



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 034

Year: 2015

Lead inspector: Keith Beattie

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

Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Yeria Ltd.
Registered Capacity:	4 young people
Dates of Inspection:	10th, 11th & 12th March 2015
Registration Decision:	Registered without attached conditions from 31st of March 2015 to the 31st of March 2018
Inspection Team:	Keith Beattie Jackie Roche
Date Report Issued:	2nd November 2015

Contents

1. Foreword	4
1.1 Methodology	
1.2 Organisational Structure	
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.1 Purpose and Function	
3.2 Management and Staffing	
3.3 Monitoring	
3.4 Children’s Rights	
3.5 Planning for Children and Young People	
3.6 Care of Young People	
3.7 Safeguarding and Child Protection	
3.8 Education	
3.9 Health	
3.10 Premises and Safety	
4. Action Plan	37

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.

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 management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

1.2 Methodology

An application was duly made by the proprietors of this centre for continued registration on the 2nd of March 2015. This announced inspection took place on 10th 11th & 12th of March 2015 over a three day period and this report is based on a range of inspection techniques including:

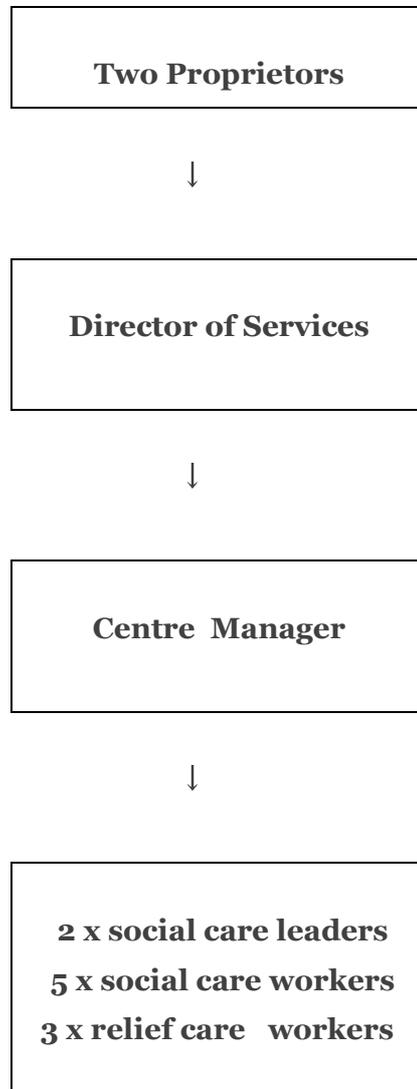
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) The centre manager
 - b) Twelve of the care staff
 - c) One young person who had previously resided in the centre
 - d) The social worker with responsibility for young person/people residing in the centre.
 - e) One other professional (TOPS co-ordinator).
- ◆ An examination of the most report from the monitoring officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of the former HSE.
- ◆ An examination of the centre's files and recording process.
- ◆ 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 manager
 - b) The centre's director of services
 - c) Four of the care staff
 - d) One young person
 - e) The godmother of a young person living in the centre
 - f) The monitoring officer

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

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health and Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on the 17th of June 2015 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres.

As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act **from 31st of March 2015 to the 31st of March 2018.**

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

None Identified

3.1.2 Practices that met the required standard in some respects only

The centre had a written statement of purpose and function, which indicated that the centre provided residential care for up to four young people aged between eleven and eighteen years of age. The purpose of the centre was to provide young people with a place of safety, where work is undertaken in consultation with social workers and families to prepare young people to return home or to move on to alternative care options. The centre manager and the director of services were responsible for ensuring that the statement was kept up-to-date and members of the staff team who spoke with the inspectors were familiar with the aims and objectives of the centre's statement. The centre's statement listed the key policies that inform practice and this information was available in an information booklet that was accessible to young peoples' families and social workers.

During an interview with the inspectors, the centre manager was clear that the centre provided residential care on a short to medium term basis. However, while the centre's statement was very comprehensive in most respects, it did not provide specific information on the duration of placements in the centre. The centre must ensure that its statement of purpose and function is amended to include this information.

3.1.3 Practices that did not meet the required standard

None Identified.

Required Action

- The centre must ensure that its statement of purpose and function is amended to include specific information on the intended duration of placements in the centre.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The organisational structure of the centre consists of two registered proprietors, a director of services, the centre manager, five relief staff and seven permanent social care workers, three of whom are team leaders. The centre manager was appointed in October 2014 and had previously worked for the registered proprietors in an alternative residential centre for a period of two and a half years. The centre manager was well qualified and had extensive experience of working in child care.

External management and oversight of practice in the centre was provided by a director of services who has worked for the registered proprietors for almost nine years. The director of services is a trained psychologist and has over twenty-five years experience in the development and delivery of therapeutic services to young people. The director of services was in daily contact with the centre manager, attended the weekly staff team meetings, and visited the centre on a regular basis. The director of services provided the centre manager with formal supervision and had delivered training to the staff team on matters pertaining to data protection and child protection. Inspectors interviewed a number of the staff team as part of the inspection and each of the staff were familiar with the management structure operating in the centre and there was evidence of effective communication and clearly understood lines of responsibility and accountability between the director of services, the centre manager and the staff team.

The centre had systems in place to assess the quality and effectiveness of the services provided by the centre, including frequent meetings between the centre manager and the director of services, well structured handovers, formal staff supervision, and regular staff team meetings.

Notification of Significant Events

The centre had a written policy on notifying significant events which indicated that notifications were sent to the director of services, the young person's social worker and the centre's designated monitoring officer. Notifications could also be sent to

other relevant persons including young peoples' Guardian ad Litem, the Gardaí and a young person's parents where appropriate. Notifications were sent in password protected emails and hard copies of the notification were placed on each young person's file.

