



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 133**

**Year: 2020**

## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Harmony Residential Care</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>09<sup>th</sup> &amp; 11<sup>th</sup> March 2020</b>
<b>Registration Status:</b>	<b>Without conditions attached from 6<sup>th</sup> March 2020 to the 6<sup>th</sup> March 2023</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Cora Kelly</b>
<b>Date Report Issued:</b>	<b>28th July 2020</b>

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# 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

# National Standards Framework



## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 08<sup>th</sup> December 2017. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from the 08<sup>th</sup> December 2017 to the 08<sup>th</sup> December 2020.

Immediately prior to inspection, the centre had moved premises and their registered capacity changed from accommodating two young people to four young people of both genders from age thirteen to seventeen years on admission. The model of care was outlined as being informed by a therapeutic based approach of cognitive behaviour therapy which focuses on the total behaviour of the young person. There were two children living in the centre at the time of the inspection. One of these children had been admitted less than two weeks before inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4, 2.5, 2.6
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 21<sup>st</sup> April 2020. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The regional manager returned the report with a CAPA on the 20<sup>th</sup> May 2020. Further documentation along with a finalised CAPA was submitted by the centre manager and the regional manager on the 3<sup>rd</sup> June 2020. However, this documentation included details of alterations to staffing levels since the draft report had been issued. On review of this submission, there was evidence to show that a full staffing compliment was not in place in the centre. As a consequence, a letter was issued on the 30<sup>th</sup> June 2020 proposing to attach conditions to the registration of the centre. Subsequently, this condition was removed on 27<sup>th</sup> July 2020 when confirmation was received from the centre that staffing levels were now in line with regulatory requirements.

The findings of this report and assessment by the inspection service of the submitted documentation deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 133 without attached conditions from the 6<sup>th</sup> March 2020 to the 6<sup>th</sup> March 2023 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5 Practices and Operational Policies**

**Regulation 8 Accommodation**

**Regulation 13 Fire Precautions**

**Regulation 14 Safety Precautions**

**Regulation 17 Records**

**Theme 2: Effective Care and Support**

**Standard 2.1 Each child's identified needs inform their placement in the residential centre.**

The centre had a written policy on admissions in place that outlined the process regarding planned and unplanned admissions of children coming into the care of the centre. It included the necessity for collaborative risk assessments between the centre and the child's social worker prior to admission and also the impact of a new admission on children already placed there. Consideration was given to the rights of children within the policy and it was aligned to the centre's statement of purpose and function. It also reflected regulations and appropriate legislation.

From a review of children's files, there was evidence to show that prior to admission, centre management and social work departments worked together to ensure that the centre was suitable to meet the child's specific needs. This was observed in the pre-admission risk assessments and the collaborative work done between the clinical team, centre management and the social work departments in the consideration of each child's referral information. Also, for the most recent admission, the child told inspectors that they had been given an opportunity to provide their view and input on the proposed placement. At interview, one social worker stated that the centre's model of care was a significant element for them in determining its suitability to meet the child's individual needs. They said that this information, along with the statement of purpose had been shared with them by centre management at an early stage in the pre-admission process. Admissions were also assessed against the centre's statement of purpose so as to ensure that children's specific needs and required goals could be met.

A comprehensive assessment of need on admission was completed for children and outlined in their care plans and placement plans by social workers and the staff team. When determining the appropriateness of the most recent admission to the centre on

the rights and needs of the child already living there, their allocated social worker stated that, initially there were some issues that required further consideration in this respect but these were resolved proactively by the staff team prior to the new admission taking place and they were fully satisfied with the joint decisions made. For this most recent admission, a transition plan had been implemented with opportunities provided for the child coming to live in the centre. These included meeting with the other child who lived there, becoming familiar with daily routines and been introduced to the staff team in advance. While this child's admission necessitated them being admitted to the centre a day earlier than planned, this was due to external factors that would have had an impact on their safety and wellbeing. A transition plan was also on file for the child already in placement. This was child-friendly and consisted of a detailed time table of events and activities for each day coming up to their admission date.

**Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.**

There was an up-to-date care plan on file for one child who had been in placement in the centre for some time. This was very comprehensive and detailed nine actions to be achieved based on their individual needs. As the second child had been admitted in the days prior to inspection, there was no up-to-date care plan on file. However, a child in care review had been scheduled and a placement plan had been developed by keyworkers which was informed by specific referral information already received by the centre. It outlined the child's relevant needs and goals in relation to particular issues. Further, an aftercare worker had been assigned and the centre manager said that an assessment of need was about to be conducted by them in this regard.

For the child already in placement, there was evidence to show that the centre had been working with their allocated social worker and other relevant professionals to implement the care plan goals. The child was encouraged to attend their child in care review but the centre manager stated that they generally had not wanted to engage in the process. However, their views and wishes were reflected in the care plan and where possible parent's opinions were sought.

Placement plans were reviewed and updated on a monthly basis and shared with centre management, allocated social workers and the organisation's clinical team. The goals set out were strongly reflective of the care plan, and in the most, each one was outlined, including details of how they were to be met and the supports essential to achieve these. This included, individual behaviour support plans, absence

management plans, individual risk assessments and a variety of key working sessions. The plans had distinct areas of focus for each month and also provided clear direction on how to implement goals throughout the child's day which was supported by a keyworker planner. Individuals responsible for each task to be undertaken were also identified. Comprehensive practice guidelines were also in place which underpinned the placement plan and provided step by step guidance on how staff were to work with the young person in practice. There was additional input and guidance provided by the organisation's clinical team for each child. Inspectors did not observe a specific process in place where children and their families were facilitated to participate in placement planning nor was there evidence of individual goals being determined in consultation with children. One child interviewed said they were not aware of what their placement plan goals were. Centre management must provide opportunities to children and their families to input into and inform placement planning. Individual achievable goals must be developed in consultation with children on admission and regularly reviewed and updated.

While a number of goals were being achieved through effective interventions put in place by the centre, for one child, there was evidence to show that some of their core needs were not currently being met. These related specifically to education and emotional and psychological goals. There was evidence that the centre had collaborated with education professionals over a period of time, examining the various options for the child's re-engagement with school, but this did not prove effectual. Inspectors found that although the child was refusing to attend school and was also declining to take part in some ancillary specialist services that was sourced by the centre, there was an absence of more recent up-to date targeted programmes on the child's records to address these issues.

Also, it was observed on file that a previous psychological assessment for the child, recommended that they should be provided with specific resources to meet their complex needs. Both the centre and the allocated social worker expressed that there were issues with communication in this regard, however, they both stated that they hoped to work through these as a priority, so that there could be adherence to the child's care plan.

Centre management must ensure that communication between the centre and the child's social worker is effective, so as to maintain continuity of care and adherence to the child's care plan and placement plan.

**Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.**

The centre had moved to new premises in the days prior to the inspection and as a consequence, it required further additions in the main areas to give it a homelier ambiance for children. An example of this was, pictures on the walls and more rugs on floor spaces. The house was close to a large town and within a community setting. Its physical environment was of a modern design. Each child had their own bedroom with an ensuite and they had been provided with adequate and secure storage facilities for their personal belongings.

The garden was of a good size and was safe, secure and very well maintained. Equipment in use in the centre was appropriate and accessible and was maintained to a high standard and was functioning well for every-day use. The centre was clean and freshly decorated and in very good structural condition.

When interviewed, the children said they liked their new home and had an opportunity to give input into decorating their rooms and other areas of the house. Bathroom facilities were of a high standard and ensured privacy for children and staff. The centre was well lit, warm and ventilated.

The centre had written confirmation that all statutory requirements regarding fire safety and building control was complied with. There was an up-to-date health and safety statement in place but was not signed by all staff at the time of inspection because of the centre's very recent move. This must be completed by the team. There was a fire safety register in operation which related to both the previous premises and the house that was newly acquired and in use. This log contained records of weekly fire alarm testing, routine inspection of fire escape routes and a checklist of the fire equipment in the centre. There were fire drills recorded for the previous premises only, as the move to the new centre had just taken place. Fire safety procedures recorded in the file were relevant for the previous house and this must reflect the new property. Fire safety training had been conducted, however was not held onsite. This training should be completed at the centre by all staff. A maintenance record was kept and repairs were reported promptly and resolved in a timely way.

