



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number: 155**

**Year: 2019**

Registration and Inspection Services  
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## Registration and Inspection Report

|                              |   |
|------------------------------|---|
| <b>Inspection Year:</b>      | <b>2019</b>   |
| <b>Name of Organisation:</b> | <b>Harmony Care</b>   |
| <b>Registered Capacity:</b>  | <b>One young person</b>   |
| <b>Dates of Inspection:</b>  | <b>08<sup>th</sup> and 12<sup>th</sup> August 2019</b>                          |
| <b>Registration Status:</b>  | <b>Registered from the 14<sup>th</sup> May 2019 to 14<sup>th</sup> May 2020</b> |
| <b>Inspection Team:</b>      | <b>Linda Mc Guinness<br/>Cora Kelly</b>   |
| <b>Date Report Issued:</b>   | <b>18<sup>th</sup> November 2019</b>  |

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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 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on 14<sup>th</sup> May 2019.

At the time of this inspection the centre were in their first registration and were in year one of the cycle. The centre was registered without conditions from the 14<sup>th</sup> May 2019 to the 14<sup>th</sup> May 2020. The service had been providing a special arrangement in another location for this young person and then sourced a more permanent location in which the intention was to continue with single occupancy for a period of time

This centre was established to provide accommodation and a safe environment for one young person in a single occupancy arrangement. The stated aim of the placement was to promote the development of the young person, assist with overcoming childhood trauma, assist preparation for leaving care and return to education/training. This was to be provided through the implementation of the organisations Cognitive Behaviour Therapy (CBT) model of care and Applied Behavioural Analysis (ABA) behaviour support approach. The single occupancy arrangement was subject to continuous review by the placing social work department to determine if the young person could progress to a dual or multi occupancy centre.

This inspection was unannounced and took place on the 8<sup>th</sup> and 12<sup>th</sup> of August 2019. Inspectors examined standard, 2 ‘management and staffing’ and standard 5 ‘planning for children and young people’ of the National Standards for Children’s Residential Centres (2001).

## 1.2 Methodology

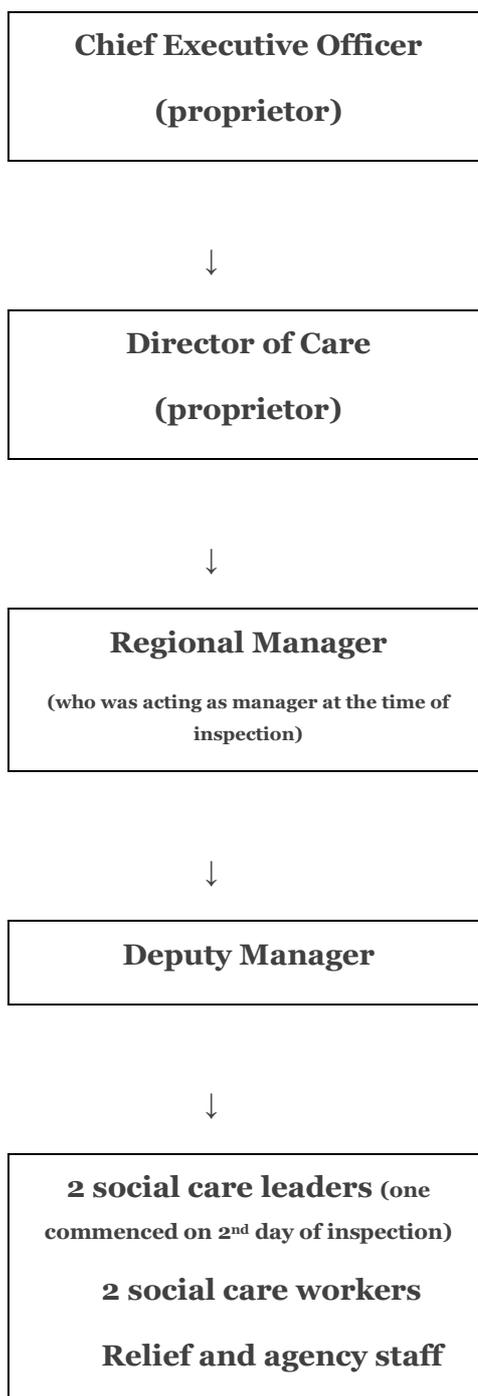
This report is based on a range of inspection techniques including:

