



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number: 050**

**Year: 2017**

**Lead inspector: Sharon Mc Loughlin**

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

## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Home Again</b>
<b>Registered Capacity:</b>	<b>Six young people</b>
<b>Dates of Inspection:</b>	<b>6<sup>th</sup> June and 8<sup>th</sup> June 2017</b>
<b>Registration Status:</b>	<b>Registered from 28<sup>th</sup> February 2017 to 28<sup>th</sup> February 2020 with no attached conditions</b>
<b>Inspection Team:</b>	<b>Sharon Mc Loughlin Sinead Diggin</b>
<b>Date Report Issued:</b>	<b>19/07/2017</b>

# Contents

## **1. Foreword**

- 1.1 Methodology
- 1.2 Organisational Structure

## **2. Findings with regard to Registration Matters**

## **3. Analysis of Findings**

- 3.2 Management and Staffing
- 3.5 Planning for Children and Young People

## **4. Action Plan**

## 1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the

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

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

## 1.1 Methodology

This inspection report sets out the findings of a thematic inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was announced and took place over the following dates the 6<sup>th</sup> and the 8<sup>th</sup> of June 2017

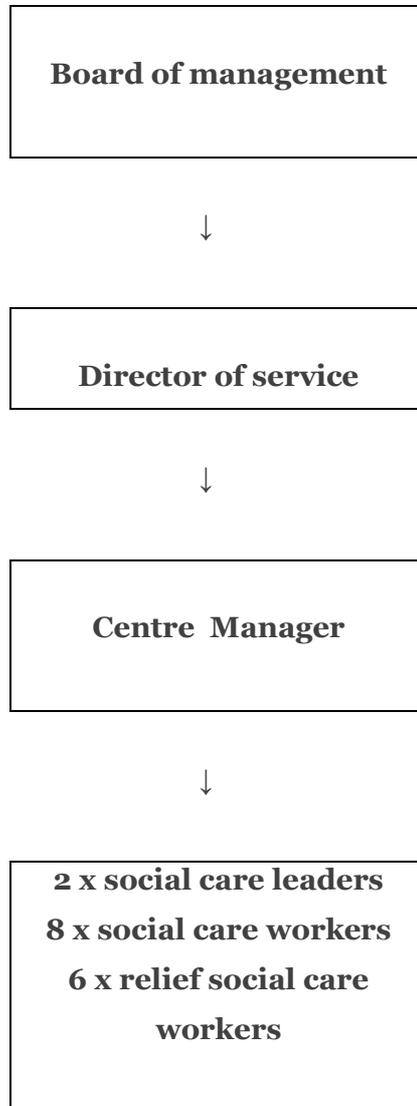
The report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
  
- ◆ An examination of the questionnaires completed by:
  - a) Fifteen of the care staff
  - b) Two young people residing in the centre
  - c) One social worker with responsibility for young person/people residing in the centre.
  - d) Other professionals e.g. General Practitioner's and therapists.
  
- ◆ An examination of a sample of the centre's files and recording process.
  
- ◆ Interviews with relevant persons that were deemed by the inspection team as to have a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre manager
  - b) The service director
  - c) Four staff members
  - d) Two social workers worker with responsibility for young person/people residing in the centre.
  
- ◆ 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**

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration. As such this centre remains registered without attached conditions from the 28<sup>th</sup> of February 2017 until the 28<sup>th</sup> of February 2020.

## 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

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

The centre have a system in place to record and notify the Child and Family Agency of all significant events that occur relating to young people in the centre. The notifications are prompt and social workers confirmed that they were satisfied with how quickly they receive information and also how the incidents were managed. All significant event notifications are completed on standardised documents and a register of events is maintained for the purpose of oversight by the manager in the centre. There was evidence that the current manager reads and oversees the register for quality assurance purposes. There was also clear direction from the manager with regard to how incidents were managed and responded too.

