An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	**118**
Year:	**2017**
Lead inspector:	**Noreen Bourke**

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Registration and Inspection Report

Inspection Year:	**2017**
Name of Organisation:	**Harmony Care Ltd.**
Registered Capacity:	**Four young people**
Dates of Inspection:	**25th and the 26th of September 2017**
Registration Status:	**Registered from the 9th of September 2016 to the 9th of September 2019**
Inspection Team:	**Noreen Bourke** **Lorna Wogan**
Date Report Issued:	**29th of January 2018**

Contents

1. Foreword

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

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

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

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

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

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

Registrations are granted by on-going demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the on-going operation of the centre in line with its registration.

Registration was initially granted for a period of three years from the 9th of September 2016 to the 9th of September 2019. Conditions were attached to the centres registration prior to the first three-month inspection in April 2016 as the centre had experienced ongoing difficulties recruiting and retaining suitably qualified and experienced staff. It was the decision of the registration panel that the centre was not fully compliant with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Article 7 in relation to staffing. The condition attached included reducing the centres capacity from four young people to two young people and to stabilise the staff team; the condition timescale was being from the 3rd March 2017 to the 3rd September 2017.

In September 2017 the national registration panel reviewed the conditions attached to the registration. There was evidence to support the findings that progress had been made to address the issues requiring action in relation to staffing. The conditions attached to the registration were removed and the centres capacity reverted to the original registration granted to provide care for up to four young people.

This inspection was announced and took place over two days on the 25th and the 26th of September 2017. This was the second inspection within the centres first year of registration in accordance with the Tusla inspection process. The inspection involved a review of policies and practices as governed by standards two, four, six and seven of the National Standards for Children's Residential Centres (2001) and the accompanying regulations.

The centre was registered to provide mainstream residential care for up to four young people aged between thirteen and seventeen years on admission. Placements were provided to both male and females. At the time of the inspection there were two young people in placement.

The aim of the centre was to provide a high level of support to the young people utilising cognitive behaviour therapy as a model of care in the centre. Practice in cognitive behaviour therapy emphasises the formation of therapeutic alliances in

order to address negative behaviours that impact on the life of young people in care. The service had developed a structured care framework that applied the principles of cognitive behaviour therapy to effect change in the behaviour of the young people.

1.2 Methodology

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

- An examination of inspection questionnaires and related documentation forwarded to the inspectors completed by the centre manager following the inspection.

- An examination of the questionnaires completed by:

a) Chief executive officer of the company
b) Director of social care
c) Seven care staff
d) One social worker with responsibility for one of the young people residing in the centre.

- An examination of the centre's files and recording process.

- Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively

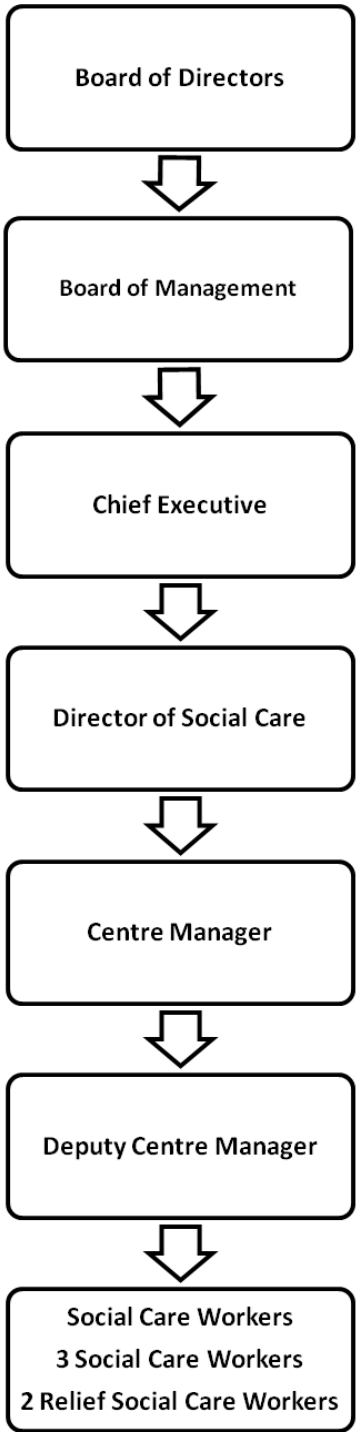
  a) The centre management
  b) The deputy centre manager
  c) Two care staff
  d) One young person
  e) The parent for one young person
  f) The director of social care
  g) The chief executive officer
  h) Placing social worker for one young person

- Observations of care practice routines and the staff/young people's interactions.