In a report issued following an audit of the centre in February 2015, the centre's monitoring officer made a recommendation that the centre must ensure that there was clarity among the staff team as to what constituted a significant event. The recommendation was made based on the monitoring officer's view that the threshold for determining what events were notified by the centre was set too high, and that there were some instances of physical and verbal aggression, property damage and young people leaving the centre late at night that had not been notified as required. Inspectors spoke with the monitoring officer on this matter as part of the inspection. The monitoring officer informed inspectors that a number of discussions had taken place with the centre manager on the issue of notifications and the monitoring officer was satisfied that the centre had developed an improved awareness of the notifications processes. At the time of the inspection, there was sufficient evidence to indicate that significant events were being notified promptly and appropriately. The only exception in this regard was on the occasion of a young person's discharge from the centre, which was not notified as required. The centre must ensure that the details of young people being admitted and discharged from the centre is notified in accordance with the centre's policy on notifying significant events.

The centre conducted monthly significant event review group meetings. This group comprises of the centre manager, the manager of a second children's residential centre operated by the proprietor, the manager of an independent, private children's residential centre, the director of services and an external instructor in Therapeutic Crisis Intervention. The group conducted professional reviews of significant events that had taken place within the previous month in each of the three residential centres. Issues considered included the precursors to significant events, the quality of the responses to significant events and the impact of such events on young people, staff and significant others.

Supervision and support

The centre had a written policy on supervision, which was in-line with the Tusla national staff supervision policy. The director of services supervised the centre manager who in turn provided supervision for the core staff team and three of the four relief staff. One of the team leaders provided formal supervision for the remaining relief staff member. Evidence of lapses in supervision was noted by the monitoring officer following a monitoring audit in February 2015. This had been fully

addressed by the centre and at the time of the inspection, the delivery of formal staff supervision was up to date. Inspectors noted the quality of the supervision records, which demonstrated an effective link between supervision and the implementation of individual placement plans. To fully support the delivery of regular formal staff supervision, the director of services must ensure that records of staff supervision are reviewed regularly and signed off as confirmation of the review process.

Staff team meetings were held in the centre on a weekly basis. The minutes of staff meetings reviewed as part of the inspection demonstrated a child-centred approach, with evidence of guidance being provided by the centre manager and an identification of the staff members' responsible for completing agreed tasks with set timeframes for task completion or review.

As part of the inspection process, inspectors attended one of the daily handover meetings. The meeting was chaired by the centre manager and was attended by the staff teams coming on duty and going off duty. Inspectors were provided with evidence that this was the usual structure and format for handover meetings in the centre. Inspectors found the handover meeting to be well structured and focussed. On-call support was delivered to the staff team on a rotational basis outside office hours by the centre manager and two of the social care leaders. A review of the records on-call contact provided evidence of good guidance and support from the person on-call. Following interviews with a number of the centre staff, inspectors noted how each staff member spoke of the support they received from the director of services, the centre manager and from each other, as a crucial component in the overall support structures operating in the centre.

Training and development

A review of the training audit maintained by the centre manager indicated that the delivery of mandatory training in Therapeutic Crisis Intervention (TCI) and the revised model of Children First: National Guidance for the Protection and Welfare of Children (2011) were fully up to date. Refresher training in TCI had been booked for relevant staff members where necessary. The majority of the team had received training in manual handling while four team members still required this training at the time of the inspection. All of the team had up to date fire safety training and all but one of the staff had received training in first aid. The centre had also provided training in a number of other disciplines including, Response Abilities Pathways and report writing. The team had also attended workshops in drugs awareness delivered on two occasions by an addiction specialist from the Assessment, Consultation and Therapy Services team. The staff had received training from the Northside Inter-Agency Project in optimum ways of working with young people who exhibit

sexualised behaviour. Inspectors found that in general, that the centre recognised the importance of ensuring that the staff had access to a broad range of training that was consistent with the needs of the service.

Administrative files

The centre maintained a number of administrative files and records detailing the performance and operation of the centre. Such records included staff rosters, supervision records and minutes of meetings held in the centre. The centre kept records of all contact with family members, young peoples' social workers and other professionals. The centre populated various registers, including a fire register, a register of health and safety checks and a register of significant events. The centre maintained on-call records, which contained details of the contact made with, and the guidance given by the person on-call. All of the registers reviewed during the inspection were signed and dated by staff and checked by the centre manager. Inspectors recommend that the director of services provides greater evidence of their oversight of the administrative files by signing the records and registers on a more regular basis and recording any comments or observations pertaining to the documents.

Most of the administrative records were typed and accessible in electronic and print formats. The required information was accessible, clearly written and legible. In general, the records reviewed as part of the inspection provided good evidence of effective management and accountability and were in line with the Freedom of Information Act (2014) as required. Care practice in the centre was guided and informed by a policy document entitled, *Children's Residential Care Policies and Procedures*, which had been adapted from the policy documents developed in Dublin North East. In the interests of accuracy and accessibility, the centre should amend the 'Table of Contents' in this document to reflect the actual page on which the various policies and procedures appear, as this was inaccurately indicated in the copy of the policy document received by the inspectors.

The centre management oversaw the centre's financial systems and protocols and took responsibility for purchases and budgeting in the centre. Records of its internal financial management systems were maintained by the centre, and regularly audited by the registered proprietors.

3.2.1 Practices that met the required standard in some respects only

Register

The centre maintained a register of all admissions and discharges to and from the centre. At the time of the inspection, the register did not contain the destination of discharge for some of the young people who had been admitted and discharged from the centre. The centre must ensure that the full destination of a young person's discharge is entered in the register. A duplicate of the centre's register was maintained centrally by the Tusla Child and Family Agency.