There is a local forum for the review of significant events which is attended by residential services in the region, the purpose of this group to sample significant events and to use a group reflection and learning approach to gain insight as to how events are managed. While this is positive it was having very little impact on the insight and learning for the staff in relation to their day to day practices in this centre. The management suggested that an internal review of the significant events would be more beneficial and plans were in place for this to be introduced.

##### **Staffing**

There were ten staff working in the centre, two staff were employed as social care leaders and the remaining eight staff worked either full time or job share. The team is very well established, experienced and qualified, with eight of the staff team working in the centre for over ten years. One staff member does not have a qualification but has many years experience working in residential care. Efforts have been made to facilitate this staff to gain a recognised qualification, however to date this has not occurred. It is recommended that this remains a priority for management.

The child care leaders are rostered to be on shift on alternative days and weekends to ensure that as far as practicable there is an experienced staff member working in the centre who can lead the team as well as the manager. The staff team showed a good understanding of how to communicate effectively with young people and there was good evidence of staff nurturing the young people and paying attention to their primary care needs.

A sample of staff personnel files were reviewed as part of the inspection and they were found to be comply with the vetting requirement as regards Garda vetting and references from previous employers. There were copies of qualifications on file but verifications of qualifications were not present in some instances. It is recommended that the files are reviewed again by the manger and any outstanding verification placed on file.

There is a policy in place for induction for new staff. There is very low staff turnover in the centre, however a staff confirmed through interview and questionnaires that they received induction prior to taking up duties and that they found the induction helpful and informative and assisted them in preparing to take up full time duties.

### **Supervision and support**

The centre has a policy on supervision which states that staff should be supervised at least once every six weeks. The acting manager currently in post at the time of this inspection has been supervising the staff in line with this policy but a review of a sample of supervision files over the last twelve months showed that this supervision was not routinely occurring in line with the stated policy for all staff. The recently appointed social care leaders also supervise staff and again gaps were identified in previous records of supervisions. To support the links between supervision and key working a system of case management meetings have been established whereby one of the social care leaders meets with the key workers to review the goals of the placement and to ensure that goals are being met. The staff and manger have found that this is a more effective way to ensure that the key working role is being implemented and that the young people are progressing in their placement. The inspectors found that the system so far has been implemented well and that it displayed accountability and traceable evidence that staff are following the goals of individual placement plans.

There were good systems in place for the staff team to communicate effectively and efficiently with each other. There is a daily handover meeting which the manager

attends and both the staff coming on duty and the staff leaving. An inspector observed this meeting and found it to be well organised, structured and focused on pro-active planning for the young people for the day ahead. The team also have a fortnightly team meeting. The structure of the meeting has been revised since the acting current manager has taken up post as it was identified that the meetings were not being productive and lacked structure. An inspector attended a team meeting and observed it to be well led by the manager with a clear agenda and discussion regarding young people, actions to be taken and those responsible for implementing actions were identified. The key workers gave an overview of young people's placement plan and the ICMP was discussed and updated where necessary. It was also noted that the staff team paid good attention to primary care needs of the young people and decisions were made based on the individual needs of each young person taking into account their emotional and developmental state.

### **Training and development**

The staff team are all but one qualified in a recognised qualification in social care, the organisation will support and have done so in the past, staff to return to college to get a qualification. The core training for staff in Children's First National Guidance for the Protection of Children:2012, fire safety, Therapeutic Crisis Intervention and first aid were all up to date and a register is maintained of all staff training. The team have also completed training in RAP as a model of care and have been implementing this under guidance of the certified RAP trainer who meets with the team once every six weeks. The staff team identified this as very useful training and development and assists them in how they do their work.

Other areas of training that the manager and the staff identified as a need were in update drug awareness and dealing with mental health concerns. There was no specific training sourced for the team in these areas at the time of the inspection but given the nature of the work and the challenged the staff face it is recommended that the team are provided with this training to enhance their skills at responding to young people.