- ◆ An examination of inspection related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) three of the care staff
  - b) the acting centre manager
  - c) the regional manager
  - d) the counselling psychologist employed by the organisation.
- ◆ An examination of the centre's files and recording process including:
  - the young person's care files
  - daily log books
  - young person's meeting records
  - staff personnel files
  - supervision records
  - handover book
  - training records
  - team meeting minutes
  - management meetings minutes
  - centre registers
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
  - a) The acting centre manager
  - b) The regional manager
  - c) Two social care workers
  - d) One relief social care worker
  - e) The young person
  - f) The social worker with responsibility for the young person placed
- ◆ 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

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 12<sup>th</sup> of September. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plans (CAPA) on the 26<sup>th</sup> of September and the 8<sup>th</sup> of October and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan 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: 155 without attached conditions from the 14<sup>th</sup> May 2019 to the 14<sup>th</sup> May 2020 pursuant to Part VIII, 1991 Child Care Act.

## 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**

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

##### **Notification of Significant Events**

There was a policy on significant events that reflected the system in place for the notification and recording. Review of care files and centre registers found that significant events were subject to oversight by centre management and notified promptly. The social worker who was interviewed confirmed that they were satisfied with the prompt notification and detail of significant events.

##### **Administrative files**

Inspectors found that files were organised to facilitate effective management and accountability. A formal audit of the centre by the regional manager had not yet taken place at the time of this three-month inspection.

The acting manager had followed up with team members following a review of records where improvements were required but that they did not record their feedback and direction and this is recommended for tracking purposes. Files were kept securely and there was evidence of oversight of financial management systems and records.

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

#### **Training and development**

There was a policy in place in relation to staff training and the members of the team had all received training in the model of care, a recognised model of behaviour management to include the use of restraint if required, Tusla's Children First e-learning programme and the organisation's own child protection training. External fire safety training was scheduled for the week following the inspection. It was not clear how a training needs analysis takes place and the acting manager was uncertain about this. While there was some supplementary training in support of the work with the young person the team had not yet received training in drug awareness or adolescent mental health which were both relevant to the planning of care. One manager in the organisation was a designated training officer and provided training internally as well as the psychologist who provides the Cognitive Behaviour Therapy (CBT) and Applied Behavioural Analysis (ABA) training. Inspectors noted upon review of the compliance pack for agency staff supplied to the centre that two staff did not appear to have received up to date training in respect of Children First: National Guidance for the Protection and Welfare of Children, 2017. Another did not have training in a recognised model of behaviour management to include the use of restraint on their record. The centre manager must ensure that all staff coming to work in the centre have received all required mandatory training.

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

#### **Management**

There was a deputy social care manager in post since the centre opened in May 2019 who had responsibility for overseeing the day to day operation of the centre and worked from Monday to Friday. They had a recognised qualification in social care and were expected to be appointed to the social care manager post once they had the required post qualification experience in October 2019. This person was first appointed a social care leader in February 2019. They had previous management experience but not in a children's residential centre.

The deputy centre manager identified mechanisms that were in place to ensure oversight of the day to day operations in the centre. They reviewed the records, attended handover and planning meetings and had oversight of all significant events prior to them being notified to relevant persons. There was a system in place whereby the deputy centre manager provided a weekly report for management and the social worker relating to all aspects of care for the young person and which

included the daily log records. They did not have a system in place to record any guidance and direction given to the staff team and this should be in place for tracking purposes of their own governance mechanisms. Inspectors noted that the placement plan for the young person was inadequate and this had not been highlighted by the acting centre manager, by peer auditing or by the regional manager.

The named person in charge of the centre was the regional manager however there was agreement that they would work as an acting centre manager in a supporting capacity until the appointment of the deputy manager to the manager position. The regional manager was based in the centre. They regularly met with the young person and staff members and reviewed daily log books and the young person's care files.