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

The inspectors wish to acknowledge and thank the young people for their co-operation and assistance throughout the inspection process. To the management of the centre the inspectors wish to emphasise their obligations to ensure all documentation is made available to the inspectors and that young people who wish to meet with the inspectors are facilitated in doing so.

1.3 Organisational Structure



2. Findings with regard to Registration Matters

A draft inspection report was issued to the centre manager on the 5th of December 2017. 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 plan (CAPA) on the 19th of December 2017 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 continue to be registered 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 continue to register this centre, ID Number: 118 without conditions pursuant to Part VIII, 1991 Child Care Act from the 9th of September 2016 to the 9th of September 2019.

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

Supervision and support

The centre had a written policy in relation to staff supervision. The clinical team attended team meetings from time to time to offer guidance and support to staff in the implementation of the model of care. They were accessible to staff when required and this was evident on the centre records and confirmed to the inspectors by staff.

Inspectors found that staff received regular and formal supervision every four to six weeks. There were supervision contracts on file for all staff members. The centre manager received regular supervision from the director of social care and the inspectors examined the manager's supervision records. There was a structured format for conducting staff supervision and there was evidence that the centre manager reviewed staff practice and provided feedback to staff within the supervision process. There was evidence that the implementation of the model of care and placement plans for the young people were addressed within the process of supervision.

There was evidence that team meetings were undertaken on a monthly basis and a structured handover meeting took place each day. The inspectors reviewed the minutes of team meetings and found that the team were supported by the clinical team in the implementation of the model of care.

3.2.2 Practices that met the required standard in some respect only

Management

The centre manager had an appropriate qualification in social care and had obtained the required level of experience to undertake this role. The centre manager had eight months previous experience as a residential care manager prior to taking up this post. The centre manager and they had been in post for ten weeks at the time of the inspection. The centre manager reported to the director of social care and they sent a weekly report to the director on the day-to-day operations of the centre.

The board of directors had overall responsibility for the governance and oversight of the centre. The chief executive officer was accountable to the board.

The board of management reported to the board of directors and this was how the board satisfied itself that appropriate care practices and operational policies were in place. Three members of the board of management were also non-executive members of the board of directors and had a functional role in the delivery of care within the centre. The non-executive members were as follows; the director of social care the psychologist and behaviour analyst.

The director of social care had responsibility for the implementation and development of policy, for child protection, delivering training in behaviour management and in ensuring oversight within the centre through monthly audit reports. The inspectors found evidence that this role was carried out effectively.

The inspectors found that a number of developments had occurred since the last inspection. The director of social care had recently been assigned to work fulltime within the company therefore had greater capacity to support and develop the residential service. A new centre manager had been appointed. A deputy manager position was created. The deputy manager position replaced that of social care leader with the deputy manager working as part of the staff roster with additional responsibilities.

The inspectors found that the governance in respect of the delivery and oversight of the model of care had improved. The clinical team attended staff meetings and delivered training and support to the care team on the implementation of the model of care. The inspectors found through staff questionnaires and interviews that staff were clear about the roles and responsibilities of the clinical team. Recommendations

from the clinical team were evident in practice. Staff were familiar with these recommendations and how to implement and deliver the programme of care to the young people.

The director of social care and the chief executive officer visited the centre and attended team meetings. There was evidence of governance and oversight of practice by the director of social care by signing centre records. The inspectors did not find evidence of records of the purpose of the chief executive officer's visits to the centre or any outcomes arising from such visits; an issue that must be addressed.

