



**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

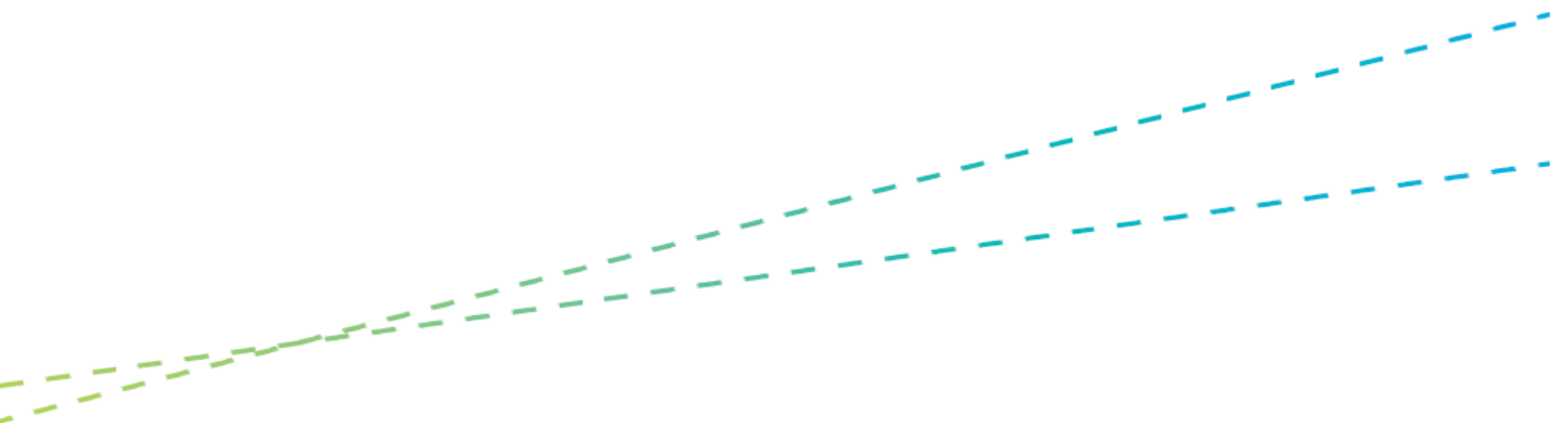
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 034

Year: 2017

Lead inspector: Catherine Hanly

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Dún na nÓg
Registered Capacity:	Two young people
Dates of Inspection:	25th & 26th January 2017
Registration Decision:	Registered with attached conditions from 31st March 2015 to 31st March 2018
Inspection Team:	Catherine Hanly Michael McGuigan
Date Report Issued:	23rd March 2017

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1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

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

1.1 Methodology

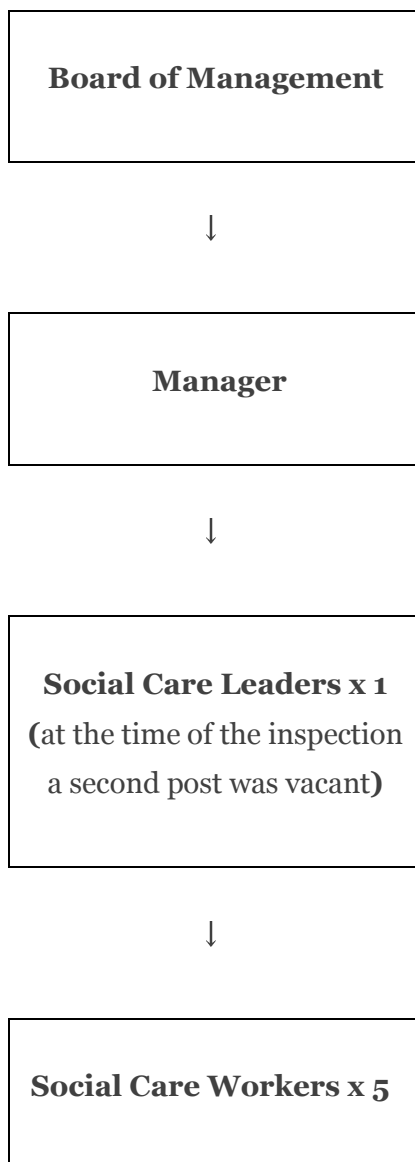
This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This was an unannounced thematic inspection that took place on the 25th and 26th of January and this report is based on a range of inspection techniques including:

- ◆ An examination of the most recent report from the Monitoring Officer
- ◆ An examination of specific sections of the young people's files and recording processes in the centre.
- ◆ 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) One staff member
 - c) The two social workers for the young people residing in the centre at this time.
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

1.2 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 14th of March 2017, found that the centre is not in full compliance with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5, Care Practices and Operational Policies.

