



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number: 041**

**Year: 2018**

**Lead inspector: Sinead Diggin**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2018</b>
<b>Name of Organisation:</b>	<b>Misty Croft Ltd</b>
<b>Registered Capacity:</b>	<b>Six young people</b>
<b>Dates of Inspection:</b>	<b>7<sup>th</sup> and 8<sup>th</sup> of February 2018</b>
<b>Registration Status:</b>	<b>Registered from 12<sup>th</sup> of May 2015 to 12<sup>th</sup> of May 2018</b>
<b>Inspection Team:</b>	<b>Sinead Diggin Linda Mc Guinness</b>
<b>Date Report Issued:</b>	<b>4<sup>th</sup> April 2018</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 ongoing 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 in 2010. At the time of this inspection the centre were in their third registration and were in year three of the cycle. The centre was registered without conditions from the 12<sup>th</sup> May 2015 until 12<sup>th</sup> May 2018.

The centre's purpose and function was to accommodate six separated children seeking asylum from age thirteen to seventeen years on admission, on an emergency, short, medium and respite basis. Their model of care was described as being child centered, using needs led approach.

The inspectors examined aspects of standard 2 'Management and staffing', standard 4 'Children's Rights', standard 7 'Safeguarding and Child Protection' and standard 9 'Health' of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 7<sup>th</sup> and 8<sup>th</sup> of February 2018.

## 1.2 Methodology

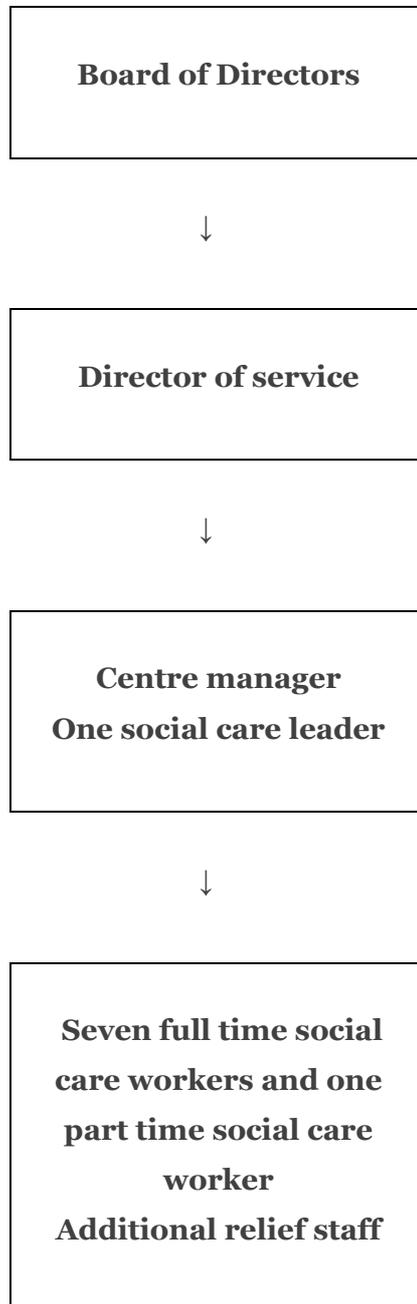
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) Seven of the care staff
  - b) One young person residing in the centre
  - c) The social workers with responsibility for young people residing in the centre.
- ◆ An examination of the centre's files and recording process.
- ◆
  - Care files
  - Supervision records
  - Team meetings
  - Management meetings
- ◆ 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) Two staff members
  - c) Two young people
- ◆ Observations of care practice routines and the staff/young people'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 14<sup>th</sup> March 2018. 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 15<sup>th</sup> March 2018 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: 041 without conditions from the 12<sup>th</sup> May 2018 until the 12 May 2021 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 12<sup>th</sup> May 2018 until the 12<sup>th</sup> May 2021.

## 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

#### **Management**

The manager of the centre had not changed since the last inspection and had been in post for a number of years. Inspectors found that the manager continued to have good systems in place to ensure that suitable care practices remain in place and there was evidence of oversight among the centre records and case files. The manager is line managed by the director of services. The director of service gave an overview of their role which included visiting of this centre and two others within the organisation on a weekly basis. Visits could be announced or unannounced and they would discuss any issues with the manager as well as meeting with staff. They had also joined young people for meals on occasion. The director of service received monthly reports from the manager and management meetings were held regularly. Inspectors reviewed a cross section of minutes from these meetings and found there was an agenda, detail of discussion, required actions with named persons responsible and timeframes for completion. Inspectors noted there was evidence of progress made.