The centre manager provided oversight of the written records and reviewed the significant event reports for the centre. The centre manager was based in the centre from Monday to Thursdays during normal office hours. The manager confirmed to the inspectors that they were accessible to staff by phone on Fridays. The centre manager stated that they monitored and guided practice at the centre through conducting regular team meetings, facilitating handovers and provided formal supervision of staff.

Staff interviewed were familiar with the roles and responsibilities of the centre manager and of the director of social care. Staff stated that the centre manager was accessible to them on a daily basis and provided guidance and direction.

A number of days after the onsite inspection the inspectors became aware of an incident that occurred during the inspection. The inspectors found that the centre manager and deputy manager did not exhibit good leadership skills in relation to the management and reporting of the incident. The information was not provided to the inspectors and the incident was not reported to the social work department in a timely manner. The director of the organisation conducted an internal investigation of staff practices and the appropriate social work departments conducted their own review. The findings of the investigation concluded that inappropriate practices took place and the director of social care of the organisation dealt with the issue through their disciplinary protocols. The director of social care provided the inspection service with an operational response containing strategies to ensure future centre records are accurate and transparent. The inspectors require that robust and stringent oversight of the centre manager and staff practices takes place and is evidenced on an ongoing basis by the senior management team.

Register

The centre manager maintained a register of all children who lived in the centre to date. The centre's register of admissions and discharges was accurate and up-to-date. The register recorded four admissions and two discharges since the initial registration of the centre. The regulations require that the gender of the young person is recorded on the register therefore the centre must update the register to reflect this information. There was a system in place where duplicate records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre had a notification procedure in place that provided details in writing of significant events relating to the young people. Significant event reports were on file at the centre. There was evidence of oversight of the significant event reports by the clinical team. There was further evidence that the centre manager reviewed all of the significant event reports and that the reports were further reviewed in supervision where guidance and direction was given to staff in relation to the specific care approach and in the implementation of the model of care.

However, the inspectors found that the centre manager, deputy manager and staff involved in an incident during the onsite inspection did not follow the required policy and procedures protocol in relation to the reporting of the significant incident. Information was not provided to the inspectors and the incident was not reported to the social work department in a timely manner. The director of social care must have a system in place to ensure all notification of significant events are reported to the relevant people in a prompt manner.

Staffing

The core team comprised of the centre manager, deputy centre manager and four permanent social care workers, one of whom worked relief hours. The core team are supported by two relief social care workers. All of the core staff were appropriately qualified and had satisfactory Garda vetting. The inspectors found that there was a lack of consistency regarding verbal checks of references; the quality of vetting was also identified as an issue during the last inspection of the service. The centre manager must ensure that there is evidence that all staff references are verified.

The centre manager had developed a staff induction programme for all new staff and a system was put in place to record staff induction. The inspectors found that the quality of induction was of a good standard.

The inspectors found that the team had stabilised since the last inspection. The inspectors reviewed the rosters for July, August and September 2017 and there was evidence that a consistent team was in place over the course of this period. The child/staff ratio was 1:1 and there were adequate staffing levels during the daytime and two staff on overnight duty in the centre. The adequacy of staffing levels was based on the centre caring for two young people. The centre was registered for four young people and the current complement of staff would not be adequate to cater for more than two young people; an issue the management team must consider prior to any new admissions. Staff interviewed by the inspectors stated the there was a more consistent approach in their work with the young people and that they received clear direction from the centre manager.

Handover records were reviewed by the inspectors and the inspectors learned that the records did not contain an accurate and a full account of relevant information in relation to the events of the young people on the day of the inspection. The director of social care must consistently evidence the systems put in place to ensure centre records accurately reflect the lives of the young people in the centre.

Training and development

The centre manager maintained a record of all training undertaken by staff. These records evidenced that the clinical team had provided training to staff in the model of care and in the application of cognitive behaviour therapy within the programme of care. Staff interviewed were familiar with the model of care and of its application in practice. The inspectors found that the centre manager and staff who recently joined the team as relief staff were not yet trained in the application of the model of care.