As such it is the decision of the Child and Family Agency to register this centre with an attached condition pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. The conditions are as follows:

- 1) The registered capacity of the centre remains at two young people.
- 2) The centre must implement in full its written submitted action plan in response to the findings detailed in the draft inspection report and in particular ensure that the external management structures are clarified become well established and will ensure robust governance of all policies and practices within this centre.

The period of registration being from the 31st March 2015 to the 31st March 2018.

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

Register

A register is maintained of all young people that have resided in the centre. The detail in this meets with the expected requirements and the relevant information pertaining to admissions and discharges is also maintained centrally by Tusla, the Child and Family Agency in accordance with the relevant regulations.

Although there is evidence of the previous centre manager having reviewed and signed this document, there is no such evidence from the current manager or external management.

Notification of Significant Events

The centre has a prompt notification system in place for any significant events affecting young people. Social workers stated to inspectors that they are satisfied with the level of information contained in these records and with the timeframes within which they are notified. The manager oversees all significant event records and since commencing in this centre has identified that this is an area of practice development within the staff team. This is an area of ongoing work and development through which the manager wants to ensure that there is clarity amongst the entire staff team about what constitutes a significant event, the importance of reporting such an event to all relevant parties and the reasons for same, as well as the need to adhere to prompt timeframes when reporting. The manager should evidence their review of significant event reporting and feedback on the process as part of this development.

3.2.2 Practices that met the required standard in some respect only

Management

The centre is managed by a suitably qualified and experienced person that commenced in this role approximately four months prior to this inspection. Inspectors found that the manager had implemented clear systems of oversight as well as practices that demonstrated expectations of the staff team as well as emphasising professional accountability. Some practices in place included supervision of some of the staff team, having a presence in the centre from Monday to Friday and in doing so, establishing working relationships with staff and getting to know the young people resident, attendance at team meetings and shift hand over, reviewing records in the centre, attendance at professional meetings and initiating training for the staff team.

This centre was the subject of a two day monitoring visit by authorised persons in July 2016. The findings from these visits which were documented in the subsequent written report included that *“the organisation must review the management and governance arrangements and ensure there is a robust and efficient layer of management above social care manager level”*. In responding to these findings, the proprietors of this centre established a board of management with dedicated roles of its members including that of an external independent supervisor whom they identified would conduct 6-8 weekly audits of each of the organisations two residential centres, as well as providing feedback on practice and propose improvements to service delivery. At the time of this inspection the board had been in operation for over five months and whilst inspectors acknowledge that the centre was continuing in a phase of significant change and the delivery of the functions of the board itself were continuing to be developed, the findings at this time were that the roles of the board members lacked clarity and the functions of the board itself lacked consistency. There were a number of aspects of the external management structures in place at the time of this inspection that lacked clarity. There was no organisation-wide consistently represented definition and description of the board of management including its membership and the responsibilities of its respective members. Inspectors found that the role of director of services has been split between two persons yet the title was not equally applied to the persons concerned. It is questionable whether the level of oversight that is required is possible to be delivered upon from the distance it currently is by the external consultant who is only present in the centre for 1-2 days per month. Minutes of the board of management meetings indicated that the board is responsible for the oversight of a third centre

outside of the organisation yet this was not clearly named to inspectors during this inspection. This matter needs to be clarified and inspectors should be informed. In consideration of the commitment given by the proprietors to conduct 6-8 weekly audits, inspectors would have anticipated being in a position to review at least three audits conducted by the external consultant. Inspectors were provided with one comprehensive completed audit conducted by the external consultant in early September using a template designed by them. Additional audit documents, devised by the registration and inspection service, were provided to inspectors although these were incomplete, unsigned, undated and it was not stated who had completed them. Action required on foot of these audits was not clearly outlined and inspectors found that some of the issues highlighted in the first full audit completed in September remained outstanding during this inspection in January. Centre management must adhere to the commitment given to the registrar in relation to the frequency of audits to be conducted in the centre which, if conducted and acted upon accordingly, should ensure that the necessary external oversight and governance is in place.