### **Administrative files**

The centre have a standardised administrative filing system that has been in use in the centre for many years. While the system does ensure that all relevant records are being maintained and are in line with Freedom of Information requirements the inspectors did recommend that the centre management review the filing system to

ascertain if it is the most effective way of recording information. The recording form for the significant event information in particular is quite lengthy and some of the other documents do not lend themselves easily to gathering information quickly and effectively. The key workers complete a fortnightly report to send to social workers and families and staff and management concur that it can take time to gather the information from all the relevant documents.

There are clear arrangements in place for the financial running of the service and the Board of Management oversee the budget for the service. The manager and staff were satisfied that there is adequate petty cash for the day today running and if money was needed for specific items then this would be facilitated.

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

#### **Management**

The centre has a management structure in place that is well established, the centre manager reports to a service director who in turn reports to a board of management. However the centre has had three different managers in the last registration period of three years. These changes have all been notified to the registration and inspection service. The change in managers has had an impact on the centre and was named by all the staff in interview and in questionnaire as an area that they would like to see addressed. There is level of uncertainty as the current and previous manager are in acting posts, due to extended leave of the permanent manager. The inspectors did raise the issue that with such an experience staff team, the length of time the service is in operation, that overall governance of the centre and the structures and systems in place to run the centre should not be personality led but should be guided by policies, practices and procedures that have been agreed understood by the team and management. It is a failing of the governance structures that staff in the centre experiences such uncertainty with changes in managers.

The current acting manager had been in post for three months prior to the inspection and had also been the manager of the centre previously. The inspectors were satisfied that he was fulfilling his role and that he displayed good leadership and support to staff. He had a good understanding of the young people and insight into their individual needs. He has mechanisms in place to oversee the work of the staff team and attended handovers and staff meetings, he also reads the records and there was evidence on records of his oversight. There is good communication between the manager and the service director however the written evidence of this is not available to track. The service director as the external manager in interview displayed a good

awareness of the service and the operation of it including any deficits in practice that were brought to his attention by the manager however he did not have a robust system in place himself to ensure that the service was operating in accordance with the agreed policies and procedures. He was unaware that the supervision policy in the previous twelve months was not been adhered to and also that in some of the records reviewed by inspectors that the language used by some staff appear to show what could be viewed as favouritism to particular young people. The director of service agreed with the inspectors that he needed to return to a more auditing of files as he did previously.

The external board of management meet regularly and have a reporting structure in place, minutes of the meeting were made available to the inspectors, these meetings look at the more macro organisational issues, there is a smaller sub committee who report to the board by written report on the day to day operation of the centre. in general the operations of the centre is left with the service director and the manager however a member of the board does visit the centre regularly and talks to staff and young people. While the visit is logged in the visitors' book there is no record of the purpose of the visit and any outcome as a result of the visit. This would be useful and would indicate another aspect of external governance.

## **Register**

The centre has a register of admissions of young people to the centre. The register records the information as required by the regulations and a duplicate copy of the information is held with Tusla the Child and Family Agency. A review of the register by inspectors found that no information was recorded for the most recent admission to the centre, although this young person had been living in the centre for at least two months at the time of the inspection.

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

**None identified**

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***  
***-Part III, Article 5, Care Practices and Operational Policies***  
***-Part III, Article 6, Paragraph 2, Change of Person in Charge***  
***-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***  
***-Part III, Article 16, Notification of Significant Events.***

### **Required Action**

- The governance of the service must be made more robust and accountable. There must be clear systems in place to track how the management oversee the operational practices and procedures and track how they are implemented.
- The register of young people in the centre must be maintained up to date with information on all new admissions.

### **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**

The centre has an admission policy which details the referral and admissions criteria and the admission process. All admissions to the centre are processed through the local Child and Family Agency led Central Referral Committee. The centre manager does have input into the final decision as to whether the admission of a young person is suitable given the nature of needs of the young people in the centre. The centre do not complete comprehensive collective risk assessments to determine the suitability of placement and the impact that certain behaviours may have on the current young people resident in the centre. They do complete a centre milieu form which is submitted to referral panel however it would be more useful to have a risk assessment that identifies all the potential areas of risk and also how this could be managed individually and collectively. This also should be inclusive of the social workers who have children placed in the centre.