There was evidence that most of the staff employed at the centre had received training in the core competencies of children first, behaviour management, first aid, a recognised behaviour management model and fire safety. However, there remained deficits in staff training particularly in first aid and fire safety. The centre manager had not yet undertaken training in behaviour management, the model of care and first aid. The centre manager informed the inspectors that a staff training programme was to take effect beginning in October 2017. The training programme must evidence

a schedule of mandatory and refresher training for all staff. Current deficits in staff training must be addressed within the training programme.

Administrative files

The centre manager had recently reviewed their system for maintaining administrative files. This work was ongoing and needed to be developed further. The centre recording systems were organised and maintained in a manner that facilitated effective management and accountability. There was good attention to confidentiality and storage of the young people's files. The storage file was locked however it was not fire retardant. It was not clear to the inspectors where and how the files were to be stored in perpetuity. This must be addressed by the director of social care and a system put in place for the safe storage and retention of files and centre records.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency had 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 had met the regulatory requirements in accordance with the **Child Care (Standards in Children's Residential Centres) Regulations 1996**
-Part III, Article 5, Care Practices and Operational Policies
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
The centre had not met the regulatory requirements in accordance with the **Child Care (Standards in Children's Residential Centres) Regulations 1996**
-Part III, Article 16, Notification of Significant Events.

Required Action

- The centre manager must ensure that there is evidence that all staff references are verified.
- Robust and stringent oversight of the centre manager and staff practices must take place and evidenced on a regular and ongoing basis by the director of social care.

- The chief executive officer must evidence in writing the purpose of their visit and the outcome of such visits.
- The centre manager must ensure that the gender of each young person is recorded in the register.
- The director of social care must have a system in place to ensure all notification of significant events are reported to the relevant people in a prompt manner.
- The director of social care must consistently evidence the systems put in place to ensure centre records accurately reflect the lives of the young people in the centre.
- The director of social care must ensure that the centre manager and all relief staff are trained in the application of the model of care. The deficits in staff training in the area of first aid and fire safety must be addressed.
- A system must be put in place for the storage and retention of files and centre records that is compliant with Data Protection legislation.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

There was evidence that staff implemented a rights based approach to their work with the young people and this was confirmed to the inspectors by one of the young people. The young people were involved in reviewing and setting targets and expectations around managing their behaviour. They were consulted regarding their preferred options when looking at the token economy system which is linked to a change in behaviour. There was evidence that the young people were consulted through forums such as house meetings, however decisions agreed at the meetings were not recorded. The minutes of house meetings must record decisions taken as a result of issues raised by young people at these meetings.

One young person told the inspectors that their views were sought when decisions were being made that affected their daily life and future. For the most part they

attended their child in care review meetings. One young person was without an assigned social worker at the time of the inspection. In the interim a community worker had been assigned to the young person. They visited the young person in placement and have since been assigned as the placing social worker. The deputy manager confirmed to the inspectors that the young person did not attend their last child in care review meeting which was of their choosing; however they had attended their previous meetings. They stated that the voice of the young person was heard and that staff advocated for the young person.

The second young person told the inspectors that they attended their child in care review meetings and were able to say what it was that they wanted. They told the inspectors that they were visited by their social worker. The young person had a clear plan about the future direction that they wanted to take and felt that this was supported by their social worker.

The centre had developed a transition plan as a means of supporting the young person in their transition to aftercare. The young person told the inspector that they were consulted and supported by staff in preparing for aftercare. As part of the preparation it included plans for their education. The young person had secured a work placement as part of their education programme. They were supported by staff to explore viable options regarding move on accommodation.