The external consultant indicated to inspectors that they sign records to evidence their review of same; inspectors did not find evidence of this on the records they examined.

In consideration of these findings, inspectors have not yet been appropriately satisfied about the ability of the board and its members as the identified external management structure to ensure the level of governance that is required to attend to the deficits previously identified through monitoring of this centre. Inspectors found that there is significant ongoing progress required in order to establish and maintain adequately robust systems of governance for this centre and the company will need to make a strong commitment to ensuring this new structure is clarified, becomes well established and will be maintained over time. The roles of the individual board members, including the identification of a chair of the board, require further clarity and definition which will need to be made known to the staff team in both centres within the organisation as well as inspectors. Both the centre manager and membership of the board will need to create and maintain mechanisms for assessing the quality and effectiveness of the service that is provided to young people in this centre and include in this outcomes for young people.

Staffing

At the time of this inspection this centre had a staffing compliment consisting of one social care leader and five social care workers, all employed on a full time basis. A second social care leader post was vacant but was in the process of being filled following a recruitment process. Both of the identified social care leaders in this

centre have a recognised qualification and the required three years experience. When both are working full time in the centre there will be capacity to have someone employed at child care leader level on all shifts. The manager informed inspectors that staffing levels currently were appropriate and adequate in terms of fulfilling the centre's purpose and function. In addition to the full time staff team, there were four relief staff members available to cover any gaps that may arise in the rota due to annual leave or illness. This pool of relief staff is shared with another centre within the organisation.

Inspectors commenced an examination of a sample of the staff personnel files however found the first one examined was not in compliance with the necessary vetting requirements as it did not have the required three written references on file. The most recent monitoring visit of this centre found that there were deficits in relation to vetting practices and non-compliance with required standard of practice and the subsequent monitoring report stated that *“all regulations in respect of recruitment and vetting must be adhered to at all times and effective governance and oversight must ensure that this is an absolute priority”*, and that *“the person in charge must ensure they are aware of their responsibilities in respect of vetting”*. This deficit has clearly not been addressed in full by the proprietors as was indicated in that monitoring report and the centre continues to be in breach of this practice matter.

Supervision and support

The responsibility for supervision of the staff team is currently shared between the centre manager and the social care leader. This includes supervision for relief members of staff that work a minimum number of hours per month; however the manager stated that currently there is minimal use of relief staff due to stable circumstances within the centre. The manager stated that they view the task of supervision as being the responsibility of the team leader and anticipates that when the second team leader post is filled this person will also share the task of staff supervision. The manager has in the past completed supervision training but was unsure whether or not the team leader had completed such training. However the current structure for conducting and recording supervision sessions is under the Response Ability Pathways model of intervention which although is being explored, the manager has not yet trained in. Whether or not to continue under this structure is a matter that should be reviewed by the manager. Inspectors examined supervision records for the past six months found that staff members are receiving regular and formal supervision in accordance with the centre's own policy. More recent records since the new manager took up post are reflective of a shift in

emphasis within the supervision forum towards more focus on placement planning. However this focus is limited to discussing the format of the placement plan as opposed to a focus on its implementation or the execution of specific tasks identified within it including naming persons responsible and holding them to account for practices engaged in towards achieving an identified goal. Inspectors found quite a notable difference in terms of focus from both current supervisors. Inspectors recommend that the centre manager commence the supervision of the entire full time staff team and are basing this recommendation on a number of factors. These include the current stage of development this centre is at in terms of addressing a number of significant deficits identified by monitors with regard to practices; the commencement in post of a manager that is new to the organisation; a newly formed board of management that has not yet clearly and consistently identified its roles and responsibilities; and a stated ongoing development of placement plans within the centre. The manager must ensure that there is an effective link between supervision and the implementation of young people's placement plans. This should include accountability for actions undertaken by individual staff members.