There was a procedure in place for managing health and safety risks to children, staff and visitors. An accident book was maintained for recording injuries or accidents accordingly and reasonable measures were taken to prevent accidents and reduce the risk of injury in the centre. Inspectors observed completed risk assessments in this regard.

There were car procedures on file along with a driver's handbook. A weekly vehicle checklist was completed and inspectors saw a car insurance disk stored on centre records. The car was driven by people who were legally licensed to drive the vehicle.

**Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.**

Care records for each child were well maintained in the centre. From a review by inspectors of each child's file, there was evidence to show that these were up-to-date and contained information that were compliant to specifications within the regulations. Files were stored confidentially and held in accordance with legislation and best practice requirements. Logs, in general were signed, dated and there was consistent oversight by internal and external management.

**Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.**

Centre records evidenced good communication between staff and professionals from external support services so as to deliver better outcomes for children. However, more recently, for one child, as referred to above, where there had been more robust liaison with these services in the past, this had now ceased in some cases and had not been as effective in others. This led to a lack of continuity in this regard. The centre and social work department should work towards addressing these issues in a more collaborative way. The registered provider must put arrangements in place to enhance communication and cooperation with specific services in order to improve outcomes for the child.

As the most recent discharge from the centre was completed on an emergency basis, the discharge of the child was not planned. However, the centre had a discharge policy in place which outlined the procedure for planned discharges. This included reference to working in partnership with the child, allocated social worker and family and for the development of a leaving care plan. An end of placement report for the child, outlined clearly the events leading up to their discharge, including the links with social work and the Gardai regarding incidents that contributed to the emergency discharge.

For the child who was recently admitted to the centre and who was also nearing an age for discharge, there was evidence to show that the staff team were working in partnership with the allocated social worker and aftercare worker to facilitate access

to services for them. Children had the opportunity if they wished, to partake in giving written feedback about their placement through exit interviews for the purposes of informing improvements in the quality of the centre.

There was a procedure in place where all relevant information relating to each child was transferred following their discharge from the centre and it was in line with regulatory requirements. Inspectors did not see evidence of children's experiences of integrated care being regularly evaluated by collecting feedback from them. Centre management must ensure that children's contributions are considered when evaluating the effectiveness of their experience of integrated care.

**Standard 2.6 Each child is supported in the transition from childhood to adulthood.**

There was one child in the centre who had recently been admitted, but, as they were already nearing the age for discharge, the main needs to be met for them focused on their transition plan to aftercare. As referred to before, the child-in-care review had been scheduled but had not yet taken place and consequently, there was no up-to-date care plan on file. However, a placement plan had been developed by the centre and was reflective of goals and tasks necessary for the child to be prepared for independent living. The child told inspectors that they were consulted in regards the preparation of aftercare planning and said that they were aware of the goals that needed to be achieved. Their family had also been involved where it was appropriate.

An aftercare worker had been appointed for the child and while a needs assessment had yet to be completed at the time of the inspection, the centre manager said that this was about to be undertaken by the aftercare worker. The child's allocated social worker told inspectors that the centre was collaborating with them closely on supports needed currently to assist with the transition to eventual independent living.

The placement plan identified specific life skills programmes for the child to partake in such as an independent living programme including budgeting and cooking, staff to explore appropriate education courses, local activities to engage in. There was planned key working noted with three sessions to take place in relation to activities and one having already taken place in relation to independent living and medical appointments. As the child was new to the centre other sessions focused on key-working specific to admission to the centre. There was a dedicated aftercare liaison

worker in place in the centre to support children who were being prepared for independent living.