This allows the staff and the manager to identify what resources they may need to provide the placement be it, increased supervision levels, revising the rota, external professional supports. If these cannot be provided for budget reasons or availability of professional supports then the staff and manager are making an informed decision as to whether they can provide the best placement with the best outcomes for young people.

A very recent placement breakdown is a good example of where this may have helped in determining if they could adequately care for the young person and meet their needs. Both an external professional and the social worker were of the opinion that the centre did not have the capacity to care for this young person as his behaviour

became more challenging and he was placing himself at greater risk outside of the centre and impacting negatively on the other young people.

This being said the current young people placed in the centre have presented with challenging and difficult behaviour but the staff team have managed to work with and engage them and make a positive difference in their lives. The social workers for the three young people living in the centre during the inspection were all satisfied that the placement was meeting the needs of their young people.

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

There were up to date care plans on files for two of the young people , the third young person had his review postponed but a new date had been agreed and following this review a new care plan was to completed. Two of the young people were nearing 18 and their plans included aftercare planning. The statutory review of the care plans for two young people had occurred in accordance with regulations and the minutes on file showed that the young people attended their review and that their views and wishes were sought and considered.

The care plans for the young people are supported by a placement plan. The goals of the placement plans were congruent with the care plans and the centre had a system in place to track if the goals were being met , who was responsible for ensuring they were met, and if not the reason why they were not met. One of the social care leaders has responsibility for meeting with the allocated key work teams and discussing, reviewing and updating the placement plans. This works well for the staff and the young people and was easy for inspectors to track the measurable progress that young people had made in their placements.

### **Contact with families**

Maintaining contact with family and re-establishing lost contact is something that is very much valued in the ethos of care being provided in this centre. The centre has a written policy on family involvement and contact and there is space within the centre for families and young people to meet in private. Family members are also sent a fortnightly report by key workers. The staff also respect the rights of young people who have chosen to have limited contact with their families given their age and level of maturity. One of the recent discharges from the centre was a young person returning home to live with family, this was positively planned for and supported by the staff, an outcome for the young person who in other circumstances may have remained in residential care until 18 was very positive

## **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.

Each of the young people in the centre has an allocated social worker who visits them in the centre and meets with them in private on occasion. The centre maintain a record of all visits but not on a specific log that records actions taken as a result of the visit, it may be useful to have this information to assist with communication between social work and the centre staff and ensure all tasks are completed. The social workers have fulfilled their statutory obligations by having care plans and care plan reviews in line with the requirement of regulations. The social workers interviewed were satisfied with the level of communication from the staff and stated they had a good working relationship with the staff. They were of the opinion that the placement was meeting the needs of the young people.

### **Emotional and specialist support**

The staff in the centre have many years experience and they presented with a good understanding of care provision and meeting the needs of young people. They demonstrated at the team meeting a good understanding of the reasons behind presenting behaviours and also a kindness and awareness of the importance of good primary care and nurturing. The acting manager was also instrumental in leading this approach. The staff team have trained in the RAP model of care and are incorporating this model in all their interactions with young people. There was a lot of positivity among the team regarding this model and how it is benefiting the young people. Some good examples of this are from the previous notifications of significant events where young people were engaging in negative behaviours out of the centre and being absent from the centre, the staff worked on engaging with the young people forming trusting relationships and diverting them away from this negative behaviour and the outcome was that the young people did engage and did adjust their behaviours. Where young people are involved with external professionals, the staff communicates regularly with these and any recommendations are incorporated into the placement

plan. The staff were awaiting the outcome of an assessment report for one young person and were querying the final assessment to get guidance on how best to plan and work with the young person.

### **Preparation for leaving care**

The young people in the centre were being prepared for leaving care and given that two of the young people were almost 18 the care plans for both these young people identify the main goals of the placement are to supporting them with independent living skills. Therefore the main focus of the key working and placement plans were learning how to budget, how to cook and live alone. One of the staff members on the team has a specific role in working with young people leaving the centre and supporting them when they have left. This ensures that there is a knowledge base built up on services and supports available to young people when they are leaving the centre.