The external clinical consultant who is also a member of the board of management is responsible for providing regular supervision to the centre manager. To date the manager has had three formal supervision sessions with the external consultant. Records of these examined by inspectors reflected thorough discussion on all aspects of service delivery and staff team management with agreed plan of actions required identified.

Staff meetings take place on a fortnightly basis and there is a daily shift hand over between staff. Inspectors noted that team meeting minutes did not reflect a regular review of placement plans and goals documented within same. This needs to be addressed and in addition the minutes must also reflect a greater discussion of the planning of care for young people in this centre.

Training and development

The manager has oversight of the staff training needs and since their appointment in this centre has organised for a number of training days for the staff team. These training days have thus far focussed on placement plans, significant events and supervision. Recommendations and findings from the most recent monitoring visit and report was a factor that informed the focus of these staff training days. The review and implementation of placement plans is an ongoing piece with the staff team and there is further training days scheduled for this. One staff member has yet

to attend fire safety and first aid training and this was identified by the manager following a review of staff training. The manager has scheduled both of these training events for the staff member concerned as well as scheduling fire safety training for themselves. The manager stated that the staff team have also completed training in Response Ability Pathways, their identified approach to working and engaging with young people in this centre. The manager stated their intention to source this training for themselves.

Inspectors recommend that the manager introduce a formal staff development and training programme in order to ensure that there is good oversight of an effective and responsive approach to staff development and training needs that fits with the needs of young people and the purpose and function of this centre.

Administrative files

Inspectors found that the recording systems examined in the course of this inspection were relatively well organised. Having said this, inspectors did have to go looking for documents and information from staff that should have been on the files examined. One example being an after care plan for one young person that was not stored on the young person's 'active file'. The manager will need to ensure a more efficient and purposeful system of recording and storage of information and documents, including those records that are created by external management but have relevance to this centre and should be readily accessible to the manager onsite. The centre manager and the external consultant stated to inspectors that they regularly review records in the centre and signs to evidence this. Whilst inspectors found evidence to support the manager's statement on this in some but not all records, and there was no such supporting evidence of the external consultant signing records that were reviewed by inspectors during this inspection process.

Records pertaining to young people are kept within the centre until the young person moves on at which point efforts are made to return them to the relevant social work team. In the absence of this, files are maintained in perpetuity by the organisation at an identified location.

The manager oversees the financial systems and records for the centre and stated that the budget was adequate to meet the needs of the centre currently.

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 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.*

The centre has not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies.*

Required Action

- The proprietors must commit to the implementation of the board of management and the delivery of all its functions that will support the achievement of adequate governance of the operation of this centre.
- All vetting must comply with expected standards of practice and legislation.
- The centre manager must commence the supervision of the entire full time staff team.
- The manager must ensure that the practice of supervision is effectively linked to the implementation of young people's placement plans.
- Centre management must ensure that team meeting minutes reflect a clear discussion regarding planning of care and regular review of placement plans and goals.
- The manager must introduce a formal staff development and training programme.
- The manager must ensure a more efficient and purposeful system of recording and storage of information and documents.
- Centre manager and external management must consistently evidence their review of all recording in the centre.

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

Following the most recent monitoring visit to this centre a condition was attached to the centre's registration stipulating that no young person could be admitted until the centre was found to be in compliance with all specified regulations and standards. Therefore there has been no new admission to the centre in over six months and as a result the findings of the monitoring officers at the time of their visit in July 2016 and subsequent recommendations pertaining to future admissions remain valid at this time – centre management and supervising social work departments must ensure that all placements are suitable and meet the needs of young people in the centre and organisational management must ensure that suitability of placements and the deficits in preadmission risk assessment processes are addressed as a matter of priority. The new manager informed inspectors that in future, all referrals to the centre will be discussed at board of management level and that an assessment of suitability will be determined through a pre-admission impact and risk assessment process.

Contact with families

Contact for young people with various family members and significant others was an area of practice that was evidenced during this inspection as being prioritised and facilitated by the staff team. Practices in this area were found by inspectors to be in accordance with care planning decisions. Staff members make weekly contact with parents to keep them informed and updated on all relevant aspects of their child's life and care whilst in this centre and details of this contact is maintained on care files.

