



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	091
Year:	2017
Lead inspector:	Sinead Diggin

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	The Haven Child Care Service
Registered Capacity:	Four young people
Dates of Inspection:	15th and 16th of November 2017
Registration Status:	Registered from the 31st Jan 2018 until the 31st Jan 2021 with no attached conditions
Inspection Team:	Sinead Diggin Eileen Woods
Date Report Issued:	14th February 2018

Contents

1. Foreword

- 1.1 Methodology
- 1.2 Centre Description
- 1.3 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 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 January 2012. 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 31st January 2015 until 31st January 2018.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. The model of care was described as being relationship based.

The inspectors examined Standards 2 Management and staffing and Standard 5 Planning for children and young people of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 15th and 16th of November 2017.

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) Nine of the care staff
 - b) Two young people residing in the centre
 - c) The two social worker with responsibility for the young people residing in the centre

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

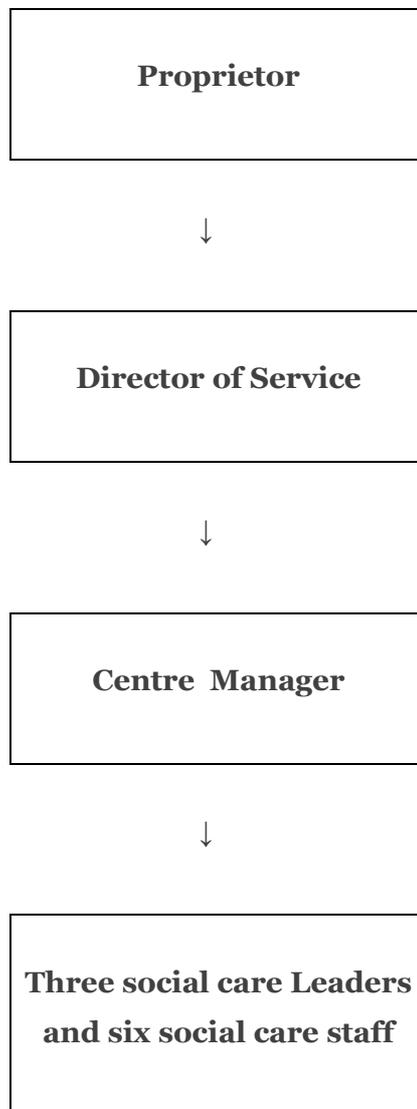
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Two staff members
 - c) One young person
 - d) Two social workers

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

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

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

1.2 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 25th January 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 5th February 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: 091 without attached conditions from the 31st January 2018 until the 31st January 2021 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 31st January 2018 until the 31st January 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 has a suitable qualification in social care and has been managing the centre for eight years. Previous to this they had been working within the service in a different role. The manager works four days a week from 9 to 5pm. The director of service is present in the centre on the day in which the manager is not and is available to staff if required. The manager has mechanisms in place to oversee practices within the centre. The oversight mechanisms include the supervision of staff, attending handovers, chairing team meetings, reviewing significant event notifications, (sen's) managing the weekly budget, debriefing staff, linking in with the young people and attending external management meetings.

The manager is line managed by the director of services who oversees the care practices within the service. The director of services has an office based in the centre. The director of service does attend team meetings, and attends some handovers. The director of services is accessible to the young people and being based in the center sees the young people on a regular basis. Inspectors found some evidence of management oversight through centre records, minutes of staff meetings and through staff interviews. Inspectors acknowledge that there are mechanisms in place for oversight but there is room for development to increase the level of internal and external oversight ensuring that all standards within the centre are met. Some of the area's that required more oversight were in regard to centre registers. Inspectors reviewed a cross section of management meetings in which the young people are discussed as well as any issues to do with staffing and managing the rota.

Staffing

The centre has nine staff, two of which are part time. They are also four relief staff to cover annual or sick leave. The rota allows for three staff on duty. Two members of staff do a sleepover shift while the third staff member works a day shift. All but one of

the staff team has a recognised qualification relevant to their role as social care worker. The member of staff who is unqualified is in their final year of college. There are three social care leaders and the manager aims to have a social care leader on every shift. There has been a turnover in staff in the last year with four staff members leaving. Reasons given by the manager for the changes in staffing was a career change and daily working hours as opposed to shift work. One young person told inspectors that they found the changes in staff difficult. The manager stated to inspectors that there is still a balance of experienced to inexperienced staffing and a review of personnel files was found to reflect this.