Staffing/ Vetting

Excluding the social care manager, the centre had a core team of seven social care workers. This number was augmented by a panel of five relief social care workers. All members of the core staff and relief staff teams had relevant qualifications. At the time of the inspection, the centre operated a shift pattern whereby two staff members worked a twenty-four, sleepover shift. The number of staff on duty on a daily basis could be increased to accommodate the number of the young people living in the centre and the presenting needs of the young people. As a rule, the centre did not provide live-night cover, but this too was available when deemed necessary. As the centre had only recommenced operations in September 2014, the team was relatively new at the time of the inspection. However, early indications suggested that team members had already learned to work well together and in general, the team presented as a skilled and cohesive unit.

The centre had a formal staff induction programme, which was developed and delivered by the centre manager and the director of services. Evidence of the induction process was gathered by inspectors during interviews with the centre management, members of the staff team and by a review of the staff personnel files. The staff induction programme included information and training on the centre's purpose and function and on the policies and procedures that inform practice. New staff were initially rostered on a supernumerary basis and were required to work a number of day and overnight shifts during which they 'shadowed' core team members. Notwithstanding the fact that this was a relatively new staff team, inspectors found that there was a high level of commitment and child-centred approaches underpinning practice. The team demonstrated a clear understanding of the centre's strengths-based model of care, and they had proved consistent, resilient and positive in their management of some very difficult behaviour presented by the young people. This is a testament to the capacities of the individual staff team members and to the robust recruitment and induction processes employed in the centre.

The inspectors reviewed all of the centre's staff files and found that there were a number of issues that required attention. While each staff file reviewed had confirmation of Garda clearance, police clearance for a staff member who had worked in another jurisdiction was not available as required. Garda clearance and references for a staff member who had commenced employment in the centre having worked in another centre, had not been updated as part of the move to the current position in the centre. Not all of the staff had three verified references received from referees who have acted in a supervisory capacity to the person on whose behalf the reference is provided. On a number of occasions, inspectors found that the reference forms used by the centre were not fully signed and dated and copies of training certificates, academic qualifications and verification of academic qualifications were not available on every file as required. The centre must conduct a full review of the staff files to ensure that all of the staff files contain all of the information required. As this issue has arisen before in a previous inspection report, the centre must ensure that information on staff files is routinely checked to ensure that they are consistently maintained.

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

- The centre must ensure that details of young people being admitted and discharged from the centre are notified in accordance with the centre's policy on notifying significant events.
- The centre must ensure that the full destination of a young person's discharge is entered in the register.

- The director of services must provide greater evidence of their oversight of the administrative files by signing the records and registers on a more regular basis and recording any comments or observations pertaining to the documents.
- The director of services must ensure that records of staff supervision are reviewed regularly and signed off as confirmation of the review process.
- The centre must conduct a full review of the staff personnel files to ensure that all of the staff files contain all of the information required.

3.3 Monitoring

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children’s residential centres.

3.3.1 Practices that met the required standard in full

The centre’s designated monitoring officer carried out an unannounced monitoring visit in the centre in November 2014. A report on the outcome of this visit was issued on the 25th of February 2015. The monitoring officer recorded an overall positive view of the centre, with particular emphasis being placed on the positive nature of the relationships between staff and young people, and the quality of planned and opportunity led key-working with young people.

The monitoring officer’s report made a total of sixteen recommendations including amendments to the centre’s statement of purpose and function, updated mandatory training and improvements to the centre’s complaints processes. Inspectors found that the majority of the monitoring officer’s recommendations had been addressed or were in the process of being addressed at the time of the inspection.

The young person who spoke with inspectors during the inspection did not appear to be aware of the role of the monitoring officer or the fact that the monitor received notifications of significant events from the centre. During the visit to the centre in November 2014, the monitoring officer met with the young people in the centre at that time. The fact that this visit had been forgotten by the young person by the time of the inspection in March 2015 emphasises the importance of reminding young people of the identity and role of the monitoring officer on a regular basis. In order to fully inform young people on the range and role of professionals who are involved in the delivery of care, the monitoring officer and centre must ensure that each young

person is regularly informed of the role and function of the monitoring officer and is provided with information on how they may contact the monitoring officer should they wish to do so. Given the intended short-term nature of placements and the potentially high turnover of young people, this information should form a routine part of the key working arrangements in the centre.

3.3.2 Practices that met the required standard in some respects only

None identified

3.3.3 Practices that did not meet the required standard

None identified

3.3.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards*

3.4 Children's Rights

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

3.4.1 Practices that met the required standard in full

Consultation

A review of the young peoples' files provided evidence of consultation with young people. Young people were consulted on the care planning and review processes and were encouraged to engage with their key-workers in devising their placement plans and weekly plans. Young people were invited to contribute to the generation of their daily logs in a section entitled 'young person's voice'. Inspectors found evidence that the centre facilitated weekly house meetings, where young people were invited to express their views and opinions on any internal or external matters that may be causing them concern. At the time of the inspection, the fact that there was only one young person living in the centre meant that the weekly meetings were not scheduled and the young person was widely consulted with on a regular basis. An advocate from Empowering People in Care (EPIC) had visited the centre and met with the staff team

on the 28th of January 2015. The young person in the centre on the day had chosen not to meet with the EPIC representative. EPIC literature was readily available to young people in the centre, and in general, there was clear evidence available to the inspectors to indicate that young peoples' views and opinions were sought and considered.

Complaints

The centre had a written policy on complaints, which outlined the complaints procedures and provided information on how complaints could be made. The policy provided details on the timeframes governing the complaints process, and how the outcome of a complaint could be appealed if required. Parents' and young people were advised of their rights to make a complaint about any aspect of service provision in an information booklet and a young person's booklet, which was given to parents and young people during or shortly after the young person's admission to the centre.