Social Work Role

Standard

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

The application process for placing a young person in a private residential centre requires a significant amount of background information to be forwarded to the National Placement Team which is then shared with the centre in which a young person is placed. Both young people residing in the centre at the time of this inspection had up to date statutory care plans on file that were reflective of their placement in this centre. Both social workers were aware of the timeframes for conducting statutory reviews and were inclusive of the young person, relevant family members and other professionals in convening this process.

Both social workers confirmed that they visit with the young people in the centre as well as outside of it although records in the centre did not accurately reflect this.

Both social workers stated that they were satisfied with the level of information they receive from the centre including significant incidents, which are also reported and discussed via telephone, and unauthorised absences.

Both social workers were satisfied that the young people were appropriately placed in the centre at this time. Inspectors did not find evidence on file of the social workers signing off on records in the centre and inspectors advised both social workers to conduct this practice on a regular basis.

Emotional and specialist support

Inspectors found evidence within key working and individual work records of a good level of awareness by the staff team of the emotional needs of the two young people currently resident in the centre. In addition the manager and staff team were encouraging and facilitating young people to attend external specialist appointments and services. However their ability to fully support young people in attending to the psychological needs of one young person through key working in particular was negatively impacted upon by the absence of a completed report from a specialist service that they had been accessing. This report was due to be shared with the care team by the social worker following this onsite inspection and the Principal Social Worker responsibility for this case confirmed that the report was shared with the care team on the 14th of February 2017.

The staff team and manager were of the opinion that one young person would benefit from input by a specialist service. The Principal Social Worker with responsibility for this case in responding to the draft inspection report indicated that this young person was linked with a service but was refusing to engage and the allocated social worker was continuing to assist them to understand the reasons for and benefits of such engagement.

Discharges

Since the commencement of the centre's current cycle of registration (31st March 2015), there have been three young people discharged from this centre. One of these was a planned discharge with the young person turning eighteen and the other two were unplanned. An improved risk assessment and determination of suitability process in terms of admissions to the centre should lend itself to better planning generally and minimise the potential for unplanned discharges in future.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Both of the young people residing in the centre at the time of this inspection had up to date statutory care plans on file that were adequately detailed and reflective of the young person's individual needs. These plans had been reviewed and updated during the course of their respective placements in this centre. There was evidence on file that both young people and their respective family members as well as significant others had been consulted with in the development of these plans.

The centre manager explained to inspectors that the process of placement planning, including the format for these plans, was under review currently. Some changes had already been made to the format of placement plans at the time of this inspection but the staff team were engaging in ongoing workshops which would lead to further changes and the workshops were also aimed at ensuring a thorough understanding of the purpose and use of placement plans within the centre. Inspectors noted that previous placement plan documents on file showed elements of being repeated and therefore did not read as live plans that actively informed individual care planning in the centre. Actions identified were numerous and there was evidence in supervision records and in team meeting minutes to indicate that this latter issue was already being addressed by the manager by reducing the tasks being focussed on with young people on a month to month basis. Inspectors found that although there was

evidence of a link between actions identified within statutory care plans and centre placement plans, the latter documents were too vague in identifying required action to meet the tasks. In general the staff team was referenced as having responsibility for assisting the young person to achieve their goals rather than naming specific individuals including key workers. There was no evidence in the placement plans or in key working records examined of young people being consulted with regarding or having input to their respective placement plans, a matter that must be addressed. Inspectors also found that some tasks identified within statutory care plans and reflected in the placement plans had not been addressed in key working. Inspectors found that key working was predominantly opportunity-led and recommend that there is more structure and proactive planning put in place in order to address the identified care tasks within the placement.

Supervision and visiting of young people

Inspectors found that the records in the centre of social work visits to each of the young people did not match with the records maintained on the social work file and this matter must be addressed. All social work visits with young people, including any action to be taken arising from the contact, should be clearly recorded in the centre files.

Both social workers confirmed that they have visited the young people in the centre on a number of occasions. However the records in the centre did not accurately represent the detail provided by social workers from their case file notes. The centre must ensure that they accurately detail all contact between young people and their social workers including any action arising from this contact.

