects of supervision.
- Centre management must ensure that all staff members receive training in the stated model of care.
- Centre management must ensure that all staff have received training in a recognised model to guide the use of physical interventions/restraint at the outset of employment.

### 3.5 Planning for Children and Young People

#### **Standard**

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

#### **3.5.1 Practices that met the required standard in full**

##### **Suitable placements and admissions**

There were two young people living in the centre at the time of this inspection, one of which was under 13 years of age upon admission to the centre and as such, there was derogation to the purpose and function for the centre. Both social workers interviewed by inspectors were satisfied that the placement was suitable and meeting the needs of their young person at this current time. During interview with the social worker for one young person they felt that their young person was struggling with the behaviour of the other young person in the centre. Inspectors recommend that this is carefully monitored and managed by strategy meeting if required. There were clear policies guiding the process of admission and transition to the centre. The young person interviewed was very clear about the reason for the placement and the social worker for the other young person confirmed that they had completed work with them to ensure they knew why they were in care and what to expect.

There was a young person's booklet in place which gave appropriate information about most aspects of the centre including pocket money bedtimes, visiting, phone calls etc. Inspectors recommend that the booklet is updated to include information in respect of room searches and the possibility that young people may have to be restrained to keep them or others safe. Young people were provided with information about Empowering People in Care (EPIC) who advocate on behalf of young people in the care system.

The centre was provided with information about young people prior to the placement and this information was used to conduct robust pre admission impact risk assessments. There were suitable systems in place to ensure safeguarding and manage possible negative impact by young people on each other.

### **Contact with families**

Where it was considered safe and appropriate, there were arrangements in place for young people to have access with family members as required by regulations. There was evidence that the team made arrangements to support family access and to help young people manage emotions relating to this through keyworking. Social workers confirmed that parents were kept informed about young people's progress through the placement.

#### ***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.

### **Supervision and visiting of young people and social work role**

There was evidence that young people were meeting their social workers regularly. One young person had met their social worker numerous times at appointments outside the centre and they were also due to visit them in the centre the week of this inspection. The other young person had been visited in the centre and also had reviewed their files whilst on site.

Social workers had provided background information in support of the transition to the placement. Both were due to send updated care plans to the centre and this must be completed as a matter of priority. The social care manager must inform inspection team when these documents are received.

Social workers confirmed that they received prompt notifications of all significant events which took place in the centre and were satisfied that they were managed appropriately. One young person was physically restrained on two occasions and the social worker confirmed that they were satisfied that the measure was proportionate and appropriate and that it had been reviewed by the centre management for any learning. They were satisfied that the use of physical restraint was a last resort and that the young person was doing well in the placement so far.

### **Emotional and specialist support**

The staff team, despite much inexperience showed a good awareness of the emotional need of the young people. One young person had been referred for a psychological assessment and this was being sourced by the social work department. The outcome of this assessment would guide further therapeutic input and in the meantime a psychologist was providing guidance to the team on how to manage the complex behaviours of the young person. A possibility of a referral for music therapy was being considered at the time of this inspection. The other young person was considering a return to a specialist service they had left before moving to this centre. Also, a re-referral to the Child and Adolescent Mental Health Service (CAMHS) was due to take place following decisions made at a child in care review in which the young person participated fully. There was evidence that the clinical team received and reviewed all risk assessments, behaviour support plans, placement plans, individual absence management plans and keyworking reports. Following this an action plan was sent weekly to the team to guide their interventions and practice with young people. This guidance followed a format that covered protective factors, risk behaviours, areas of need, and keyworking to be targeted. Senior management, the social care manager and the staff team reported that this is working effectively and they can see the benefit in helping young people manage complex and challenging behaviour. As mentioned previously it would be beneficial if all the team received the CBT/ABA training as a matter of priority so they can fully understand and implement the model of care in the direct work with young people.

### **Preparation for leaving care and aftercare**

Only one young person was the age for referral for an aftercare worker and they had been assigned one just prior to inspection. An aftercare needs assessment was due to begin and the young person was co-operating with this process. Preparation for independent living and aftercare was to be built into the care plan and placement plan at next review.

### **Discharges**

There have been no discharges from this centre since it opened in December 2017.

### **Children's case and care records**

Inspectors found that the social care manager was supporting the staff team (some of whom were quite inexperienced) to write professional, clear records in support of effective planning for young people. The training officer had provided training to the team and support was on-going in supervision. This was being monitored through the external audits. Clear action plans were provided and the social care manager signed

off on all identified actions when complete. With the exception of up to date care plans which were due following child in care reviews inspectors found that files were well maintained and contained all relevant information.

### **3.5.2 Practices that met the required standard in some respect only**

#### **Statutory care planning and review**

Both young people had recent care plans on file in the centre although the care plan for the young person under 13 years referred to their previous placement. This young person's plan was very detailed and gave a good assessment of their needs under the various headings of educational, social, emotional, behavioural, and health. While the care plan for the other young person was less detailed there was evidence that they had attended their child in care review meetings and had their views heard. There was some incongruence between the most recent placement plan and the care plan for this young person however the social care manager explained that the placement plan had been updated based on a recent child in care statutory review meeting but the updated care plan had not yet been received. The plans detailed arrangements for family access as required.