There was evidence of an induction being completed and all staff has to complete at least one shadow shift before they start work.

Interviews conducted with staff, questionnaires reviewed and centre paperwork displayed that staff had a good understanding of the centre's model of care, being relationship based.

Personnel files reviewed held up to date Garda clearance and verified references in compliance with the standards.

Training and development

All but one member of staff has a recognised qualification in social care. The unqualified member of staff is currently in their final year of college. The manager and director of service discuss training needs for the staff and the director of service takes responsibility for organising it. Inspectors found that staff had completed the core training required including first aid, fire safety training, Therapeutic Crisis Intervention (T.C.I) and Children's First National Guidance for the Protection of Children. Through the E-learning programme all staff will be expected to have completed the new Children's First training 2017 by December. Refresher training and newly appointed staff were completing T.C.I in the week of the inspection. The manager stated that older members of staff had completed additional training in areas such as suicide prevention, drug awareness and audit training. Additional training needs that staff identified as beneficial when working with the young people are trauma and attachment, substance misuse and mental health. Inspectors recommend that this training is facilitated to enable and up skill the staff to the benefit of the young people currently placed there.

3.2.2 Practices that met the required standard in some respect only

Register

The centre has a register of young people residing in the centre. From reviewing the register, inspectors found that for one young person, the social work contact details were not up to date. In the case of another young person, the date of admission was incorrect. These details need to be updated immediately. A duplicate copy of the register is kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre has a register of significant events. In total there were sixty three significant events entered from May of 2017. Inspectors found that the register was disorganised in parts with entries crossed out and then re-entered in the correct order. Inspectors recommend that one staff member take responsibility for the register. Inspectors noted that the register did not contain any signature from the director of service to evidence monitoring and oversight. Management must monitor and address why inaccurate details have occurred on more than one occasion. Significant events reviewed by inspectors identified behaviours such as absences, property damage, assaults and substance misuse. There was evidence on young person's files of life space interviews being conducted following a significant event. The centre has a debriefing book and inspectors recommend they rename it to significant event review book as the records reflect. Social workers interviewed stated that they received the significant event notifications promptly and were satisfied with the content.

Supervision and support

The centre has a policy on supervision. The manager informed inspectors that supervision takes place every six to eight weeks. The manager is trained in the provision of supervision and takes on the responsibility for supervising all of the staff. The manager reports that it can sometimes be difficult to complete within the timeframe of their policy but usually manages to do so. Inspectors found that there had been gaps in supervision taking place but this has improved recently. As there are nine staff and four relief staff, inspectors recommend that one of the social care leaders could support the manager by taking on additional tasks. Supervision records reviewed by inspectors displayed that in recent months it has been occurring within

the timeframes. Topics discussed included relationships with the young people, key working, centre paperwork, staffing and support. While the young people's current issues are discussed in supervision, inspectors found that it should be linked more to the young people's placement plans and if there has been progress in reaching the identified goals.

The manager is supervised by the director of service every two months. Records reviewed evidenced discussion around new staffing and support and the director of service identified areas that need attention and development.

Handovers occur daily with the manager or director of service in attendance. One inspector was present for a handover meeting. Staff read through the daily logs and a verbal handover is given and questions clarified. A plan is then put in place for the day. Team meetings take place fortnightly or weekly in busier times. Team meeting minutes reviewed evidenced that the young people are discussed and decisions are recorded. The minutes did not always identify what staff was present and this should be recorded.

Administrative files

Inspectors found that the filing systems are generally organised and easy to navigate. On reviewing the complaints register, inspectors found a loose page with reference to a complaint but not entered in to the register. Inspectors reviewed the sanctions register and identified to management that increased monitoring is required to ensure balance and age appropriate consequences are applied.

The manager is satisfied that the petty cash is adequate to meet the daily requirements of the centre and additional funding is facilitated for specific items or occasions.

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 register of young people must be reviewed by management to update and correct any inaccuracies.
- The significant event register must be reviewed with ongoing monitoring to ensure that details are recorded in the correct manner.
- Supervision must reflect that the young people’s placement plan’s are discussed to ensure that staff remain focused on the identified goals.
- All complaints must be entered in to the register and not recorded on loose pages.
- Management must monitor the sanctions register to ensure there is balance and age appropriate sanctions applied.