Preparation for leaving care

Both young people resident in the centre at the time of this inspection were aged seventeen and one of them was only a matter of weeks away from their eighteenth birthday. Their placement plans did reflect tasks that needed to be completed in order to assist in the preparation for leaving care and some key working and individual work records demonstrated that some matters pertinent to this area of work had been raised by staff. However the progress for both young people in this area of their care planning was limited by a number of factors. At the time of this inspection the manager, staff team and social workers referenced a significant reluctance to engage on many levels by both young people which was clearly impacting negatively on the ability of those professionals around them to assist them in preparing to leave care. In addition, the vague approaches to apportioning

responsibility within placement planning and unstructured key working are also factors that do not lend themselves well to positive outcomes. These matters must be attended to by centre management.

Aftercare

Both of the young people residing in the centre at the time of this inspection were aged seventeen, with one of them about to turn eighteen within a matter of weeks. Both had been assigned an aftercare worker following referrals by their respective social workers. One young person had a completed aftercare plan on file at the centre which had only been completed four weeks prior to their turning eighteen. Many of the tasks outlined in this plan did not have an identified person with responsibility for attending to it and there was no evidence within the plan of the young person's contribution to, or agreement with it.

The second young person did not have a fully completed aftercare plan on file and the social worker attributed this to the young person's lack of willingness to engage in this process with either them or the assigned aftercare worker. There was no completed needs assessment on the care file at the centre however in responding to the draft inspection report the Principal Social Worker with responsibility for this case stated that a needs assessment had been completed in August 2016 and forwarded to the centre. The PSW also stated that a 'Preparation for Aftercare Plan' was also completed by the allocated aftercare worker and forwarded to the centre in October 2016. Neither of these documents was evident on the files presented to and examined by inspectors in January 2017, an issue that needs to be addressed by centre management. Inspectors found there was a general vagueness about the aftercare plan on file in its references to the young person being 'encouraged' and 'supported' in a way that did not identify persons responsible for specific actions/tasks. The social worker was cognisant that the plan needed to be more comprehensive and task-orientated and was continuing to engage with the care team at the centre and the young person themselves to achieve this outcome.

Children's case and care records

Social workers confirmed that they maintain a case file for young people for whom they have responsibility for who are placed in this centre.

Inspectors found that care records in the centre were maintained in a generally well organised manner, with some minor exceptions.

There were copies of birth certificates and care orders on file and the manager was aware of the company's responsibility to maintain files in perpetuity.

There was no evidence across the sections of the files examined by inspectors, which included placement plans, of the young people's views regarding various aspects of their lives and care in this centre being sought and recorded by the manager and staff team. This matter will need to be addressed by the manager.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

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

Regulations 1995

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

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

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- The manager must ensure a structured and proactive approach to placement planning and key working.
- The manager must ensure that centre records evidence consultation with young people in the development of their placement plans.
- The manager must ensure that reviews of placement plans are purposeful and clearly identify those persons with responsibility for tasks.
- The manager must ensure that there are accurate details of all contact between young people and their social workers including any action arising from this contact.
- The social work team responsible for the young person must ensure that a fully completed aftercare plan is developed and placed on file at the centre.
- The manager must ensure that records in the centre evidence that the young person's views were sought.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The proprietors must commit to the implementation of the board of management and the delivery of all its functions that will support the achievement of adequate governance of the operation of this centre.	The Proprietors have committed to continue to implement the Board of management to ensure that there is governance and oversight of the service delivery. The Board meeting is monthly and covers issues of care practice, behaviour management staffing and training. While relevant SEN's are discussed there is a separate SEN Review group that meets monthly chaired by the company TCI Instructor. The Board aims to provide a forum where operation managers and proprietors can discuss the running of the home so as to benchmark it off statutory guidelines. Both Service Directors have contact with the unit up to three times a week to support and guide the unit manager and inform work practice. The organisation has given a commitment to making all employees aware of who is in what role and the purpose of each role. The management board will meet with the team to give them the opportunity for questions to be asked and answered. The Service director that is based in Dublin will review statutory documentation on a week to week basis and the external consultant acting as Clinical Director will review some but not all documents on monthly visits during the	