The centre maintained a complaints register, which indicated that four formal complaints had been received by the centre since it re-opened in September 2014. None of the complaints were made by the young people. All of the complaints related to a neighbour expressing significant dissatisfaction regarding the behaviour of two of the young people living in the centre at that time. While the centre had developed a risk management plan in response to this and to prevent it from happening in the future, this remains a matter that requires constant attention and monitoring by the management if the centre is to maintain a good standing in the local community. Information provided to the inspectors by the centre's monitoring officer following the inspection indicate that an amicable agreement had been reached between the neighbour and the centre, who have given a firm commitment ensuring that it will do its utmost to prevent a reoccurrence of this type of behaviour.

Access to information

The centre had a written policy that provided the staff team with guidance on how to manage requests by young people for access to their information. Under the policy, young people were made aware of their right to access their personal information during their admission to the centre. The centre manager informed the inspectors that the centre had an 'open access policy', whereby young people's right to gain access to information contained in their logbooks and care files, is promoted and facilitated. As a safeguarding strategy, information considered likely to be detrimental to the well-being of the young person, or which contained third-party information was filed separately in the confidential section of the young person's care file. Young people

were not given access to such reports until the supervising social worker, the author(s) of the report and the centre management considered it safe and appropriate to do so. The manager informed the inspectors that that the young people occasionally read their daily log books but otherwise did not seek to access their files and tended not to sign or contribute to the completion of the daily logs or other records. Staff team members who spoke with the inspectors were clear on how to manage requests by young people to access information held in the centre.

During their brief meeting with the inspectors, the young person living in the house at the time of the inspection confirmed that they were aware that they could read and sign their files if they wished to do so. Inspectors found evidence of the young person being invited to contribute to their daily reports on a number of occasions and information on accessing and contributing to information was contained in the young person's booklet.

3.4.2 Practices that met the required standard in some respect only

None identified

3.4.3 Practices that did not meet the required standard

None identified

3.4.4 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 II, Article 4, Consultation with Young People*

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

A review of the files of the young people, past and present, provided sufficient evidence to indicate that where appropriate, the young people in the centre were actively encouraged to maintain contact with their families. The centre facilitated any appropriate contact that young people requested and were led by the wishes of the young people in this regard. The centre maintained regular contact with the relevant social work departments on all matters pertaining to family contact.

Young people had access to the house phone to contact family where appropriate. Where required, the centre could arrange access to a private room specifically for family meetings or access visits as required.

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

The young person living in the centre at the time of the inspection had an allocated social worker as required, and social work visits to this young person and to the other young people who had lived in the centre had taken place in accordance with regulations. There was evidence to indicate that on some occasions, the social worker for the young person living in the house at the time of the inspection had called to the centre but the young person had refused to meet. The centre manager informed inspectors that the social workers read young peoples' files from time to time. The centre maintained a record of all contact with social workers' and information detailing the nature of the contact and any decisions and that were agreed as a result of the contact was maintained on a specific register.

Social Work Role

The centre manager informed inspectors that the centre was satisfied with the amount and the quality of information and documentation that the centre received from social workers prior to or during an admission to the centre.

The allocated social worker for the young person living in the centre at the time of the inspection was interviewed as part of the inspection of this centre. The young person's social worker felt that the management and staff team were personally invested in the welfare of the young person, and despite presentations of challenging behaviour by the young person; the management and staff had demonstrated high

levels of commitment to working with the young person. The social worker indicated that he was satisfied that the young person he represented was safe and well cared for and commented on the positive relationships that the young person had formed with the management and staff, and in particular with their principal keyworker. The young person's social worker informed inspectors that the centre provided him with regular updates on the young person's progress and other developments, including the delivery of weekly keyworking reports. Initial difficulties regarding the notification of significant events between the centre and the young person's social work department had been resolved and there was evidence to indicate that in general, young peoples' social workers were informed promptly of all significant events as required. From discussions with the social worker and the centre management and staff, it appeared that the relationship between the centre and the placing social work department was productive and conducive to collaborative placement planning.

Emotional and specialist support

Throughout the inspection, the management and staff demonstrated a good knowledge and understanding of the emotional and specialist needs of the young people past and present. There was sufficient evidence to demonstrate that the centre had responded appropriately to these needs. Through interviews with staff and a review of the young peoples' care files, inspectors found that there was a good standard of access to specialist services. Inspectors found evidence of appropriate communication between the centre and the specialists, including a psychologist attending staff team meetings to discuss strategies for working with a young person. There was evidence that the recommendations of specialist professionals were reflected in the centre's work with the young people. Among the challenges facing the centre in the delivery of emotional and specialist care, were the relatively low levels of engagement and willingness by the young people to attend specialist appointments it arranged on behalf of young people.

The centre operated a co-key worker policy and where possible, the views of young people were sought during the allocation of key workers. There was significant evidence of planned and opportunity-led individual key-working on young peoples' files, though clearer evidence of the co-relation between the young person's care plan, the placement plan and structured key working sessions was required. The centre must ensure that records are maintained that more clearly demonstrate the relationship between the young person's care plan, the placement plan and structured key working sessions.

Preparation for leaving care

Due to the limited duration of the placements offered by the centre, the work undertaken with young people was focussed on achieving a set of short-term placement goals to prepare young people for moving from the centre, and commenced at the outset of the young person's placement. Through interviews with the management and staff and a review of care files for the young people past and present, inspectors found that focussed work was being carried out with young people to assist them to develop their social skills and to participate in life skills programmes and that this work was appropriate to the young person's age, understanding and maturity.

Aftercare

At the time of the inspection there was no requirement to allocate an aftercare worker for young people or to commence the arrangements normally associated with young people preparing to engage with the aftercare services.