#### **Register**

Not assessed during this inspection process.

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

A selection of significant event notifications (SEN's) were reviewed as part of the inspection. Inspectors found that they were forwarded to the relevant professionals in a timely manner and through questionnaires reviewed, social workers concurred with this. From reviewing the sen's inspectors noted that there had been good follow up from staff following an SEN and evidence of social work response was also recorded. SEN' s were also reviewed and discussed at management meetings as part of a significant event review group.

## **Training and development**

Not assessed during this inspection process.

## **Administrative files.**

Inspectors found that the recording systems in place were well organised and easy to navigate. There was evidence that the manager and director of service monitored centre records. The centre had a clear financial system in place however the director of service stated to inspectors that funding had been an issue within the organisation. The organisation receives funding from Tusla, the Child and Family Agency. The director of service stated to inspectors that the centre had lost a number of experienced staff, due to lack of clarity of sustainability of the company, as they were still negotiating a service level agreement with Tusla.

## **Staffing**

The staffing consisted of one social care leader and seven social care workers. Inspectors were informed by the manager that they had lost a number of staff over the last year however inspectors found there was a balance of experienced to inexperienced staff. The centre provides care on a short term basis for up to six young people of mixed gender. The young people have been separated from families in their own country of origin and are seeking asylum. The young people are referred from a dedicated social work department to that service and are also referred from the 'out of hours' service. Inspectors found evidence from staff interviews, questionnaires reviewed, care files and centre records that the staff were clear and confident in the understanding of their role in working with the young people.

Staff personnel files reviewed evidenced that qualifications and references were verified. There were Garda clearances on all files. The manager informed inspectors that they were in the process of updating Garda clearance checks for staff who had been employed in the centre for many years.

## **Supervision and support**

The manager provides supervision to all the staff team. Inspectors reviewed the supervision records and found that it took place within the timeframes of their supervision policy. The records reflected that there was a supervision template which included a set agenda. Records reflected a review of last supervision and progress update from that session. Young people were discussed with care planning around the young people and outstanding tasks. Discussion had taken place around team

dynamics and importance of consistency with the young people. Significant events as well as risk assessments were also reflected in some of the records reviewed.

The social care leader was responsible for providing key working supervision to allocated key workers. There was evidence of discussion taking place of tasks to be completed, with a focus on how this is managed. Placement plans were also discussed and there was good evidence on young person's files to support what was discussed and the plans were updated frequently. Some records reflected what support the key worker may require including how to approach an identified piece of individual work.

The manager was supervised by an external consultant. Supervision records reflected that there was no set agenda. The records were difficult to read and lacked detail in discussion or decisions made. Inspectors view supervision provided to the manager as a necessary support, that should include discussion about staffing, issues within the centre and decisions reached.

Team meetings were held weekly and minutes reviewed displayed that all young people were discussed, including any significant events that may have arisen for any young person. Minutes from the young people's meetings were discussed with decisions and outcomes that were to be relayed back to the young people. Handovers occurred daily. One inspector had the opportunity to attend a handover and found there were good systems in place to ensure the effective running of the shift with individual staff taking on responsibility for the set tasks to be completed.

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

None identified.

### **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.***

### **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**

Inspectors found detailed evidence across all centre records and young people's care files that young people were consulted regarding their care and future plans. The young people resident in the centre had some level of the English language and the manager stated that the centre can use interpreters to ensure young people understand and have input in to decisions pertaining to their care. Each young person was assigned an allocated key worker on admission to the centre. Key workers had gone through the young person's booklet to ensure that the young people had an understanding of expectations and rules within the centre as well as a section on the rights of young people. Young people's meetings were held weekly and requests or issues brought up were discussed at team meetings with decisions relayed back to them. There was evidence that young people were visited by their social workers and two young people stated to inspectors that they can also call in to see their social workers if they choose to do so. There was evidence that young people attend their child in care reviews and placement plan's reflected the young people's voice. Young people where possible are facilitated to maintain contact with family. The manager informed inspectors that EPIC (empowering young people in care) visits the centre every few months as the young people have gone to alternative placements by then and a new group of young people have moved in. The manager stated that when EPIC visits the centre, an interpreter is arranged to be present. The young people were encouraged and did attend activities of their choice.