	<p>All vetting must comply with expected standards of practice and legislation.</p> <p>The centre manager must commence the supervision of the entire full time staff team.</p> <p>The manager must ensure that the practice of supervision is effectively linked to the implementation of young people's placement plans.</p>	<p>auditing process. The manager also submits a weekly report to all senior management to summarise operational issues, update on the young people, financial and health and safety issues along with any staffing issues. This report allows the unit manager to be accountable for work carried out and identifies areas of future work. The Manager receives Clinical Supervision form the external Consultant on a monthly basis where improvements of care practices amongst other issues are discussed.</p> <p>All vetting for staff is now in line with National Standards and legislation. The breach in relation to the sample file checked has now been rectified and the character reference that was on file has now been replaced with a line management reference from a previous employer. All other HR files are in line with National Standards and Legislation.</p> <p>All full time staff members are now being supervised by the unit manager ensuring a consistent approach to placement planning, work practice and training.</p> <p>Keyworking supervision has now commenced and the centre manager is meeting with keyworkers on a regular basis to identify goals and aims stemming from the Statutory Care Plan and how they can be implemented through keyworking sessions. The unit manager will also meet with young people periodically to assess their opinion of</p>	
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	<p>Centre management must ensure that team meeting minutes reflect a clear discussion regarding planning of care and regular review of placement plans and goals.</p> <p>The manager must introduce a formal staff development and training programme.</p> <p>The manager must ensure a more efficient and purposeful system of recording and storage of information and documents.</p> <p>Centre manager and external management must consistently evidence their review of all recording in the centre.</p>	<p>keyworking and their care experience in relation to their care plan.</p> <p>Placement plans will be brought to staff meetings on a monthly basis to reflect to the team the work that has been completed and to identify any outstanding work needing completing. This will allow a greater understanding of approach across the team in relation to each individual young person.</p> <p>A staff training matrix has been put in place that identifies any training needs with regard to compulsory training and also looks at specific needs for young people and within the household to plan additional training that might be of benefit to service delivery.</p> <p>The centre manager has implemented a weekly paperwork checklist to review all documentation generated on the unit and any external documentation provided by other stakeholders and the storage of same. Any issues regarding internal documentation are raised with the staff team in a timely manner and amendments are made accordingly. This checklist will be reviewed in Managers supervision and will be linked to the auditing process.</p> <p>All records are reviewed and signed by the centre manager on a regular basis inclusive of all registers. The external manager will ensure that records are signed as seen and reference to any issues arising from statutory logs noted in</p>	
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		the monthly audits and passed onto the manager. The external manager will sign in the front cover of each statutory log to confirm that checks are made from one audit to another.	
3.5	<p>The manager must ensure a structured and proactive approach to placement planning and key working.</p> <p>The manager must ensure that centre records evidence consultation with young people in the development of their placement plans.</p> <p>The manager must ensure that reviews of placement plans are purposeful and clearly identify those persons with responsibility for tasks.</p> <p>The manager must ensure that there are accurate details of all contact between young people and their social workers including any action arising from this contact.</p>	<p>As stated earlier the Centre Manager has undertaken to facilitate keyworking supervision on a regular basis. During this meeting the identified keyworkers discuss placement planning goals and how they can be implemented more effectively. Care plans are brought to this meeting to ensure that the goals set out are in line with what was agreed at the statutory child in care review meeting.</p> <p>The senior team in the unit are currently undergoing training in relation the placement planning and will bring forward a suggestion to include a section on the placement planning template for each of the young person's opinion in relation to their care at this centre.</p> <p>Each keyworker responsible for completing pieces of work with the young people will now be named and will present the work they have completed in that month with their key child at the following keyworking supervision allowing for greater accountability.</p> <p>A new Social Work visit log has been set up with the date and times of the visit and any actions coming out of the visit. Phone contact can also be recorded in this log and lends itself to greater transparency.</p>	

	<p>The social work team responsible for the young person must ensure that a fully completed aftercare plan is developed and placed on file at the centre.</p> <p>The manager must ensure that records in the centre evidence that the young person's views were sought.</p>	<p>The social worker and aftercare worker for one young person have been attempting to establish a relationship with them in order to develop an aftercare plan and have an action plan in place to achieve this outcome which was submitted to inspectors in response to the draft inspection report. Centre management confirmed that there are now aftercare plans on file for both young people residing in the centre in March 2017.</p> <p>The Manager will ensure that going forward that the young people's views are reflected more clearly in keyworking sessions. This will be an issue that will be raised in the keyworking supervision. The manger will meet periodically to ensure young peoples' view are heard and understood.</p>	
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