Children's case and care records

Inspectors found that young peoples' files were well organised and contained all of the required information. The filing system provided clear evidence of planning and facilitated ease of access for review and inspection. Reports were categorised into clearly labelled folders and were filed in an accurate chronological order. Inspectors found that reports generated by the staff team were written in a manner that was not only factual and informative, but also demonstrated a positive approach to care delivery and evidenced the high regard in which young people are held by the management and staff of the centre.

There were governance and systems in place to ensure that the centre manager and the director of services maintained an oversight of the records. Inspectors recommend that the director of services provides evidence of her oversight of young peoples' care records by signing such records on a more regular basis. Inspectors found that young peoples' care files were stored safely and securely. The centre keeps young peoples' care files in perpetuity and all relevant historical records are archived and can be easily accessed as required.

3.5.2 Practices that met the required standard in some respects only

Suitable placements and admissions

The centre's statement of purpose and function outlines the centre's capacity to receive admissions with little or no notice where it is deemed in the best interests of the young person being admitted, and unlikely to adversely affect the current young people. Accordingly, the centre can accommodate new placements within twenty four

hours of the placement being agreed by all concerned. The placements for all of the young people who had been admitted to the centre since it reopened in September 2014 had taken place at short notice.

The centre received referrals from the national central referrals committee. All referrals were assessed by the centre manager in consultation with the director of services and were based on the information received during the referrals process and by the outcome of a pre-admission risk assessment. The centre manager informed the inspectors that the decision to proceed with referrals was strongly influenced by the possible impact of a new referral on the existing client group. The director of services cited a number of cases where referrals were declined by the centre on the basis that the behaviour of the young person being referred was likely to have a detrimental effect on one or more of the young people already living in the centre. Once a referral was agreed, the centre developed a placement plan and an induction schedule was agreed and implemented. The centre manager advised inspectors that ideally, an induction programme would be employed as part of the admissions process to enable the centre staff and other professionals to assist young people in understanding the reason and the purpose of the placement and to give the young person an opportunity to become familiar with all aspects of the centre including information on their rights and responsibilities.

While pre-admission risk assessments had been carried out prior to each placement, it appears that the known, predictable and identifiable risks associated with all placements were not sufficiently considered in the decision to proceed with the placements. In particular, the likely impact that the young people would have upon each other and the high potential for a breakdown of one or all of the placements appears to have been underestimated. A social worker for the a young person who was admitted to the centre raised concerns with the centre's monitoring officer that they had not been fully consulted as part of the pre-admission risk assessments for the second and third admission to the centre.

While there are policies and protocols in place to govern the admissions process and sufficient evidence to suggest that all of the admissions to the centre have taken place in accordance with policy, the disproportionately high number of unplanned discharges from the centre in the short period since its reopening indicate that there are some deficits in the admissions processes employed in the centre that require a stringent examination. A recommendation pertaining to the centre's referrals and pre-admissions processes is made later in this report.

Statutory care planning and review

In general, care plans examined were of a good standard and clearly outlined the aims of the placement. The centre manager informed inspectors that the young people had attended their entire statutory review meeting, and were regularly consulted in the development of their placement plans.

Inspectors reviewed the files of the young person living in the centre at the time of the inspection, and the two young people who had been admitted and discharged since the centre reopened in September 2014. Notwithstanding the absence of an up to date care plan for one of the two young people who had been discharged from the centre, inspectors noted a lack of individualised daily and weekly placement plans that placed sufficient focus on the delivery of short to medium term goals for both of these young people. The inspectors observed that their placement plans were very broad and anecdotal and did not adequately describe the daily and weekly tasks that were required to achieve any agreed short term goals. Plans did not consistently identify the staff members designated to complete the tasks, or set deadlines for task completion and/or review. As a result, it was often difficult to measure or determine the efficacy of any of the interventions or the outcomes achieved. While the centre is demonstrating clear signs of improvement in the generation of placement plans, it must ensure that placement plans operate more specifically within the wider care plans being developed by the placing social work departments, and that they include evidence of focussed, individualised daily and weekly planning that reflects its purpose and function as a short to medium term residential care placement. Placement plans must include details of the staff member(s) identified to complete tasks and the timeframes for completion and/or review of the tasks identified.

Discharges

The centre had a written policy on discharges indicating its commitment to ensuring that young people leave the centre in a planned and structured way that is in accordance with their statutory care plans. The policy also acknowledges that there are extraordinary circumstances when the young people may need to be discharged for the safety of all concerned. The decisions regarding discharges are taken by the centre manager and the director of services in conjunction with the referring social work department. Records reviewed during the inspection indicated that of the three young people admitted to the centre from September 2014, two young people had been discharged from the centre in an unplanned manner that was not in accordance with their statutory care plan. In both cases, the young people had exhibited levels of challenging behaviour that was deemed to make their placements untenable.

While there is evidence of good care practice delivered by a committed team in a safe and suitable environment; the fact that there have been poor placement outcomes for two of the three young people placed in the centre do date, indicates that there are still a number of aspects pertaining to the admissions and behaviour management processes in the centre that require further examination. At the time of the inspection, a report of a review of the unplanned discharge placement for one of the young was available. The centre had not conducted a similar review for the second young person who had been discharged in an unplanned manner. In order to be completely versed on the full range of circumstances surrounding unplanned discharges, the centre must have access to comprehensive unplanned discharge review reports and must consider the generation and examination of these reports as a crucial aspect in the understanding the possible causes of unplanned discharges from the centre. Inspectors recommend that the centre conducts a retrospective review of the second unplanned discharge which examines all aspects of the young person's placement from the referral to the discharge, in order to determine where future changes could be made that would minimise the likelihood of further unplanned discharges from the centre.

3.5.3 Practices that did not meet the required standard

None identified

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

Regulations 1995

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

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

-Part IV, Article 22, Case Files.