In the welcome pack children were given on admission to the centre, they were made aware that they had a right to access their own records including information that was written about them. They were referred to speak to a member of the staff team to help them with this.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.1</b> <b>Standard 2.4</b> <b>Standard 2.6</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.2</b> <b>Standard 2.3</b> <b>Standard 2.5</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- Centre management must provide opportunities to children and their families to input into and inform placement planning.
- Centre management must ensure that individual achievable goals are developed in consultation with children on admission and regularly reviewed and updated.
- Centre management must ensure that communication between the centre and the child's social worker is effective, so as to maintain continuity of care, adherence to the child's care plan and placement plan.
- Centre management must ensure that the health and safety statement is signed by all staff. Fire safety procedures must be updated to reflect the new premises and fire safety training must be provided onsite for staff.
- The registered provider must put arrangements in place to enhance communication and cooperation with specific services in order to improve outcomes for the child.

- Centre management must ensure that children’s contributions are considered when evaluating the effectiveness of their experience of integrated care.

## Regulations 6 Person in Charge

### Regulation 7 Staffing

## Theme 6: Responsive Workforce

### Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Workforce planning was undertaken through recruitment of staff, the provision of training in order to ensure the staff team had required skills in line with their purpose and function and the offer of continuous professional development should the staff team require specific ancillary learning. The organisation used an external human resource service to support them with the centre’s workforce planning function.

At the time of the inspection, there were not appropriate numbers of staff employed in the centre to fulfil its purpose and function. The core team consisted of one social care manager, one social care leader and five social care workers. A number of days prior to inspection, one social care leader had left the employment of the centre and a recruitment drive had yet to begin to fill the vacancy. While some of the staff team were not as experienced as others, there were sufficient numbers with the necessary experience and competencies to meet children’s needs. Further, there was some redress of any deficits, provided through the organisation’s clinical group who gave input to the programmes being devised by the team which supported the children in placement. This included the practice guidance systems to aid the work in practice on a day-to-day basis. Centre management must ensure that there are appropriate numbers of staff employed in the centre with regard to the number and needs of the children and the centre’s statement of purpose.

Workforce planning in the centre took account of annual leave for the staff team, sick leave and also, contingency cover for any emergency that could happen. Rotas were in place and there was a small panel of relief staff that the centre used for sick leave, annual leave or maternity leave. These had suitable qualifications to fulfil this role and function.

Inspectors saw that the centre had some arrangements in place to promote staff retention and continuity of care. This included, payment for attending training provided by the organisation and support with continuous professional development. Staff interviewed said that appropriate external training would be considered by the centre if they requested it. However, of the five staff that had left their job since the last inspection, three had moved internally to another centre within the organisation. This does not promote continuity of care to ensure children experience stability within their time in placement. The service provider must ensure that the practice where core staff specifically employed for one centre but moves internally to another is reviewed by the organisation so as to evaluate the effect on children's stability and consistency within the centre.

There were clear formalised systems in place in the centre for on-call arrangements at evening and weekends.

**Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.**

From a review of a sample of the personnel files, inspectors observed that Garda vetting was up-to-date for all staff. Three references were verified for each staff member along with a curriculum vitae held on the centre record. All staff had either a recognised or relevant qualifications. However, a copy of qualifications for one staff member was not on file and nor was a qualification for one of the staff team verified with the awarding college. The team did have a range of suitable competencies and personal attributes that enhanced their current role in working with children.

The centre manager had an appropriate management qualification and had considerable practice and management experience to manage the centre so that it met its stated purpose and aims and objectives. Inspectors attended a handover meeting and saw evidence of strong direction and management capabilities in practice. Further, one of the allocated social workers stated their experience of the management team in the centre was that it was robust.

Job descriptions for staff and a copy of their terms and conditions of employment were not on the staff personnel files. An up-to-date and accurate personnel file was maintained for all staff and in general, all records were kept securely with the exception of one, where some pages were loose within the file. It is recommended that this is addressed by the centre manager. A written code of conduct for staff was

included in the centre's child safeguarding policy. The centre manager must ensure that job descriptions, a copy of terms and conditions of employment and a copy of all qualifications with verifications from the awarding college is on each personnel file.

**Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.**

From interviews with some of the staff team and also from questionnaires submitted to inspectors, staff who were more experienced displayed a better understanding of their specific roles and responsibilities as social care workers. Staff had a knowledge of the policies and procedures to be followed in practice and also an awareness of who they had to be accountable to and what the reporting lines of authority were. There was strong evidence at handover and on centre records that the core staff team were been provided with a significant amount of direction from centre management, the clinical team and external management. However, inspectors did not observe evidence on team meeting minutes or in supervision records if this support was effective in encouraging them to exercise their own professional judgment in the provision of care in the centre. External and centre management must review the way in which staff are supported to use their professional judgment so as to exercise collective accountability to provide a child-centred, safe and effective service.

The centre had a safety statement in place which contained procedures to protect staff and also to minimise specific risks to their safety while working in the centre. Inspectors saw evidence of risk assessments and behaviour management plans being updated and followed where incidents had occurred that had put the safety of staff at risk. Other support systems included an on-call system, supervision and training which mitigated risks that were identified. There was evidence to show that staff were encouraged to avail of learning opportunities and develop their skills through supervision, continuous professional development, team meetings and from attending training provided by the centre.

Team meetings took place in the centre once a month where children's needs were discussed. These related to the goals of their care plan and also linked to the tasks outlined in their placement plans. Contributions were sometimes encouraged from staff regarding placement plan review and to programmes being developed to support children in achieving their goals. However, in general, the minutes did not evidence strong planning nor did they identify many actions to be completed. This must be addressed by centre management. One staff member had not been in attendance at

the team meeting for three consecutive months. Centre management must ensure that all of the staff team attend team meetings regularly.

While these meetings took place in line with centre policy, inspectors recommend that they occur more often than once every month so as to encourage a stronger team-based approach to working in the centre. Internal management meetings and regional management meetings were also taking place monthly with significant event notifications being discussed as part of the latter.

The centre's supervision policy outlined that it would take place every four to six weeks. From the sample of files reviewed by inspectors, for the core staff team, sessions were taking place in line with policy. Supervision for the centre manager was less regular and was provided in the majority by the service director, but more recently as part of the function of the acting regional manager. These minutes were of a very high standard and were centred on being solution focused. There was evidence of very strong support provided for the manager in these sessions. In general supervision records were signed by both the supervisor and the staff member.

Continuous professional development formed a significant component of the supervision system in place. Records showed robust direction by the centre manager on various practice issues. These included the completion of risk assessments, access visits with children, reviewing of significant events along with prepared scenarios used to enhance learning development. Centre policies and relevant legislation was also revised with staff members. Care plans and placement plans were discussed and encouragement was provided in areas that required further improvement by the supervisee. In general, the recording of these minutes were very detailed. Staff who conducted supervision sessions with the staff team had received training in line with the centre's policy.

Staff appraisals were not provided to staff, however, inspectors saw evidence where this was in the process of being introduced by the organisation and recommend that this is implemented as soon as possible. The centre had systems in place outlining appropriate supports to manage the impact of working in the centre. These were being included in the employee's handbook at the time of inspection and the acting regional manager confirmed that all staff received information outlining the organisation's provision for their access to an employee assistance programme should it be required by them.

**Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.**

Training and development opportunities were provided to the staff team which met the requirements of legislation, standards and guidelines. It was also appropriate to the centre's purpose and care practices and operational policies. However, as stated above, as one of the children in placement had complex needs that had been changing over a period of time, inspectors found that this necessitated further consideration for either upskilling of the core team in this regard or the provision of appropriate external resources to address these issues.

There was a traffic light system in place that alerted the training co-ordinator to the courses that required scheduling for each staff member. This included both refresher training and the provision of new courses. Core training consisted of, the model of care which was informed by Cognitive Behaviour Therapy (CBT) and Applied Behavioural Analysis (ABA), Management of Acute and Potential Harm (MAPA), child protection, fire safety, first aid, supervision and leadership. From a revision of a sample of the personnel files and training schedules, inspectors found that most training was up-to-date with the exception of first aid and MAPA for two people. There was no fire safety training certificate on file for one staff member but the timetable noted that this had been completed by them. Centre management must ensure that all staff training is up-to-date or scheduled for completion.

There was a programme of training in place and as previously stated, there was a strong schedule of continuous professional development implemented in the centre which was appropriate for the members of the team that had less experience of working with children in residential care. While there was no training needs analysis undertaken by the centre, training needs were identified at various forums and this was responded to appropriately by the organisation. Inspectors recommend that a training needs analysis is put in place by the organisation.