3.4.2 Practices that met the required standard in some respect only

Complaints

There was a written complaints procedure in place. The inspectors examined the complaints log from 25th of January 2017 to the 21st of August 2017. It was evident from the records that the young people were able to express concerns or complaints about their care. The complaints log contained informal and formal complaints. There were no formal complaints recorded on the register. The inspectors found that there was a need for clarity on what constitutes a formal and informal complaint. Staff informed the inspectors that if a young person makes a complaint they are offered a complaint form. If they do not fill out the complaint form it was not clear to the inspectors how the complaint was dealt with. The outcome of complaints investigation was not consistently evidenced on the complaints register. The complaints register must record the outcome of the complaint and evidence whether or not the young person was satisfied with the outcome of the complaint. The centre did not follow its own policies and procedures and provide the young people with a

stamped addressed envelope for complaints to professional outside of the centre. The director of social care must provide more robust evidence of oversight of complaints made by young people in placement.

A formal complaint was received by the management of the centre while the centre was in the inspection process. This necessitated an internal and external investigation that was undertaken by the service and the Child and Family Agency, TUSLA. There was evidence on the file to show that the issue had been investigated and an outcome reached in relation to the complaint. There were issues regarding staff training and professional practice which were being addressed by the directors following the outcome of the investigation.

The inspectors were informed by the parent of one of the young people in placement that they had not received written information about the complaints procedure within the centre. The director of social care must review the written information provided to parents and evidence on record what information was provided to parents.

Access to information

The centre had a written policy on the young people's right to access information. One young person interviewed by the inspectors told the inspector that they had received written information about the centre and about their rights. They also confirmed that they had received information on Empowering Young People in Care (EPIC) a national advocacy group for young people in care. EPIC had visited the centre on one occasion. The inspectors found that the young people were informed of their right to access information and the daily records. The centre manager confirmed that the young people chose not to read their files. The centre should be more proactive in finding ways of sharing information with the young people and in a manner that is appropriate to their age and development.

The inspectors found that one young person's placement was not supported by a relevant care plan or a leaving care plan thus the young person and their family had no access to any written information on their care plan or leaving care plan. They had not received a copy of the minutes of their last child in care review meeting. Copies of the minutes of the review meeting had not been made available to the centre manager despite the centre manager requesting them.

3.4.3 Practices that did not meet the required standard

None identified

3.4.4 Regulation Based Requirements

The Child and Family Agency had met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, and Consultation with Young People.***

Required Action

- The social worker for one of the young people must ensure that a copy of the young person's care plan and leaving care plan is provided to them and a copy of the minutes of their last child in care review is to be furnished to them.
- The director of social care must ensure that the centres complaints policy is fully adhered to and staff are aware of what constitutes a complaint. They must provide robust evidence of oversight of complaints and record whether the young person was satisfied or not with the outcome of the complaint.
- All parents must receive written information about the complaints procedure within the centre.

3.6 Care of Young People

Standard

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

3.6.1 Practices that met the required standard in full

Individual care in group living

The young people were cared for in a manner that respected their views about how they should live together. Following interviews with the young people the inspectors found that they were positive about their experience of living at the centre and about the staff who cared for them. The young people had individual placement plans.

Account was taken of their individual preferences for how they should live together. Their individuality was reflected in their interests and choice of friends.

In the absence of a care and after care plan for one of the young people the centre had developed a placement plan. The placement plan evidenced that the assigned keyworkers to the young person were achieving the stated objectives of the placement plan. The focus of the placement plan for one of the young people was on supporting the young person in their move on from the care system. Staff were utilising the Pathways programme to support the transition of moving on.

The inspectors found evidence that staff's interventions with the young people were reviewed by the centre manager. Staff used various styles of teaching such as role play and role modelling for the young people. There was evidence of staff using emotional based responses with the young people rather than focusing on negative behaviours. Account was taken of the interests of the young people when participating in local community activity and groups. The young people participated in local sport groups and had friends within the locality. Friends visited the young people at the centre. They were allowed to express choice about their personal appearance and clothing.

Issues of personal hygiene were dealt with sensitively. The inspectors advise that given the needs of one of the young people the service should develop a policy on intimate care.

Festive occasions were important events and it was evidenced that plans were already in place for the celebration of Halloween and Christmas.