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 includes the procedures from the referral stage to the transitional move of a young person in to the centre. There were three young people residing at the centre. There was an emergency discharge of one young person just days before the inspection took place. Another young person told inspectors that they didn’t want to be in residential care and wanted to be with a foster family. The social worker stated to inspectors that currently the young person needed more time in the centre before the option of fostering could be considered in

the future. When this young person spoke with inspectors, they were not clear of the reason as to why they could not move to a foster care placement. At the time of this inspection the social work department were exploring the possibility of an identified friendship family which the young person would welcome. This young person has already been in the centre for a considerable period of time and is still very young. Inspectors would question whether previous child in care reviews has included the progress that has been made with the young person in their current placement. Another young person was admitted to the centre in April 2017 and their child in care review took place a month later. This young person had several placements including foster placements, all of which had broken down. The social worker for this young person stated that they had met with management and requested additional information regarding the centre and were satisfied that the placement was suitable for the young person. The social workers interviewed stated that there was written information about the centre available for professionals and young people. They also confirmed that the young people understood why they were placed in the centre.

Contact with families

Staff are aware of the importance of maintaining family contact and there was good evidence of communication between staff and the young people's families. Families are welcome to visit the young people in the centre and there is adequate space in the centre for the young people to meet with family and friends in private. Staff facilitate the young people to have access in the young person's family home or an alternative location where deemed appropriate. A young person expressed to inspectors that they would like increased access with their siblings. The social worker for this young person is aware of this and stated to inspectors that they will seek to organise a more formal arrangement to facilitate this. Young people are facilitated to have overnight access with family members where possible.

Supervision and visiting of young people

The young people all had allocated social workers at the time of the onsite inspection. The social workers stated that they could meet with the young people in private when they visited the centre and also met with the young people outside of the centre. Empowering people in care, (EPIC) have visited the centre but the manager stated that one of the young people has not met with them yet and will contact an advocate from EPIC to come and visit with this young person. Guardians ad litem who are appointed to young people have also visited the centre.

Preparation for leaving care

The centre follows the pathways programme in preparing young people for leaving care and independent living. This programme includes practical daily living skills as well as working on areas such as budgeting, renting accommodation, education and employment. The manager and social worker for one young person who would be leaving care in the next two months stated that this young person would not engage in any preparation for leaving care although was capable of completing daily practical tasks.

Discharges

The centre has a policy on discharges and aim for planned discharges. On reviewing the register, inspectors found that there had been four young people discharged since the last inspection. Two of the young people had reached the age of eighteen. One of the young people went home and the other young person went to supported aftercare accommodation. A third young person went to an alternative residential placement. There was a discharge of a young person just days before the inspection and this young person moved to a short term emergency residential placement. The social worker for this young person stated to inspectors that the manager and staff tried to sustain the placement as long as possible in the best interests of the young person but they had to consider the other young people in the centre.

Aftercare

Two of the young people who had left the centre had identified aftercare workers. Staff maintained contact with one of the young people who have moved on to an aftercare placement. Another young person who has recently left the centre had an allocated aftercare worker however this young person refused to engage with the aftercare worker or discuss their aftercare plan. The social worker for this young person stated that this young person now has independent accommodation and is supported by two staff from an independent service.

Children's case and care records

Each young person has a care file which contains the relevant and required documentation. The care files were in the main well organised and easy to navigate. The files contained social histories, birth certificates and consent forms. The files and

records relating to young people who have left the centre are kept in perpetuity within the centre.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

One of the young people's care plan was out of date and inspectors were informed that the young person had not had a child in care review for over a year. This young person's social worker had been on extended leave for a considerable period of time which the manager stated contributed to this. A new social worker was appointed in October 2017 and the manager informed the inspectors on the onsite inspection they had just been given a review date. In interview with the social worker it was confirmed that a child in care review took place shortly after the onsite inspection. The young person did attend their review and the social worker stated that the young person was able to speak for themselves at the review. The other young people in the centre both had up to date care plan's on file and the child in care reviews have taken place within the statutory regulations. There were placement plans on file which are developed and updated every six months. Management should review the time frames in which they are updated, to ensure that they reflect current issues and actions that may need to be addressed. One social worker interviewed wasn't aware of the centre's placement plan for the young person and informed the inspectors following interview, they requested and received a copy of the plan.

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.

Social Work Role

Each of the young people had social workers at the time of inspection and were visited in line with the statutory regulations. The young person who had previously been without an allocated social worker for a significant period of time had no visits from the social work department during this time. This placed the young person in a vulnerable position with no external advocate outside of centre staff. In the absence of an allocated social worker, the social work department must ensure that a young

person is visited in line with the regulations and has a contact number, should they need or wish to make contact.