There was a quality assurance system in place whereby the regional manager was to conduct compliance audits and provide an action plan for the deputy manager to complete. No audit had taken place at the time of this three-month inspection. There was also a peer auditing system whereby managers from centres within the organisation reviewed systems and documents across the centres. This system, while providing a layer of internal quality assurance cannot be considered as part of the overall governance structure. This inspection highlighted a number of issues which should have been noted and addressed through robust governance structures. There was a serious deficit in respect of staffing in this centre which is detailed under the relevant section of this report. This was known for some time but not yet adequately addressed by senior management.

The director of care must provide on-going suitable mechanisms for assessing the quality of planning and care provision and the implementation of organisational policies.

Inspectors reviewed the management folder and found that a number of the sections contained no documentation including management oversight and centre monthly reports. There was a record of one management meeting since the centre opened in May 2019. This was attended by the CEO, the director of service and all social care managers within the organisation. Standing items on this agenda included staff continuous professional development, review of significant events, safeguarding and policies and procedures. The record of that meeting referenced an update for the young person but no details were included, house requirements such as laptop and printers, and training needs of staff and managers. There was a record noting that staff members from other centres were relocating to this centre but there was no reference as to whether there was adequate staffing to fulfil the purpose and function.

## **Supervision and support**

The centre had a policy that stated supervision would be conducted four to six weekly and inspectors found that it was occurring within these time frames. The deputy centre manager was trained in supervision and was providing supervision to the core staff members. Inspectors reviewed the supervision records for the three staff on the team and one relief worker. Each file had a supervision contract which set out expectations of each participant. It was evident that there was a focus on staff roles and responsibilities, professional development and support however there was no evidence of an effective link to the young person's placement plan as required. There was evidence that the deputy centre manager gave feedback on staff performance in areas such as report writing and consistency but reference to the young person was limited to statements such as "they were getting on well", "positive relationships" and "difficult to engage" with no detail of specific goals, how to address them or care approaches. There was no evident link to the model of care across any of the supervision records reviewed.

There was some indication that the function of supervision was to be split between the deputy centre manager and a social care leader who had received training however inspectors recommend that one person remains responsible for the provision of supervision. There was significant evidence in supervision recordings and minutes of meetings that members of the team were raising concerns about the lack of sufficient staffing and the impact that this was having in terms of their work load. It was also flagged to management in supervision that the young person found it difficult to trust staff due to this lack of consistency. There was no evidence that the deputy centre manager brought these concerns to the attention of the regional manager/acting centre manager in their own supervision nor was it evident on the management meeting record. Inspectors found from review of the records that frequently, there was no review of actions agreed from previous sessions.

The acting centre manager was supervised by the regional manager and inspectors found that there was no contract in place but that two sessions had taken place since the centre opened. The areas of focus were work practice, professional development and training needs, and support/staffing. This supervision did not reference any discussion relating to the planning of care for the young person.

Staff meetings were scheduled to take place once per month. Review of the records showed that two meetings had taken place on 11/06/19 and 22/07/19 which was a gap of six weeks between meetings and did not adhere to the organisation's policy. One staff member had made apologies for the second meeting but inspectors note

that the interval between them attending the first and next team meeting would be at least 10 weeks which is not in line with centre policy or best practice. Overall, the planning of care for the young person was not evident across the records reviewed. The minutes showed that there was update for the young person but the detail of this was related to numbers of significant events and not about goals of the placement plan, care approaches, progression or outcomes. There was an overview of the young person's keyworking report and discussion about consistency and routine but no detail of discussion about the placement plan or the guidance of the clinical team. There were three actions noted on one report but it did not specify by whom or within what timeframe. The regional manager/acting centre manager had attended the first team meeting after this centre opened and one regular relief staff member had been in attendance at a meeting. There was a focus on continuous professional development within the team meeting and sessions were provided in relation to changes in policies, child protection and missing in care reporting.

One inspector attended a handover meeting and found that it was an effective forum for communication and that there was reflection upon recent incidents and that risk assessments and practice guidance were updated. Arrangements were made for the young person's appointments and for scheduled keyworking.

There was an out-of-hours on-call service to support staff in the event of incidents occurring at evenings or weekends. This was shared by the centre managers and child care leaders across all houses within the organisation however inspectors noted that sometimes the child care leaders would be on overnight shifts when they were on call which would not allow them to provide adequate support if required.