-Part IV, Article 24, Visitation by Authorised Persons

Child Care (Placement of Children in Residential Care) Regulations 1995

-Part V, Article 25and26, Care Plan Reviews

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- The centre must ensure that placement plans operate more specifically within the wider care plans being developed by the placing social work departments, and

that they include evidence of focussed, individualised daily and weekly planning that reflects its purpose and function as a short to medium term residential care placement. Placement plans must include details of the staff member(s) identified to complete tasks and the timeframes for completion and/or review of the tasks identified.

- The centre must conduct a retrospective review of the unplanned discharges of one young person, which examines all aspects of the placement, from the referral to the discharge, in order to determine where future changes could be made that would minimise the likelihood of further unplanned discharges from the centre.
- The centre must ensure that end of placement reports are generated and placed on the young person's file regardless of the nature of the discharge.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Provision of food and cooking facilities

The young people are closely consulted with regard to the meals served in the centre and young people occasionally helped staff to prepare meals in the centre. Staff were aware that the young people's favourite meals and these were served on a regular basis. Staff shared mealtimes with the young people whenever possible which according to staff was 'a few times a week'. The young people declined an invitation to join the inspectors and staff for a meal during the inspection. In general, there was sufficient evidence for inspectors to form the view that the centre placed an emphasis and a value on providing healthy and well-balanced meals to the young people in its care. The kitchen in the centre was spacious and well equipped and was maintained to a high standard.

A young person, who spoke briefly with the inspectors, indicated that they liked the food that was served in the centre and could go into the kitchen and have snacks whenever they wished to do so.

Race, culture, religion, gender and disability

The centre had a written policy on recognising diversity and anti-discrimination. Staff encouraged young people to maintain appropriate contact with their families as a source of heritage and identity. The young person living in the centre at the time of the inspection did not place any particular requirements on the centre to address specific cultural requirements with regard to food or particular ethnic practices. The young person had reached some of their religious milestones and was facilitated by staff to attend any religion services or ceremonies should they wish to do so.

Managing behaviour

Inspectors found up to date ICMP's and a recently reviewed placement plan on file in the centre. The centre routinely conducted risk assessments to assist in the development of plans to manage behaviours of concern. The centre had written policies on behaviour management including a policy on sanctions that stated what sanctions are permitted and prohibited. The centre had a register for recording the use of sanctions and consequences, which indicated that there was a minimal use of sanctions as a behaviour management strategy and that sanctions were administered appropriately, were subject to managerial oversight and were used only when natural consequences had proved ineffective.

The centre's overall approach to working with young people was informed by the Response Abilities Pathways (RAP) model. The RAP model believes that to succeed in the face of risk and challenge, young people need adults and peers who respond to their needs rather than react to problem behaviour. RAP training intends to provide these "response-abilities" to all who deal directly with young peoples' experiencing conflict in school, family, peer group. The aim of RAP is to turn problems into positive learning opportunities. At the time of the inspection, all of the staff team had received date training in the RAP model and the staff members who spoke with the inspectors demonstrated a good understanding of the model and how the principles of RAP informed the overall approach to care in the centre.

Inspectors found that the centre was making every effort to deliver behaviour management strategies in a planned and pro-active way. It was evident too that in general, the management and staff team were very supportive of each other and it was the informed and supportive relationships that management and staff had developed with the young people that underpinned the behaviour management strategies employed in the centre. However, a review of the significant events that occurred in the centre indicates that at times, the centre struggled to effectively manage the behaviour presented by the young people. Inspectors believe that the difficulty in successfully managing high levels of challenging behaviour was not caused by a lack of policy, training or commitment from the management and staff,

and was largely due to a volatile mix of young people that could arguably have been predicted to have caused the difficulties that subsequently emerged.

Restraint

The centre had a policy on the use of physical restraint and a register in which to record any incidences where this intervention was employed. Staff had been full trained in TCI as required. Information provided by the centre indicated that no physical intervention had been employed since the centre re-opened in September 2014.

Absence without authority

The centre's procedures for managing episodes of unauthorised absences was informed by the Joint National Protocol for Children Missing from Care developed in 2009, and the centre's local policy on managing unauthorised absences. Inspectors found that young people past and present had individual absence management plans on file and that the format was correctly utilised and notified in accordance with guidelines. While there had been some incidences of absences involving two of the young people who had previously lived in the centre; at the time of the inspection, there was a low frequency of episodes of children missing from care under the terms of the joint protocol and low levels of risk associated with the absences that did occur.

3.6.2 Practices that met the required standard in some respect only

None identified

3.6.3 Practices that did not meet the required standard

None identified

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

-Part III, Article 12, Provision of Food

-Part III, Article 11, Religion

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

Safeguarding

The centre had policies on child protection and safeguarding practices including policies on staff recruitment and vetting, complaints, staff supervision, consultation with young people and family access. The members of the staff team interviewed as part of the inspection had a good knowledge of the safeguarding procedures operating in the centre. A young person who met with the inspectors was familiar with their rights and could identify a person or persons on the staff team to whom they could raise any concerns.

The inspector's interviews with the centre manager and some members of the staff team suggested that there were improvements to be made to the centre's overall awareness of making protected disclosures under the Protected Disclosures Act 2014. This Act outlines the protocols for making a protected disclosure, whereby staff can raise concerns regarding potential wrongdoing that has come to their attention in the workplace in the knowledge that they can avail of significant employment and other protections if they are penalised or suffer any detriment for doing so. To ensure that the staff team are fully aware of this important legislation, the centre must ensure that information on the Act, and how the Act informs safeguarding strategies in the centre is addressed as a fixed item on the staff meeting agenda.