Both young people had statutory child in care review meetings take place in the weeks prior to this inspection. The social work department for the young person less than 13 years of age was meeting its requirement to hold statutory child in care reviews on a monthly basis in line with the '*National Policy in relation to the Placement of children aged 12 years and under in the Care or Custody of the Health Service Executive*'. Having interviewed the social worker for this young person they said they would send the most recent care plan to the centre as a matter of priority.

There was evidence that young people were helped to prepare for their review meetings and were being consulted about their plans suitable to their age and level of understanding.

Inspectors reviewed the placement plans, keyworking records and keyworking reports for each of the young people. The placement plans were comprehensive documents which generally related to goals set out in the care plans. Some but not all of the identified keyworking set out in the placement plans had been delivered across the month for the young people. Inspectors note that there were large numbers of goals and that they were possibly trying to achieve too much across the month when unplanned and opportunity led work was also factored in. This should be reviewed by centre management to ensure realistic targets. There was no clear review as to

how this work was being overseen and tracked by the centre management unless it was through case management meetings not all of which they attended. Inspectors recommend that this is reviewed. One young person was new to the centre and had one placement plan on file and the other young person had two placement plans but none on file yet for March 2018.

Each young person had a comprehensive 'practice guidance' document to assist staff to manage any known or predictable behaviours of concern and to support a structured daily routine. They also had a daily plan however, one young person's daily plan noted that they were in school between 9am and 3pm and this was not the case. They had no education placement and while all efforts were being made to source a school there was no educational aspect (even informally) included in the daily plan. This was not picked up in centre audits and should be amended.

### **3.5.3 Practices that did not meet the required standard**

None identified

### **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 25 and 26, Care Plan Reviews
- Part IV, Article 24, Visitation by Authorised Persons
- Part IV, Article 22, Case Files.

The centre 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 social care manager must have oversight of the placement planning process and ensure that goals are realistic, congruent with the care plan and tied to the supervision process.
- Supervising social workers must ensure that an up to date care plan is on file for each young person following a statutory child in care review. Inspectors should be notified when these are received by centre management.

- Centre management must ensure that the daily plan for each young person reflects the reality of their situation in respect of education and include an educational aspect to the young person's day if they have no formal tuition.

## 4. Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	<p>Centre management must ensure that all aspects of the staff induction process and checklist are completed and signed off.</p> <p>Centre management must ensure that the records of the supervision process include goals and actions for both the planning and professional development aspects of supervision.</p> <p>Centre management must ensure that all staff members receive training in the stated model of care.</p>	<p>Centre manager will sign off on all Induction checklists after the last day of induction. Timeframe: With immediate effect.</p> <p>Supervision templates will be adjusted to provide a section to reflect goals/actions for both the planning and professional development aspects of the process. Timeframe: With immediate effect.</p> <p>Model of care training has been arranged for all new staff. Training will be take place on 27<sup>th</sup> April 2018</p> <p>Timeframe: 27<sup>th</sup> April 2018</p>	<p>The external auditing process will ensure compliance with this action.</p> <p>Centre manager will use amended supervision templates.</p> <p>The external auditing process will ensure compliance with this action.</p> <p>Clinical management team and centre manager will ensure that going forward all staff members receive training in our model of care in a timely fashion. Regular discussions around the teams understanding of our model of care and its</p>

			<p>application will feature in team meetings. A member of the clinical team will attend team meetings on a quarterly basis.</p> <p>The external auditing process will ensure compliance with this action.</p>
3.5	<p>Social care manager must have oversight of the placement planning process and ensure that goals are realistic, congruent with the care plan and tied to the supervision process.</p> <p>Supervising social workers must ensure that an up to date care</p>	<p>Centre manager will develop will develop a more suitable placement plan for each young person in conjunction with key workers and the placing social workers to ensure that the goals are realistic, congruent with the care plan. Centre manager will ensure that this process is clearly tied to the supervision process.</p> <p>Timeframe: Immediate effect.</p> <p>Up to date Care Plans on file, received from supervising social workers.</p>	<p>Centre manager will approve all monthly placement plans prior to becoming a working document for the team.</p> <p>The external auditing process will ensure compliance with this action.</p> <p>Centre manager will conduct monthly case management meetings and will ensure that reference to these is included in the supervision sessions. Centre manager will supervise all staff within the team.</p> <p>The external auditing process will ensure compliance with this action.</p> <p>Centre manager will ensure to request up to date Care Plans from the supervising social</p>

	<p>plan is on file for each young person following a statutory child in care review. Inspectors should be notified when these are received by centre management.</p> <p>Centre management must ensure that the daily plan for each young person reflects the reality of their situation in respect of education and include an educational aspect to the young person's day if they have no formal tuition</p>	<p>Timescale: Completed.</p> <p>Centre manager will address this with the staff team in handover and at team meeting to ensure that daily plans and placement plans reflect the reality of the young persons' situation in respect of education. We will ensure that the educational aspect of their day is noted in situations where they are not attending formal tuition.</p> <p>Timeframe: Immediate at handover and at next scheduled team meeting</p>	<p>workers in writing and in a timely fashion following each CICR. Centre manager will update the inspectorate on receipt of care plans. This will be escalated within the social work department if not received.</p> <p>The external auditing process will ensure that this action is complied with.</p> <p>Centre manager will check and sign off on weekly planning to ensure this practice is in place. Team leaders to ensure that this action is being adhered to.</p> <p>The external auditing process will ensure compliance with this action.</p>
--	--	---	---