Debriefing was provided for staff members following significant incidents and there was an employee assistance programme available should any of the team require it.

### **Staffing**

The application for registration for this centre indicated that there would be a centre manager, a deputy manager, three social care leaders and six social care workers. Centre management indicated that this level of staffing was submitted to comply with contracting requirements for the proposed tender at that time. This tender was not implemented and management stated they reverted to previous staffing levels of centre manager, 2 social care leaders and social care staff.

Inspectors found that at the time of this inspection there was a regional manager/acting centre manager, deputy manager, two social care leaders (one of

whom commenced on day two of the inspection) and two social care workers employed as core members of the team. These people had some experience in the field of social care but none in children's residential centres prior to working in this organisation. Another person was to move to this centre as social care leader at the time of the inspection. They had commenced employment by day two of the inspection. Both the deputy centre manager and regional manager/acting manager stated in interview that they were actively recruiting staff however no one was being processed to join this team at the time of inspection. Inspectors found that there were not adequate levels of staff to fulfil its purpose and function. There was not a balance of experienced to inexperienced staff and there was not a capacity to have a qualified staff at child care leader level on each shift.

The centre was registered from 14<sup>th</sup> May 2019 and in the ten weeks since the young person was admitted on 30<sup>th</sup> of May 22 other extra staff had worked shifts in the centre comprising of relief staff, some staff from other centres and agency staff. Management stated that relief and agency staff would always work alongside core members of the team however this was not found to be the case upon review of the rosters. Agency staff had covered shifts with a relief staff member who had only commenced employment in the organisation in June 2019 and who had no previous experience in residential care. Based on analysis of information provided during the inspection inspectors query whether centre management were compliant with Working Time Act. The Information provided indicated that some staff worked more than the hours allowed across different centres. Management must ensure they have systems in place to assess compliance with the working time act.

A recent inspection report in another centre within this organisation recommended that organisational expansion should not impact on the quality of care to young people and it is evident that this remains an issue of concern which must be addressed as a matter of urgency.

The regional manager/acting manager had oversight of all recruitment and initial vetting for prospective employees. The core team had been appropriately vetted prior to taking up duties including checks from other police authorities. The deputy manager received compliance packs from the agency for workers they supplied to the centre. Inspectors reviewed the compliance pack and found that they had up to date Garda clearance and three verified references and qualifications.

There was evidence that all staff had received organisational induction training over two days and that there was an onsite induction when they commenced work in the centre.

Inspectors found from review of the records that the core members of the team had built good relationships and could communicate effectively with the young person. The young person told inspectors they were happy in the centre and “got on” with the staff. Staff interviewed stated that they felt supported but felt that the issue of lack of staffing was on-going despite the efforts of management.

### **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 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 -Part III, Article 7, Staffing (Numbers, Experience and Qualifications)*

### **Required Actions**

- The regional manager/acting manager must have robust mechanisms for the oversight of care practice and the quality and effectiveness of the service.
- The director of care must ensure that the centre has sufficient levels of staff to fulfil its purpose and function.
- The director of care must ensure that that organisational expansion does not negatively impact on the care of young people already placed and that the centre has a stable core staff team to ensure consistency of care.
- The director of care must ensure that there is a balance of experience to inexperienced staff on the team and that the centre aims to have one staff member at childcare leader level on each shift
- The regional manager/acting centre manager must ensure that all staff coming to work in the centre, including agency staff, have received all required mandatory training.

- The director of care must ensure that the on call system is fit for purpose and that staff are not on duty in a centre when on call.
- The regional manager/acting centre manager must ensure that team meetings are held more frequently and adequately attended in accordance with centre policy.
- The regional manager/acting centre manager must ensure that team meetings capture the discussions and interventions relating to placement planning more effectively. The record should contain a review of agreed decisions and actions from previous meetings.
- The regional manager/acting centre manager must ensure that supervision reflects discussions on care practice and the planning of care for young people as well as professional practice and staff development.
- The regional manager/acting centre must ensure that management meetings sufficiently address the planning of care for young people

### **3.5 Planning for Children and Young People**

#### ***Standard***

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

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

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

There was one young person living in the centre at the time of this inspection in line with the stated purpose and function. There was a policy in place outlining the admission process to the centre and the young person had a planned transition from a special arrangement provided by this organisation in another location.