## **Complaints**

The centre had a complaints policy and young people were made aware of their right to make a complaint should they wish to do so. One young person stated to inspectors that they knew how to make a complaint but they were very happy in the centre and did not have any complaints to make. The manager informed inspectors that the manager or social care leader usually respond to informal complaints within five days. There was evidence of discussion, negotiation, compromise or explanation for informal complaints that had taken place with the young people. Nine formal complaints were entered in to the register since the last inspection in 2015. The register noted the detail of the complaint, social work involvement, outcome and date of conclusion. Social workers for the young people confirmed that they are notified of all complaints made. There was evidence of social workers meeting with the young people regarding any complaints made and evidence that management and centre staff followed up and advocated on behalf of the young people. Inspectors noted that a complaint had been made by a young person in the days leading up to the onsite inspection but had not been notified to the allocated social worker. This was raised by the inspectors and the explanation given was that the complaint was in the process of investigation. Inspectors informed management that the complaint should have been sent as an SEN even if the complaint was still in the process of investigation. The lead inspector who has oversight for the centre could confirm that the SEN with the details of the complaint was forwarded on that day.

## **Access to information**

The centre had a policy on access to information and there was a section relating to this in the young person's information booklet. There was evidence across centre records that young people had seen and been involved in the process of reports pertaining to their care. Inspectors found evidence of the young people's signatures across records and reports in their care files.

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

None identified.

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

None identified.

### **3.4.4 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 II, Article 4, Consultation with Young People*.

### **3.7 Safeguarding and Child Protection**

#### **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**

##### **Safeguarding**

The centre had a detailed policy on safeguarding and child protection. Inspectors were provided with a copy of their policy and found it to be detailed with guidance for staff to ensure that young people are kept safe in the centre. Staff interviewed and questionnaires reviewed, included that reading and familiarising themselves with the policy formed part of their induction. Supervision, adequate staffing, risk assessments, safety and absence management plans, internet safety and alarms on doors were named as safeguarding practices within the centre.

Due to the nature of the service, young people can move in to the centre on an emergency basis. Staff had to assess the level of comprehension the young people had. The young people who were currently in the centre had met with social workers prior to moving to this country. This enabled the young people to be somewhat be prepared for where they would be living initially and information about the centre. As the young people had come to a new country, had limited English and staff were unfamiliar with the young people, risk assessments were carried out with the social workers from the outset. Inspectors found evidence of the risk assessments and safety plan's on file. Young people had received what the centre call an orientation to the local area and this was expanded to the wider area as the young people became familiar. The young people were not allowed out of the centre without a staff member until staff and social workers were satisfied that the young people would not be at risk. Risk assessments and safety plans had been constantly updated and when the young people were allowed to go out alone, they would be provided with a mobile phone and their absence management plan had been updated to reflect this.

## 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.

All staff had received training in Children's First National Guidance for the protection and Welfare of Children 2011. Staff in the centre had just completed the E-learning programme in Children's First 2017. The centre had included 'Whistle blowing' in their policy and this was named through interviews and questionnaires reviewed by inspectors. From a review of the young people's care files, inspectors noted that individual work had taken place in areas such as keeping safe and bullying.

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

None identified.

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

None identified.

## 3.9 Health

### **Standard**

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

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

The young people who were in the centre at the time of inspection all had a medical screening before coming to this country. In other circumstances a young person coming in to the centre would have a medical prior to or as soon as possible following their admission to the centre. The centre had a dedicated local general practitioner who completes all medical appointments for the young people who are resident in the centre. There was evidence on care files of young people attending medical appointments including dental and optician appointments. It was hoped that the separated children's service would soon have a dedicated dental practitioner as many of the young people accessing this service have significant oral health problems.

The manager informed inspectors that there was a psychologist who young people would attend but they left and there was no replacement at the time of inspection. The manager informed inspectors that there was a play therapist associated with the team.

Through child in care reviews, if an identified specialist service was required then this was facilitated, but in some cases the young person had moved on before an appointment became available.

There was evidence in care files of staff working individually with the young people on topics such as healthy eating, sexual health and emotional wellbeing.

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

None identified.

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

None identified.

### **3.9.4 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 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

### 3. Action Plan

<b>Standard</b>	<b>Issues Requiring Action</b>	<b>Response with time scales</b>	<b>Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again</b>