The young people's bedrooms were sparsely decorated and lacked a sense of warmth and belonging. Staff stated that the young people's rooms were routinely searched. To maintain the young people's right to privacy room searches must be regularly reviewed to ensure that they continue to be necessary and evidence the reason why they are required.

Provision of food and cooking facilities

The young people told the inspectors that they were involved in the planning of the meals provided at the centre. A review of the planned menu showed that the meals provided to the young people were nutritious and provided a healthy and well balanced diet. The young people had the opportunity to shop for specific items of food that they liked. The kitchen in the centre was spacious and well equipped and

was maintained to a good standard. There was evidence that the young people had easy access to food and were encouraged by staff to maintain a healthy diet and lifestyle. Staff had an expectation that the young people and staff share the evening meal together.

Race, culture, religion, gender and disability

Staff recognised the importance of family as a source of heritage and facilitated good quality contact with family where this was possible and in the best interest of the young people. There was evidence from the daily records and placement plans that staff had engaged the young person in focused work-regarding their heritage and background.

The centre had a written policy on anti-discrimination practice. The inspectors found that the young people were engaged in local community clubs. There was evidence the opportunity to attend religious services was offered however the young people declined.

Absence without authority

The staff team were familiar with the Joint National Protocol for Children Missing from Care and with the procedure for reporting a child missing from care. Absent management plans had been developed in respect of each young person. A review of the centres records regarding missing from care episodes evidenced that they were well recorded. There was evidence of an inter-agency strategy meeting between the centre manager, the Gardai and the social work department with a view to putting strategies in place in order to reduce episodes of young people being missing from care. There was evidence that this meeting had provided clarity and direction in relations to missing from care episodes and there was evidence of a significant decrease in the number of incidents of the young person missing from care.

The centre had a missing from care file, a missing from care log book and a significant event record log book. The records of missing from care events were not consistent across all records that maintained this information. There is need to have a system in place which accurately reflect the information recorded across all of the records. The centre should review the necessity for the duplication of records.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The centre had a written policy on managing behaviour. There was evidence that staff engaged with young people in the management of behaviours that challenge. Staff interviewed were familiar with the Antecedent Behaviour Consequence (ABC) approach practiced by the centre to effect change in targeted behaviours. There was evidence that staff were using positive reinforcement to effect change in behaviours. They stated that they were supported by the clinical team in understanding the underlying causes of inappropriate behaviours and that day-to-day strategies were put in place to support the young people in managing their behaviour. The centre operates a token economy reward system as a behaviour modification tool. There was good oversight of the ABC programme by the clinical team.

Specific and age appropriate behaviour management plans were drawn up by the clinical team. The inspectors found that the behaviour management plans were tailored to address targeted behaviours of the young people. Staff found these plans to be helpful in trying to effect change through the token reward system. The behaviour management plan was in digital format only and held on computer. The password to access the plan was not available to the social care workers on the team therefore they had no means to review or reference the plan in the managers absence.

The young people did not have individual crisis management plans to inform staff of the young people's day-to-day functioning and possible changes in their behaviour that may contribute to an escalation in behaviour. An individual crisis management plan for the young people must be developed in conjunction with the young person, staff and the placing social worker. This plan should inform staff of the day-to-day baseline behaviour of the young person for example, identifiable triggers that give rise to a change in behaviour. The crisis management plan must identify the interventions and strategies staff can employ in order to intervene effectively in a crisis intervention situation.

There was a written policy on sanctions. A review of the sanctions in place included the loss of pocket money for example cursing, verbal and aggressive behaviour. The records indicated that these sanctions were proving to be ineffective. There was a need for a robust system to be put in place to monitor sanctions and their

effectiveness. It was not clear how the sanctions policy worked alongside the token economy reward system. There was a need to see more evidence of reflective discussions with the young people in relation to their behaviours.