From a review of the personnel files and the training itinerary, there was evidence to show that the staff team were facilitated and supported to attend training including refreshers when appropriate. Induction was completed by new staff members on taking up their post. This programme included familiarisation with the centre's policies and procedures some of which incorporated the model of care, behaviour support, organisation structure and roles, case files, completion of paperwork, and purpose and function. The centre manager said that child protection training was

completed over the course of one full day and took place prior to newly recruited staff starting work. A record was kept of any continuing professional development courses undertaken by staff in the centre.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>None identified</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.1 Standard 6.2 Standard 6.3 Standard 6.4</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- Centre management must ensure that there are appropriate numbers of staff employed in the centre.
- The registered provider must ensure that the practice where core staff specifically employed for one centre but moves internally to another, is reviewed by the organisation, so as to evaluate the effect on children's stability and consistency within the centre.
- Centre management must ensure that job descriptions, a copy of terms and conditions of employment and a copy of all qualifications with verifications from the awarding college is on each personnel file.
- External and centre management must review the way in which staff are supported to use their professional judgment so as to exercise collective accountability to provide a child-centred, safe and effective service.
- Centre management must ensure that the team meeting minutes show a better reflection of planning for children in line with their placement plans and that these are linked to actions required. All of the staff team must attend team meetings regularly.
- Centre management must ensure that all staff training is up-to-date or scheduled for completion.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
<p><b>2</b></p>	<p>Centre management must provide opportunities to children and their families to input into and inform placement planning.</p> <p>Centre management must ensure that individual achievable goals are developed in consultation with children on admission and regularly reviewed and updated.</p> <p>Centre management must ensure that communication between the centre and the child's social worker is effective, so as to maintain continuity of care and adherence to the child's care plan and placement plan.</p>	<p>We have developed a child friendly tool to summarise goals for the month and request young people and their families to contribute to placement planning goals. To commence with immediate effect.</p> <p>The planned response as outlined above will support this action. As noted, this will be implemented with immediate effect.</p> <p>Communication with the child's social work department will remain focused on the care plan needs/ placement planning needs of the young person moving forward. With immediate effect. Clear action plans will be agreed and actioned as</p>	<p>The developed tool will be implemented into practice and will have a specific location in the placement planning file for the young person. Keyworkers will support young people and their families with this tool and centre manager will oversee same via centre auditing.</p> <p>Keyworkers will implement the new tool developed. Centre manager will ensure these are completed monthly.</p> <p>The centre manager will utilise the supports in place where issues arise with decision making regarding young people's care plan goals/ placement planning. Use of escalation where required which will allow for further discussion and solution-</p>

	<p>Centre management must ensure that the health and safety statement is signed by all staff. Fire safety procedures must be updated to reflect the new premises and fire safety training must be provided onsite for staff.</p> <p>The registered provider must put arrangements in place to enhance communication and cooperation with specific services in order to improve outcomes for the child.</p>	<p>part of meeting records.</p> <p>The health and safety statement has been signed off on by all centre staff. As soon as training can recommence for centre staff, site specific fire training will occur in the new premises. This is currently on hold due to COVID 19. A record of completion will be sent to Registration and Inspection on completion of same. Regional Manager will ensure this is completed.</p> <p>The registered provider requested a meeting which was held with the Social Work department and NPPT following the inspection with regards to this action. This occurred on 01.04.2020. In addition, further meetings with the specialist services were held on 16.04.2020 and 20.04.2020. On 01.05.2020, a meeting was held again with the Social Work department and NPPT at the organisation's request and a conclusion was reached regarding the child in</p>	<p>focused responses to ensure care plan goals are met.</p> <p>Health and Safety Representative are in place. Centre management team will audit the health and safety file. Senior management will audit the centre health and safety files as part of their governance also.</p> <p>The registered provider receives regular updates regarding the young people in placement. Where issues are arising, the registered provider will request meetings to enhance communication and co-operation.</p>
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	Centre management must ensure that children's contributions are considered when evaluating the effectiveness of their experience of integrated care.	placement.  Centre manager will ensure with immediate effect that children's contributions are considered when evaluating the effectiveness of their experience of integrated care via the new placement planning documented implemented. Further, senior management completing quality assurance audits will evaluate with young people the effectiveness of their experience of integrated care via meeting with the young people and recording same.	Feedback will be provided to centre managers/ keyworkers
6	Centre management must ensure that there are appropriate numbers of staff employed in the centre.	As noted within the report, one member of staff ceased working in the centre with immediate effect days prior to inspection. The circumstances did not allow for planning. Adequate relief staff were available to cover the line. A social care leader has now been identified for the centre through the recruitment process.	Recruitment will commence as soon as required to ensure the centre remains fully staffed. Where this is not possible, the relief panel will be utilised to ensure the centre is adequately staffed to allow for recruitment and vetting procedures to be completed in full prior to a new employee commencing their role.