3.7.2 Practices that met the required standard in some respect only

None identified

3.7.3 Practices that did not meet the required standard

None identified

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

3.7.4 Practices that met the required standard in full

Child Protection

The centre had written child protection policies and procedures, which were consistent with the national guidelines laid out in Children First. As mentioned previously in this report, all members of the staff team had up to date training in the revised, 'Children First National Guidance for the Protection and Welfare of Children' (2011). The centre manager was the centre's nominated child protection co-ordinator and acted in consultation with the director of services in the notification of any identified child protection concerns. Members of the staff team who spoke with the inspectors seemed clear on their obligation to report child protection concerns to the centre manager or elsewhere as required. The centre had made two child protection concerns since it reopened in September 2014. Both of the concerns related to a young person who is no longer in the care of the centre. At the time of the inspection, the centre manager was unsure of the status of the concerns raised and had written to the relevant social work department to seek clarification in this regard.

3.7.5 Practices that met the required standard in some respect only

None identified

3.7.6 Practices that did not meet the required standard

None identified

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

The centre had made considerable efforts to incentivise school attendance and readily facilitated attendance at the school if the young person chose to attend. At the time of the inspection, the centre manager indicated that an alternative school placement was being sought, and following this inspection, the registration and inspection service was informed by the centre manager that the centre had successfully secured the alternative placement, and that while the young person's attendance was very poor, that the centre, in close consultation with the young person and the 'new' school, was exploring ways to ensure that the young person attended on a more regular basis. The young person's social worker informed

inspectors that he would like the staff to be more challenging of the young person with regard to the young person's unwillingness to attend school on a more regular basis and the centre should satisfy itself that absolutely every effort is being made to improve the young person's school attendance.

The centre manager informed inspectors that the young person had not had a recent educational assessment but that an imminent psychological assessment would determine if this was required, and if so, it would be arranged without delay.

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

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

While the centre made every effort to ensure that young people could remain in the care of their own doctors during their placement in the centre; all of the young people admitted to the centre had access to the services of a local doctor. Young people being admitted to the centre were offered a medical assessment as part of the admissions process. Records show that all of the young people, past and present, had medical cards in their own name. There was evidence available on young peoples' files to indicate that the centre attended to the general, dental and ophthalmic health of the young people.

Health education programmes were built into young people's placement plans and key-working goals, and part of the role of the key-worker was to ensure that appropriate guidance was given that was contingent on the age and stage of development of the young person, on issues affecting their health and well-being. There was evidence available to inspectors to indicate that the centre was taking every opportunity to deliver these programmes through formal and informal work with the young people.

The centre operated a no-smoking policy in line with current legislation and smoking in or around the centre was prohibited for young people and staff.

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 has 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 has 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)*

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The centre was a detached two-storey property that comprised of six bedrooms, all of which were en-suite and two of which was located on the ground floor, which was also comprised of a sitting room, the staff office and a spacious kitchen /dining area. One of the ground floor bedrooms was designated for use by one of the two staff on sleepover shifts. The second floor was comprised of a bathroom, a small landing and the four remaining bedrooms, one of which doubled as that manager's office and the second staff sleepover room. The centre was warm and welcoming, in good structural repair and was decorated and maintained to a very good standard. The centre was adequately lit, heated and ventilated and the cooking and laundry facilities were domestic in nature. Each young person had their own bedroom and was involved in decisions regarding house décor as far as was practicable. The furnishings and facilities were of a high standard and were adequate for the number of young people

living in the centre. The centre had adequate insurance against accidents and injuries to young people; a copy of which was made available to the inspectors during the inspection. The size and layout out of the centre made it suitable for its function as a children's residential centre.

Maintenance and repairs

The centre manager was responsible for ensuring that all of the maintenance issues in the centre were notified and completed. Maintenance work was carried out or commissioned by one of the registered proprietors, and records of maintenance requested and completed were maintained by the centre. Inspectors reviewed the maintenance records and found that requests for maintenance were attended to without delay. At the time of the inspection, the centre was in a very good state of repair.

Safety

The centre had a comprehensive safety statement, which was updated on the 16th of February following a recommendation from the monitoring officer. The statement named the centre manager as the person with responsibility for executing the safety management programmes in the centre. The centre manager had appointed a member of staff as the designated health and safety representative. Following a recommendation from the monitoring officer, full records of all of the health and safety audits had been maintained by the centre since the beginning of December 2014 and this evidence was available to inspectors, confirming that the centre conducted internal safety checks and audits on a regular daily, weekly and monthly basis as required.

There was evidence available to the inspectors to indicate that the administration of medication was recorded appropriately and that medication was stored securely and disposed of safely as required. While some members of the staff team had up-to-date first aid training there was a small number of staff members who still required this training.

The centre had recently taken delivery of a new car and one of the registered proprietors had the responsibility of ensuring that the centre vehicle was roadworthy, taxed and insured. Inspectors had sight of the insurance policy for the vehicle as part of the inspection process and copies of the staff driving licences were maintained securely on file. The centre had not yet purchased a first aid kit for the centre vehicle but made a commitment to do so without delay.

3.10.2 Practices that met the required standard in some respect only

Fire Safety

The centre provided the inspection services with a copy of written confirmation from a certified engineer that all statutory requirements relating to fire safety and building control had been complied with. The centre had systems and processes in place to deal with the risk of fire and arrangements for detecting, containing and extinguishing fires including the maintenance of fire-fighting equipment. Fire extinguishers were scheduled to be inspected annually by an external engineer and at the time of the inspection, this process was up-to-date. Regular fire drills were carried out in the centre. The drills took place on a monthly basis and young people were actively encouraged to participate in the fire drills. On occasion, some young people had refused to participate in the fire drills despite encouragement from staff. Records of this process were maintained as required. All of the staff team had up to date training in fire safety and evacuation procedures as required. During the health and safety checks conducted by an inspector and the centre's health and safety officer, a question arose regarding the sufficiency of the illuminated fire safety signage on the landing adjacent to the two upper bedrooms. Inspectors recommend that the centre seeks professional advice to determine if a further illuminated 'running man' sign is required in this area. Inspectors also recommend that a 'no parking sign' is displayed on the exterior side of the back gate, which leads onto a public area that clearly denotes that the gate acts as an exit in the event of a fire.