Inspectors interviewed the social worker of the young person living in the centre and they concurred with the acting centre manager that the placement was suitable and meeting their needs at this time. Risk assessments had taken place prior to the move to the centre. There was an age appropriate booklet which provided all necessary information about the placement and the young person who spoke with inspectors confirmed that they understood the reason for their placement and were happy there.

### **Contact with families**

There was evidence that the team made arrangements to support family access and to help young people manage emotions relating to this through keyworking. They were supported to rebuild damaged relationships. There were good records of family contacts and appropriate risk assessments if required. Strategy meetings included family members where possible. Families were invited to join in celebrations such as birthdays or special occasions with the young person.

### **Emotional and specialist support**

The young person was linked in with a specialist counsellor and was being supported and encouraged to attend. There was evidence that the clinical team were updated on a weekly basis and that they in turn provided guidance and direction in support of the work with the young person. An up to date care plan was required to facilitate the understanding of assessment of need and how the staff team would best meet these needs.

### **Preparation for leaving care**

The young person in the centre was over 16 years old and the initial plan was settling them into the new centre and providing stability. The social worker indicated that the forthcoming care plan would have an appropriate focus on preparation for leaving care. They also informed inspectors that they expected that an aftercare worker would be appointed the week after the inspection as the referral had been made and the young person would be considered a complex needs case. This would follow with an aftercare needs assessment and specific plans devised in consultation with the young person and their keyworker. There was already an emphasis and focus on the development of independent living skills and support necessary for moving on from care. These took place on a day to day basis and included self-care, cooking, laundry and budgeting for example.

### **Discharges**

This was an initial three-month inspection and there had been no discharges from the centre.

### **Aftercare**

The centre had a policy in respect of preparation for leaving care and aftercare. It stated that young people should leave in a planned and structured way that is reflected in the child's care plan and which increased the likelihood of a successful transition to an alternative placement. This policy stated that the young person

should be active in their transition from the centre and that they will have a named member of the centre's staff team co-ordinate the transition and advocate for additional support if required. Inspectors did not review the current care plan in respect of aftercare planning as one had not been provided following the statutory child in care review. The placement plan was not yet updated to reflect decisions at the recent child in care review in respect of aftercare planning.

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

With the exception of an up to date care plan inspectors found that files were well maintained and contained all relevant information. The deputy centre manager indicated that they would continue to try to source this document as a matter of priority. This person gave guidance and direction to staff in respect of report writing and that this was a focus in the supervision records reviewed by inspectors. This oversight must be recorded more effectively as part of a more robust governance system. There was a system in place for archiving of records. There was evidence on the records that the young people's views were sought in respect of their placement plans/safety plans.

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

#### **Supervision and visiting of young people and 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.

Inspectors interviewed the supervising social worker for the young person residing in the centre at the time of inspection. They were satisfied that the placement was meeting the needs of the young person and they were making progress. They received prompt notifications of significant events concerning the young person and they were invited to professional and strategy meetings.

There was evidence that the young person was meeting the social worker regularly and that they were meeting their statutory obligations in this regard. There was evidence that they consulted with them about aspects of their care.

There were records kept of all social work visits and communication with the centre however these were not easy to track and it is recommended that they are kept in one

location in the care file. There was no evidence on the young person's file that the supervising social worker had read the record from time to time as required.

The social worker had not yet provided an up to date care plan to the centre following a child in care review despite many requests from centre management and this must be provided as a matter of priority to facilitate planning. The social worker informed inspectors they were finalising the care plan at the time of interview.

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

The young person living in the centre did not have an up to date care plan or minutes of the statutory child in care review which took place recently on file. There was evidence that these had been requested by the team on a number of occasions. Inspectors found that the care plan on file in the centre was dated 22<sup>nd</sup> of March 2019 and this did not contain a comprehensive assessment of need as required. It related to a time of crisis for the young person and was a narrative of the relevant issues at that time. The care plan had only had two identified actions which were a move to a new centre and to monitor changes in their behaviour.