Restraint

Restraint was not a feature of the young people's care at the centre. Restraint was viewed by the team as a final intervention in a very serious incident and all staff were trained in a recognised behaviour management model. However, staff overall were unclear about what circumstances physical restraints could actually be employed and of the centres policy on physical restraints. All staff must be familiar with the centres policy on restraint. As stated the young people did not have individual crisis management plans that must document if a young person can or cannot be restrained; an issue that must be addressed. The staff should be familiar with any pre-disposing risk factors that would prohibit the use of physical restraint interventions.

3.6.3 Practices that did not meet the required standard

None identified

3.6.4 Regulation Based Requirements

The centre had met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***
-Part III, Article 11, Religion
-Part III, Article 12, Provision of Food
-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

- The centre manager must ensure that behaviour management plans are accessible to care workers at all times.
- The centre manager must develop an individual crisis management plan for each young person in consultation with the young person, staff, the placing social worker and ensure it records if physical restraint interventions can be employed and the pre-disposing risk factors for the use of restraint.
- The centre manager must monitor sanctions and their effectiveness.
- The centre manager must ensure that all staff understand the centres policy on restraint and are clear regarding its use.

3.7 Safeguarding and Child Protection

Safeguarding

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

3.7.1 Practices that met the required standard in full.
None identified.

3.7.2 Practices that met the required standard in some respect only

The centre had a policy on child protection and safe practice. This policy outlined safe practice and included guidelines for staff on dealing with complaints, bullying, and disclosure of abuse. The policy highlighted the importance of recording and the role of recording in ensuring safe care. It emphasised the importance of the rights of the young people to have access to information regarding their care and records.

Young people had access to their social workers and in the absence of an assigned social worker for one of the young person the social work team leader held oversight of the young person's placement. The young people had access to telephones and were able to make contact with their social workers, guardians and family. One of the young people had an assigned Guardian ad litem. The centre manager stated that they visited the young person in their placement and that they were a good advocate for the young person and attended their child in care review meetings.

The young people were integrated into the local community. They were aware of EPIC a national advocacy group for young people in care. There was evidence that the young people were supported to participate in their child in care review meetings. There were good interdisciplinary relationships among professionals when looking at interventions and strategies to reduce young people's episodes of being missing from care.

The centres policy on child protection contained guidelines on the nature of appropriated professional boundaries and relationships. However, inspectors found

that staff awareness and capacity to identify safe care practices was inconsistent In some incidents staff interventions to managing behaviour needed to be addressed through supervision and training at team level. There were inconsistencies in the staff team's abilities to interpret what constituted safe practices to manage behaviours.

All staff employed at the centre had appropriate Garda vetting, however as previously stated verbal checks on references were not consistently evidenced on the personnel files for all staff. Staff vetting was identified as an issues requiring action at the last inspection.

A staff induction programme was in place which was introduced by the centre manager and evidenced on file.

3.7.3 Practices that did not meet the required standard

None identified.

Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

None identified

3.7.2 Practices that met the required standard in some respects only

The inspector found that the centre has a child protection policy in line with *Children First: National Guidance for the Protection and Welfare of Children 2011*.
The director of social care was the designated person for the reporting of child protection and welfare concerns. Staff were able to identify the appointed designated liaison officer and were aware of their obligations to report any child protection concerns to the designated liaison person.

The inspectors found that the designated liaison person was aware of the requirement to forward child protection concerns to the local duty social worker; however, there was lack of clarity within the local social work department as to who should investigate child protection concerns relating to children placed in this centre.

With the implementation of the Children's First Act 2015 the inspectors were satisfied that the issue of area responsibility for the reporting of child protection concerns would be clarified for duty social workers. Inspectors found there were no agreed arrangements in place with the supervising social workers for bringing allegations of abuse to the attention of parents or guardians. The admission procedures must ensure that there are arrangements in place with the supervising social worker for bringing allegations of abuse to the attention of the parents or guardians.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre manager must evidence in practice the strategies they employ to support staff to consistently identify what constitutes safe care practices.
- The director of social care must ensure that a robust system is in place for tracking, reporting and the management of child protection concerns.