Emotional and specialist support

Through questionnaires reviewed and interviews conducted staff showed awareness of the emotional needs of the young people. The young people were referred and linked to specialist services as required. A young person was attending CAMHS, child and adolescent mental health services. For another young person, a psychology assessment had recently been completed. The social worker stated that they are waiting for the completed report to identify what specialist supports are required. Substance misuse has been an issue and centre records displayed that a young person was attending a specialist service. From a further review of the file's inspectors found evidence that the young person did not always attend and the identified specialist did not receive any communication from staff as to the reason for this. It was also identified that the young person was not always brought to appointments on time. As a result of this, the service has suspended further appointments until a meeting takes place with senior management. From the records reviewed, the lack of professional contact from centre staff has led to the young person being at risk of losing the necessary supports to meet their current needs. Inspectors raised this issue with the manager who stated to inspectors that the staff probably didn't stay in contact enough with the counsellor. If placement plans for the young people were linked more to supervision, then management should have picked up on this issue. Management must arrange to attend a meeting with this service to address the issues that were identified. Management must also address with the staff team the importance of communication with outside services and the implications of poor professional practice. There was evidence that staff and key workers did individual pieces of work on area's such as sexual health, appropriate relationships and internet safety.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 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 23, Paragraphs 1and2, Care Plans

***-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan
Part IV, Article 22, Case Files.***

The Child and Family Agency has not met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995***

-Part IV, Article 24, Visitation by Authorised Persons

-Part V, Article 25and26, Care Plan Reviews

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- When a social worker is on extended leave, the social work department must ensure that a young person is visited in line with the regulations and has a contact number, should they need or wish to contact.
- Management must arrange to attend a meeting with this service to address the issues that were identified. Management must also address with the staff team the importance of communication with outside services and the implications of poor professional practice.

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The register of young people must be reviewed by management to update and correct any inaccuracies.	The registers have been amended to reflect the dates the YP moved to the new unit however the initial admission date is correct as the date of admission to the previous unit.	As we are now in permanent location this will no longer be an issue in the future.
3.2	The significant event register must be reviewed with ongoing monitoring to ensure that details are recorded in the correct manner.	The significant event register has been monitored and is now filled in by management only.	Manager to fill in register to ensure it is filled in correctly.
3.2	All complaints must be entered in to the register and not recorded on loose pages.	The loose pages were a record of the director of services oversight where complaints that were mentioned in the daily logs were not registered. At the time they were viewed as grievances and dealt with as such. The complaints policy has since been reviewed and amended and all complaints no matter how big or small are recorded on the complaint's register with a full record of the complaint, process and outcome kept on the young person's file.	The recording of all complaints will be followed as per policy.
3.2	Supervision must reflect that the young people's placement plans are discussed to ensure that all staff remain focused on the identified goals.	Placements plan are addressed within supervisions however management will ensure this continues and the supervision record will reflect same.	Placement plans will be set as part of agenda in supervision meetings.
3.2	Management must monitor the sanctions register to ensure there is balance and age appropriate sanctions applied	Sanctions have been reviewed within the unit by management in terms of appropriateness and effectiveness. Appropriate consequences are put in place and any sanctions outside of these will be reviewed by management.	Regular review at manager meetings and team meetings of Sanctions.

3.5	When a social worker is on extended leave, the social work department must ensure that a young person is visited in line with the regulations and has a contact number, should they need or wish to contact.	Management did make several attempts at various levels to contact the social work department about this issues however if this issue was to arise again we could make a complaint on behalf of the young person through the Tell Us, complaint process or contact EPIC to make attempts of behalf of the YP etc.	All staff and young people are made aware of Tusla's policy in relation to complaints and how it can be accessed. Young people introduced to EPIC and familiar with their function
3.5	Management must arrange to attend a meeting with this service to address the issues that were identified.	We have made a request for a meeting to discuss these issues and are awaiting a date. In the meantime a new Social Worker has been allocated to the case and has been actively involved in its management	Meeting has been requested.
3.5	Management must also address with the staff team the importance of communication with outside services and the implications of poor professional practice.	A meeting was held on 28 th November with the external professional involved. Issues from both sides were discussed and resolved. The young person was put back where he should have been as the focus of the working relationship. A schedule of sessions was planned, with everyone being aware of times and locations (this hadn't always been the way). There are now clear lines of communication.	Clear lines of communication and staff on duty are aware of the importance of informing other professionals if appointments are missed or delayed. Review meeting with all involved scheduled for 7/2/18