The young person had attended their child in care review meetings and there was evidence of consultation with them through keyworking and individual work.

In the absence of an up to date care plan the young person's placement plan was derived from the report completed for the review meeting and team awareness of decisions taken at the review. The sections contained in the placement plan related to family, peers, health and medical, emotional and behaviour, education, life skills budgeting and finance. Inspectors found that there were two placement plans on file but that the analysis of need under the sections was not adequately completed with appropriate follow up actions. Placement plans were reviewed on a monthly basis but the deficits had not been highlighted and adequately addressed. While there were other records in place which informed keyworking and individual work such as risk assessments, safety plans and behaviour support plans the placement plan was not adequate in terms of detailing needs, goals, required actions, persons responsible and timeframes.

Inspectors noted that frequently the young person stayed up at night in the sitting room area when staff members were asleep. They had recently been sleeping there at night which was sanctioned and supported by the clinical team. It could however, be the case that one staff member would be up with them at points throughout the night. Inspectors found that the risk assessments and recording of this issue were not

adequate to protect the young person or staff members. There was no formal night time record of who had contact with the young person through the night. This should be included in placement planning and recorded appropriately.

The tasks identified from one placement plan to the next were not reviewed. Inspectors recommend that there is a review of placement planning and other documents to ensure that they are fit for purpose and facilitate effective planning with a stronger emphasis on specific actions to meet identified needs built into the placement planning process.

Despite not being adequately guided by the placement plan there was good evidence of keyworking and individual work across the files and when the young person was open to it, staff used worksheets in support of their work. Keyworking was focused on both practical and emotional support and included keyworking relating to the young person's transition to the centre covering rights, complaints, expectations etc. Inspectors noted that there was keyworking relating to emotions, sleep, substance misuse, life skills, sexual health and consent, self-esteem and anxiety amongst others. The young person was making positive progress in some of these areas. While this work was positive it was not directed by either a comprehensive care plan or placement plan and therefore did not effectively facilitate the tracking of outcomes or progress of the young person.

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

None identified.

The Child and Family Agency did not meet the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

#### ***Regulations 1995***

***-Part IV, Article 23, Paragraphs 1 and 2, Care Plans***

### **3.5.4 Regulation Based Requirements**

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

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 3 and 4, Consultation Re: Care Plan***

***-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 Actions**

- The supervising social worker must ensure that an up to date care plan is sent without delay and that a care plan is issued promptly to the centre following child in care review meetings in line with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 23, Care Plans.*
- The supervising social workers and acting centre manager must ensure that each young person's placement plan is drawn up from a detailed care plan which has been agreed by all relevant professionals through the statutory review processes.
- The supervising social worker must ensure that there is evidence that they have read the young person's care record from time to time as required.
- The regional manager/acting centre manager and regional manager must conduct a review of placement planning and other documents to ensure that they are fit for purpose and facilitate effective planning. There should be a stronger emphasis on specific actions to meet identified needs built into the placement planning process.
- The regional manager must have robust oversight of all planning for the young person and address any deficits without delay.

## 4. Action Plan

| Standard | Required action   | Response with time frames  | Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again  |
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| 3.2      | The regional manager must have robust mechanisms for the oversight of care practice and the quality and effectiveness of the service. | A regional manager oversight section has been added to the weekly reports to illustrate robust oversight of care practices and the effectiveness of the service.<br>Implemented week of 02.09.2019 | <p>The weekly report has been updated to include a section for regional manager oversight of care practice and the quality of effectiveness of the service. There is also an updated section on the monthly centre report for the Director of Social Care to provide a response/feedback for centre managers. In addition, the QA manager will also assist in developing systems to address any deficits identified.</p> <p>The following documents have been reviewed and updated and will be implemented week of 2<sup>nd</sup> of September 2019:</p> <ul style="list-style-type: none"> <li>- Weekly reports</li> <li>- Monthly Centre Reports</li> <li>- Preparation Reports for Monthly Management Meetings</li> <li>- Template Management Meeting</li> </ul> |