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3. Action Plan

Standard	Issues Requiring Action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	Robust and stringent oversight of the centre manager and staff practices must take place and evidenced on a regular and ongoing basis by the director of social care.	Regular visits recorded to the centre via visitor's log. Evidence on YP File checks (sign in sheet) Weekly reports provided by e-mail. Attendance at monthly team meeting and management meetings. December 2017	New weekly report template to be implemented.
	The chief executive officer must evidence in writing the purpose of their visit and the outcome of such visits.	December 17	CEO will sign New Directors Visits Log on arrival and departure from the centre and will state reason for visit.
	The centre manager must ensure that the gender of each young person is recorded in the register.	Please see register attached to this response. October 17	New admission and discharges register has been implemented to add the gender of each person recorded in the register.
	The director of social care must have a system	Please see copy of audit sheet attached.	SEN Audit cover sheet will be implemented to

	in place to ensure all notification of significant events are reported to the relevant people in a prompt manner.	December 2017	prompt all relevant details associated with SEN's.
	The centre manager must ensure that there is evidence that all staff references are verified.	File audits are conducted by centre manager every two months.	Individual Audit sheet added to each personal file.
	The director of social care must consistently evidence the systems put in place to ensure centre records accurately reflect the lives of the young people in the centre.	Weekly report provided that cover all events of daily living printed and filed in the centre. Weekly centre report template attached. November 2017	Update daily/weekly reports to accurately reflect the lives of the young people. Daily / weekly contact with the director of social care via phone and email.
	The director of social care must ensure that the centre manager and all relief staff are trained in the application of the model of care. The deficits in staff training in the area of first aid and fire safety must be addressed.	Centre manager received training in Model of Care. December 2017	
	A system must be put in place for the storage and retention of files and centre records.	Training in Fire Safety has been booked for 24th January 2018. Staff file audits conducted every two months by the centre manager. This will identify training needs of staff.	CEO will identify / source appropriate storage.

		January 18	
3.4	The social worker for one of the young people must ensure that a copy of the young person's care plan and leaving care plan is provided to them and a copy of the minutes of their last child in care review is to be furnished to them. The director of social care must ensure that the centres complaints policy is fully adhered to and staff are aware of what constitutes a complaint. They must provide robust evidence of oversight of complaints and record whether the young person was satisfied or not with the outcome of the complaint. All parents must receive written information about the complaints procedure within the centre.	Copy of correspondence on file requesting all relevant files. January 2018 Staff team have received training around the complaints procedure from Director of Social Care on 18.12.17 December 2017 January 2018	Complaints logs to be a standing item for team meetings. A welcome pack for the young person and an information hand book which includes overview of model of care and complaints provided to the parents.
3.6	The centre manager must ensure that behaviour management plans are accessible to care workers at all times. The centre manager must develop an individual crisis management plan for each	A new behaviour support plans have been implemented, these are accessible in the daily working folder. October 2017 October 2017	The BSP's are in conjunction with MAPA New behaviour Support Plan incorporated /individual Crisis Management Plan.

	young person in consultation with the young person, staff, the placing social worker and ensure it records if physical restraint interventions can be employed and the pre-disposing risk factors for the use of restraint. The centre manager must monitor sanctions and their effectiveness. The centre manager must ensure that all staff understand the centres policy on restraint and are clear regarding its use.	New register of consequences both negative and positive. January 2018 Restraint options are identified in pre-admissions risk assessments, the YP Behaviour Support Plan and practice guidelines – this will be reviewed at team meetings. December 2017	Evidence of oversight will be provided by Centre Manager. This will be reviewed monthly the MAPA Trainer / Director of Social Care.
3.7	The centre manager must evidence in practice the strategies they employ to support staff to consistently identify what constitutes safe care practices. The director of social care must ensure that a robust system is in place for tracking, reporting and the management of child protection	New practice guidelines reflect daily and weekly routine. November 2017 New register for SRF's to be implemented January 2018	New risk assessment and risk assessment management plans have already been implemented. Individual training was provided by Centre Manager. Implementation of behaviour support plan. To be audited by the centre manager and the DLP /Director of Social Care.

	concerns.		