While the staff are very proactive in preparing the young people for leaving care it was noted on the inspection from the written records that there may be an over focus by staff in reminding the young people that they will soon be leaving care. At times the records showed that young people were resisting engaging in the skills programme. While it is acknowledged that staff are trying to ensure that the limited time they have left with the young people is used to enhance their independent skills this must be balanced. The inspectors noted that one of the young people was working full time and that the skills that he was showing being able to maintain a full time busy job were not being fully acknowledged as part of this overall plan or the work that staff have done with him.

### **Discharges**

The centre has a written policy on discharges, the aim is to have all discharges in line with the agreed care plan however in circumstances where this does not occur the final decision on a unplanned discharge is made by the director of care. A review of the centre register found that all discharges from the centre have been in line with the policy and in a planned manner.

### **Aftercare**

The Child and Family Agency has a written policy on aftercare provision. The young people in the centre both qualified for full aftercare support and referrals had been made to an aftercare service to provide accommodation for the young people when

they turned 18. Neither of the young people were guaranteed a place in this accommodation at the time of inspection but were on waiting lists. A lack of suitable and affordable accommodations remains a major issue for young people leaving the care system and a multidisciplinary approach between the Child and Family Agency and local authority housing still requires action.

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

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

The centre maintains a care file on each individual young person and the social workers maintain a case file, both these files are kept in perpetuity. The care records in the centre are standardised and kept in line with local Child and Family Agency Policy. The inspectors found for the most part that the records were well written but did note that the language used in some instances could be interpreted as showing slight favouritism to certain young people.

The records show that staff do attempt to seek the opinions of the young people and where they are willing to give these opinions, then these are recorded mainly in the daily logs. There were other documents in files that did not demonstrate the voice of the child or evidence that the young people were in agreement with what was being written about them.

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

**None identified**

#### **3.5.4 Regulation Based Requirements**

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

*Regulations 1995*

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

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

*-Part V, Article 25and26, Care Plan Reviews*

*-Part IV, Article 24, Visitation by Authorised Persons*

*-Part IV, Article 22, Case Files.*

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

***-Part III, Article 17, Records***

***-Part III, Article 9, Access Arrangements***

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

### **Required Action**

- The centre manger and staff must ensure that the language used in the daily logs does not infer favouritism to any one of the young people.
- The centre manager and staff must ensure that the young peoples' voice is recorded on all reports and records that are written about them.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	<ul style="list-style-type: none"> <li>The governance of the service must be made more robust and accountable. There must be clear systems in place to track how the management oversee the operational practices and procedures and track how they are implemented.</li> <li>The register of young people in the centre must be maintained up to date with information on all new admissions</li> </ul>	<p>We accept the findings of the report in this regard and undertake to put these structures in place.</p> <p>The register is now up to date</p>	<p>We are in the process of setting up an internal SEN review body to include both house managers and the director to ensure best practice, adherence to policy and procedure, language used, tone and content are appropriate.</p> <p>The Director will feed into this group audit information from monthly audits to be carried out on SENS to look at the tie-in to key working, placement and care plans.</p> <p>The director will carry out monthly audits on supervision identifying why any scheduled supervision does not happen.</p> <p>The manager will review this on a regular basis.</p>

<b>3.5</b>	<ul style="list-style-type: none"><li>• The centre manger and staff must ensure that the language used in the daily logs does not infer favouritism to any one of the young people.</li><li>• The centre manager and staff must ensure that the young peoples' voice is recorded on all reports and records that are written about them.</li></ul>	<p>This had been discussed with all staff by management.</p> <p>Staff have been reminded to record the voice of the young person in all records.</p>	<p>The manager will review and monitor this on a daily basis.</p> <p>The manager will monitor and review this on a daily basis.</p>
------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------