	<p>The registered provider must ensure that the practice where core staff specifically employed for one centre, but moves internally to another is reviewed by the organisation, so as to evaluate the effect on children's stability and consistency within the centre.</p> <p>Centre management must ensure that job descriptions, a copy of terms and conditions of employment and a copy of all qualifications with verifications from the awarding college is on each personnel file.</p>	<p>The Registered Provider with immediate effect will ensure the practice where staff move internally does not occur unless for promotions or other specific purposes (HR/ Personal as example).</p> <p>Job descriptions are posted with advertisements for positions for potential candidates to access. This was the previous system in place. Following inspection, the staff personal file audit checklist for new employees was updated to include that the manager and employee must sign off on the job description and one copy will be on file in the staff's records and the staff member will receive the other copy. All employees receive a written copy of terms and conditions as part of the employee starter checklist and these are on file for all employees. The college verification form for one employee who commenced their role before this system was introduced is</p>	<p>Senior management will ensure that the practice where core staff move internally is continually reviewed and discussed if the issue presents as a need for the centre.</p> <p>Auditing of staff files by senior management will ensure that all staff files are in line with the National Standards 2018.</p>
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	<p>External and centre management must review the way in which staff are supported to use their professional judgment so as to exercise collective accountability to provide a child-centred, safe and effective service.</p> <p>Centre management must ensure that the team meeting minutes show a better reflection of planning for children in line with their placement plans and that</p>	<p>now on file.</p> <p>There are a number of ways staff members are supported to use their professional judgement to exercise collective accountability and to provide a child-centred, safe and effective service. At present this includes review and evaluation of weekly reports where keyworkers, team leaders and managers evaluate the needs of the young people and comment on the relevant documentation regarding decision making. This is also supported on significant event notifications and risk assessments and risk management plans. It is encouraged at team meetings, however as noted during inspection, the minutes do not reflect same. CPD has been completed with the team and all practices are in effect.</p> <p>A CPD session has been developed by the centre manager to reflect the feedback. The centre manager has completed this with the staff team. The centre manager</p>	<p>Centre manager is to ensure the teams continue to review and evaluate reports to encourage staff to continue to use their professional judgement to exercise collective accountability in all forums available; team meetings, weekly report reviews, significant events notification reviews, supervision and team meetings. CPD sessions have been developed on supervision for supervisee's and also on record keeping at team meetings. The Centre manager will implement same. Auditing by senior management will also focus on this feedback when auditing all centre files.</p> <p>Auditing on team meeting minutes will continue by senior management and review this feedback when completing same to ensure that planning for children</p>
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	<p>these are linked to actions required. All of the staff team must attend team meetings regularly.</p> <p>Centre management must ensure that all staff training is up-to-date or scheduled for completion.</p>	<p>will reiterate to the team their requirement to attend team meetings.</p> <p>While the team have been trained in fire safety as noted in the inspection report. Due to COVID 19 – site specific training has not been scheduled at time of response. This will be scheduled as soon as it is safe to do so.</p>	<p>is in line with their placement plans and is continually evidenced in team meeting minutes. In addition, staff attendance will also be reviewed.</p> <p>Site specific fire training will be a regular process moving forward for all centres.</p>
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