3.10.3 Practices that did not meet the required standard

None identified

3.11.3 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

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

-Part III, Article 15, Insurance

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

-Part III, Article 13, Fire Precautions.

Required Action

- The centre manager must ensure that professional advice is sought to determine whether there is sufficient fire signage on the upper landing area.

- The centre manager must ensure that the back gate of the centre clearly denotes the fact that the gate acts as an emergency exit in the event of a fire.

4. Action Plan

Standard	Required Action	Response
3.1	The centre must ensure that its statement of purpose and function is amended to include specific information on the intended duration of placements in the centre.	The centre’s statement of purpose and function has been reviewed and accordingly amended to include “short to medium term” indicating the duration of placement in the centre.
3.2	<p>The centre must ensure that the details of young people being admitted and discharged from the centre is notified in accordance with the centre’s policy on notifying significant events.</p> <p>The centre must ensure that the full destination of a young person’s discharge is entered in the register.</p> <p>The director of services must provide greater evidence of her oversight of the administrative files by signing the records and registers on a more regular basis and recording any comments or observations pertaining to the documents.</p> <p>The director of services must ensure that records of staff supervision are reviewed regularly and signed off as</p>	<p>The outstanding Significant Event Notification on the discharge of a young person has been completed and sent to all relevant professionals. It is also recorded in the SEN Register.</p> <p>The centre manager has made contact with the relevant social work department and has obtained the correct information in order to update the admissions and discharge register to include the follow on address of a young person who was discharged from the centre.</p> <p>The manager and director of services have reviewed and agreed a more evidential oversight mechanism of administrative files and records pertaining to the centre. An oversight log has been introduced whereby comments and observations can be recorded by the director of services/ manager. These comments are discussed at manager and director of services supervision sessions and where appropriate brought to team meetings. The director of services will evidence her oversight by signing logs and registers on a weekly basis.</p> <p>The director of services will review and sign off on staff supervision files as a core component of the internal auditing process. Staff supervision files will also be discussed and signed off on during the</p>

	<p>confirmation of the review process.</p> <p>The centre must conduct a full review of the staff files to ensure that all of the staff files contain all of the information required.</p>	<p>manager /director of services supervision sessions.</p> <p>The centre manager has completed a full review of all staff personnel files. All files are now up to date. (Awaiting manual handling certificates for new staff which are in the post).</p>
3.3	<p>The monitoring officer in consultation with the centre must ensure that each young person is regularly informed of the role and function of the monitoring officer and is provided with information on how they may contact the monitoring officer should they wish to do so.</p>	<p>Information regarding the role of the monitoring officer and details of how to contact him/her are integrated into the young person's handbook. The young person's handbook has been amended to give more descriptive information on the role and function of the monitoring officer and the monitoring process. The manager has also met with the three young people currently residing in the centre to explain the role and function of the monitor. The monitor's contact details were disseminated at the meeting. The monitor's details are also posted on the notice board in the kitchen.</p>
3.5	<p>The centre must ensure that placement plans operate more specifically within the wider care plans being developed by the placing social work departments, and that they include evidence of focussed, individualised daily and weekly planning that reflects its purpose and function as a short to medium term residential care placement. Placement plans must include details of the staff member(s) identified to complete tasks and the timeframes for completion and/or review of the tasks identified.</p>	<p>Placement plans have been reviewed and amended to include details of the staff member(s) identified to complete tasks and the timeframe for completion and/or review of the tasks identified. There is a clearer focus on how the placement plan is addressing and complimenting the needs and strengths as identified in the care plan. There is also greater consultation with the social work department in relation to this matter. Placement plans are discussed at weekly team meetings. In addition the centre manager conducts monthly key-working group supervision sessions with keyworkers and a lead team leader ~ the aim of this session is to explore the plan to ensure that it is focussed, addressing needs and goal oriented. The group in attendance at key-work supervision lead the planning for the young person and inform the remainder of the team of what the plan is, where the focus should be and how this informs their methods and approaches with the young person. An evaluation of whether goals were met, and if not why not, is conducted at each team meeting. Individual</p>

	<p>The centre must conduct a retrospective review of the unplanned discharge of one young person, which examines all aspects of the placement, from the referral to the discharge, in order to determine where future changes could be made that would minimise the likelihood of further unplanned discharges from the centre.</p>	<p>staff members are allocated key tasks for completion which are time defined and assessed on an ongoing basis by the manager and team leaders.</p> <p>A retrospective review of the young person’s unplanned discharge has been initiated and will be completed in the coming days.</p>
<p>3.10</p>	<p>The centre manager must ensure that professional advice is sought to determine whether there is sufficient fire signage on the upper landing area.</p> <p>The centre manager must ensure that the back gate of the centre clearly denotes the fact that the gate acts as an emergency exit in the event of a fire.</p>	<p>The centre manager sought the professional advice from senior engineer of “Irish Fire Protection”. This engineer visited the centre to assess the upper landing area. He advised that the illuminated fire safety signage on the landing adjacent to the two upper bedrooms is sufficient and that a further illuminated ‘running man sign’ is not required in this area.</p> <p>The centre manager spoke with personnel from Irish Fire Protection and requested a technician to come to the centre to put a ‘no parking’ sign and also a ‘keep clear’ sign on the exterior side of the back gate, which leads onto a public area that clearly denotes that the gate acts as an exit in the event of fire. His advice was to post a “keep clear” sign which is now in place</p>