|  |   |   | Minutes  |
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|  | <p>The director of care must ensure that the centre has sufficient levels of staff to fulfill its purpose and function.</p>   | <p>Since inspection, there has been an active recruitment drive. The centre now has sufficient staff to fulfil the purpose and function for the young people living in the centre. The core team now consists of 4 full time social care workers, 2 full time social care leaders, 1 full time deputy social care manager 1 social care manager – A relief panel of 2 social care workers has been identified for the centre.</p> | <p>The organisation has advertised for the position of a dedicated HR employee to assist with recruitment going forward to ensure consistency and implementation of agreed actions going forward.</p>  |
|  | <p>The director of social care must ensure that that organisational expansion does not negatively impact on the care of young people already placed and that the centre has a stable core staff team to ensure consistency of care.</p> | <p>The core team now consists of 4 full time social care workers, 2 full time social care leaders, 1 full time deputy social care manager 1 social care manager – A relief panel of 2 social care workers has been identified for the centre. Members of the core team will not be used to form a team for a new centre.</p>  | <p>The organisation has advertised for the position of a dedicated HR employee to assist with recruitment going forward. The organisation strives on promoting continuous professional development to support staff development/retention and to prevent high staff turnover. The organisation makes a commitment not to transfer any member of the core staff team to form part of any new teams required as a result of expansion with the</p> |

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|  | <p>The director of care must ensure that there is a balance of experience to inexperienced staff on the team and that the centre aims to have one staff member at childcare leader level on each shift.</p> <p>The regional manager/acting centre manager must ensure that all staff coming to work in the centre, including agency staff, have received all required</p> | <p>All staff in the Centre are suitably qualified. While some staff have previous experience in children’s residential services, those who do not will receive support from management and be rostered on with the more experienced members of the team – preferably a social care team leader.</p> <p>Training audits are completed when new employees commence their positions. The organisation will ensure that newly appointed staff will be trained in as timely a manner as is practicable. Agency</p> | <p>exception of professional development opportunities for our staff. The identified relief panel will not fill shifts in any other centre until gaps in this centre roster have been filled.</p> <p>Advertisements for positions available within the organisation request previous experience in children residential services. Not all applicants applying have long term experience in children’s residential centres and those shortlisted are the ones who meet the desirable and essential criteria as outlined. The organisation will continue their recruitment drive by requesting previous experience in children’s residential services. Rosters will be monitored by senior management to ensure that there is a balance of experience and inexperience.</p> <p>Training audits/supervision and centre audits will identify training needs of newly appointed employees to ensure training is completed as soon as practicable.</p> |
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|  | <p>mandatory training.</p> <p>The director of care must ensure that the on call system is fit for purpose and that staff are not on duty in a centre when on call.</p> <p>The regional manager/acting centre manager must ensure that team meetings are held more frequently and adequately attended in accordance with centre policy.</p> <p>The regional manager/ acting centre manager must ensure that team meetings capture the discussions and interventions relating to placement planning</p> | <p>staff are no longer required to fill shifts in the Centre.</p> <p>The on-call system in place is proving effective for all members of the management team – centre managers and social care leaders. No issues have arisen. While the policy and procedure outlines that secondary on-call systems are available, the on-call roster did not clearly reflect same at time of inspection and has since been amended to ensure this is clearly evident.</p> <p>Team meetings will occur every three weeks moving forward effective immediately.</p> <p>The team meeting structure and recording procedure has been updated since 28.08.2019 and was reviewed at senior management meeting to reflect the changes required. This change is</p> | <p>The on-call system has been updated to reflect the allocated secondary on call person available to support staff who are on shift when they are on-call. Any issues arising will require a review and will be completed if required.</p> <p>The centre manager will schedule team meetings to occur every three weeks when issuing the centre roster.</p> <p>The team meeting structure and template meeting minutes have been updated to reflect changes required.</p> |
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|  | <p>more effectively. The record should contain a review of agreed decisions and actions from previous meetings.</p> <p>The acting centre manager must ensure that supervision reflects discussions on care practice and the planning of care for young people as well as professional practice and staff development.</p> <p>The regional manager/acting centre manager must ensure that management meetings sufficiently address the planning of care for young people.</p> | <p>implemented effective immediately.</p> <p>A review of the template has been completed and is now in effect. The updated document reflects more prompts/discussions on care practices and the planning of care for young people.</p> <p>The preparation report for management meetings was not in effect in the centre. It is now in effect. The report has also been updated with a section for planning for the care of the young people.</p> | <p>The supervision document has been updated to promote more discussion on care practice and the planning of care for young people.</p> <p>In addition to the preparation report for the management meetings, a standing agenda has also been added to the management meeting minute template to discuss care of the young people. The regional manager will also provide oversight on weekly reports for young people in relation to planning for the care of the young people. The DOSC will also provide oversight on monthly centre reports in regard to this also with a new section also added to monthly centre reports. The DSCM will ensure all</p> |
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|            |   |  | monthly reports are on file in the management folder. Updates to preparation report for management meetings and the management meeting template allows for discussion and addresses the planning of care for young people.   |
| <b>3.5</b> | <p>The supervising social worker must ensure that an up to date care plan is sent without delay and that a care plan is issued promptly to the centre following child in care review meetings in line with the <i>Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 23, Care Plans</i>.</p> <p>The supervising social workers and regional manager/acting centre manager must ensure</p> | <p>The matter has been escalated within the young person's social work department. This was received by the centre on 25/09/2019.</p> <p>SW response: Plan was sent to the centre on 25/09/19</p> <p>The social care manager will ensure that detailed care plan review minutes are on file to ensure that each young person's</p> | <p>In future, if care plans are not received the organisation will escalate to a senior member of the social work department.</p> <p>As per Dublin North's HIQA Action Plan, August 2019 Care Plans will be distributed to relevant parties within 6 weeks of Child in Care Review. This will be monitored in supervision by SW &amp; TL. Unit to request Care Plan from SWD if Care Plan is not received within 6 weeks of CICR</p> <p>SW response: Measures above will ensure that Care Plans are received in a timely fashion by unit &amp; therefore detailed PP can</p> |

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|  | <p>that each young person's placement plan is drawn up from a detailed care plan which has been agreed by all relevant professionals through the statutory review processes.</p> <p>The supervising social worker must read the young person's care record from time to time as required.</p> <p>The regional manager/acting centre manager must conduct a review of placement planning</p> | <p>placement plan is drawn up from a detailed care plan.</p> <p>The centre manager will request the supervising social worker sign the young person's care record from time to time as required.</p> <p>SW response: Going forward allocated SW will review the YP's care records on each statutory visit, currently at three monthly intervals</p> <p>Placement planning training was completed with the team via CPD. The organisation trainer is going to develop a</p> | <p>be drawn up. Team Leader will also ensure that YP's placement plan is discussed in full at YP's CICR. Issues arising with receiving care plan minutes will be escalated to senior management after four weeks.</p> <p>Staff team will remind allocated social worker re the need to review YP's care record on each statutory visit</p> <p>The social care manager will offer the young person's care records to the social worker when visiting the centre.</p> <p>A case management system is now in place within the centre to review care planning and placement planning goals. A new QA</p> |
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|  | <p>and other documents to ensure that they are fit for purpose and facilitate effective planning. There should be a stronger emphasis on specific actions to meet identified needs built into the placement planning process.</p> <p>The regional manager must have robust oversight of all planning for the young person and address any deficits without delay.</p> | <p>placement planning training session to complete with all staff to ensure that the placement planning process is fit for purpose. This will be completed by the end of October 2019.</p> <p>Placement planning training will be completed with all staff which will place an emphasis on specific actions identified to meet the young person's needs. This will be completed with the team by end of October 2019. The regional manager will complete oversight on the weekly reports which is currently in effect with an emphasis on planning for the young person.</p> | <p>staff member has been recruited with vast experience to ensure consistency in the area of auditing.</p> <p>Training will be completed with staff to support this action. The regional manager will provide oversight weekly via the updated weekly reports. The DOSC will provide oversight via the centre monthly report. The organisation management team will review planning for young people at senior management meetings also. The regional manager will record their oversight on planning for the young person via the weekly centre reports. Planning will be discussed at senior management meetings. In addition, a new QA staff member has been recruited with vast experience to ensure consistency in the area of auditing.</p> |
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