



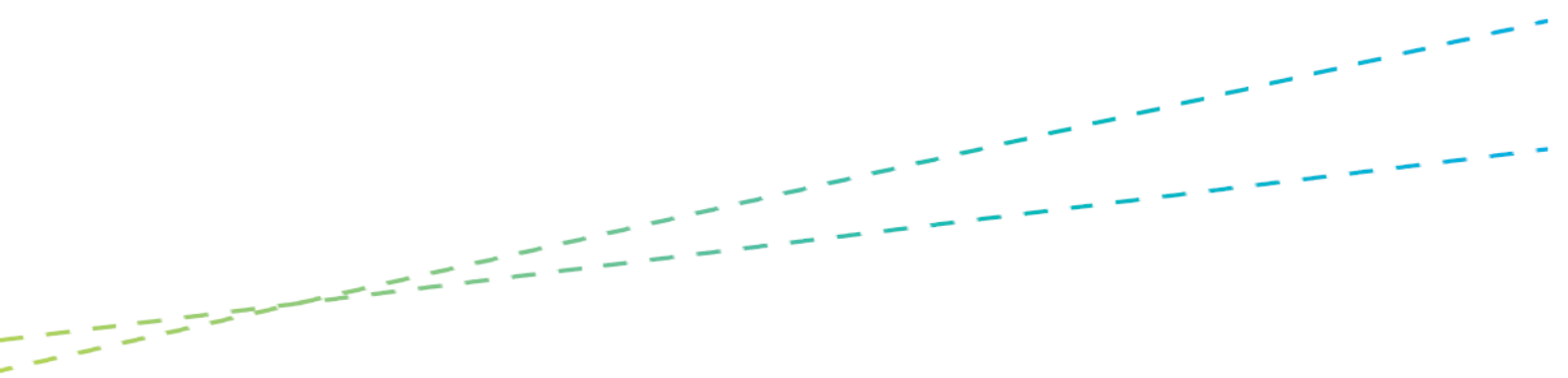
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 024**

**Year: 2020**



## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Cottage Homes Child and Family Services</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>29<sup>th</sup> and 30<sup>th</sup> September 2020</b>
<b>Registration Status:</b>	<b>Registered from 31<sup>st</sup> October 2018 to 31<sup>st</sup> October 2021</b>
<b>Inspection Team:</b>	<b>Cora Kelly Lorraine Egan Lisa Tobin</b>
<b>Date Report Issued:</b>	<b>17<sup>th</sup> November 2020</b>

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## 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

## National Standards Framework



## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in 2009. The centre was in its fourth cycle of registration and in year two of the cycle. The centre was registered without attached conditions from October 31<sup>st</sup> 2018 to October 31<sup>st</sup> 2021.

The centre was registered to accommodate four young people of both genders from age thirteen to seventeen years on admission. The model of care was described as relationship based. There were two young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff and the allocated social workers. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make. This inspection was carried out through a number of telephone interviews and a review of documentation both remotely and onsite.

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

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, centre manager and to the relevant social work departments on the 12<sup>th</sup> October 2020. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 28<sup>th</sup> October 2020. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with 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: 024 without attached conditions from the 31<sup>st</sup> October 2018 to the 31<sup>st</sup> October 2021 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulations 6 Person in Charge**

**Regulation 7 Staffing**

**Theme 6: Responsive Workforce**

**Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.**

The director of services and centre manager held responsibility for workforce planning for the centre. The inspectors found that an emphasis was placed on having the right staffing levels. The staff rostering system, that was reviewed yearly took into account the skills, capabilities and competencies of staff. Workforce planning was discussed during supervision, both for staff and the centre manager. It was also part of the centre manager's monthly reports for the director of services and the board of management.

Staffing levels for the centre were appropriate with regard to the number and needs of the young people and the centre's statement of purpose. The centre manager was supported by three social care leaders and three social care workers and two staff job-sharing. A recruitment process had commenced to fill the recent full-time social care worker vacancy. The suitably qualified staff team had been in place a number of years. A panel of qualified and experienced relief staff were available to support the core staff team during various types of leave including annual leave and emergencies. To promote staff retention and ensure that continuous care was provided to young people the centre manager outlined some staff retention measures in place. They included access to an external employee assistance programme, provision of good will incentives and utilising the supervision process.

A policy led formal on-call system that included procedures for on-call at evenings and weekends was in place.

**Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.**

The centre's recruitment policy was underpinned by employment legislation and implemented in practice by the director of services and centre manager. Procedures for safe recruitment included interviews, Garda vetting, verification of references and



qualifications and a probation period. The inspectors found from their review of four staff personnel files two of whom were recent employees that Garda vetting was in line with the National Vetting Bureau (Children's and Vulnerable Person's Act 2012 – 2016) and the Department of Health circular in respect of recruitment and selection of staff to children's residential centres, 1994 and with centre policy. Additional police vetting documents were also viewed. There were deficits found regarding one C.V., identifying a last known employer and professionals identified as referees. The centre manager must ensure that recruitment processes include seeking good quality CV's and that identified referees are sourced from related fields as named in centre policy.

All staff had written job descriptions and contracts of employment. The centre manager held responsibility for maintaining staff personnel files that were found to have been up-to-date, contained the required information and were held securely. The centre manager held a management qualification and had substantial management experience to meet the aims and objectives of the statement of purpose.

There was a written code of behaviour for staff that was built into the child safeguarding policy and was part of the induction process. In interview staff demonstrated their familiarity of the code of behaviour. The inspectors found from their review of the complaints log that incidents relating to staff misconduct were addressed by the centre manager with staff individually. However, there was a gap in reviewing the code of behaviour procedure with the staff team for learning purposes. The inspectors recommend that the code of behaviour is refreshed with staff at a staff meeting and following any incidents relating to staff misconduct.

**Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.**

Through questionnaires and interviews staff were aware of their roles and responsibilities, of reporting lines and of the content of various policies and procedures. Staff demonstrated their familiarity with aspects of various policies and procedures that had been updated following the recent inspection of the organisation's sister centre. The full suite of policies and procedures were being updated at the time of the inspection to align with the National Standards for Children's Residential Centres, 2018 (HIQA). The date of completion of this task was November 2020. The centre manager must ensure that training on the updated policy and procedures document is provided to the staff team.

It was evident that the staff team were supported and permitted to exercise their professional judgement on a daily and ongoing basis through handovers, on-call, team meetings, review of significant events, supervision and their input to the young people's placement plans and keyworking system. Learning and development opportunities were also provided through training and shift evaluations all of which ensured that safe, reflective and effective care was being provided to the young people.

A team based approach to working was encouraged at weekly team meetings and through various ongoing reflective practice and communication mechanisms in place. It was evident that there was good communication amongst the team regarding the care of young people, and reflective learning was observed from the discussions at team meetings. The inspectors found that the team meeting minutes were brief and did not reflect accurately discussions held. The centre manager must ensure that team meeting minutes are strengthened by recording more detail.

The director of services who was developing the centre's risk management framework at the time of the inspection was working towards implementing it by the end of October 2020. Measures were in place to protect staff and minimise the risk to their safety. They included, for example, training in a recognised behaviour management programme, the on-call system, supervision, health and safety statement and risk assessments.

Supervision was provided to the staff team by the centre manager who had completed supervision training. The frequency of supervision was not in line with the centre's supervision policy. Supervision contracts were in place, records were signed by both parties and were stored securely. Some members of the staff team had not been provided with supervision training which is a requirement of the National Standards for Children's Residential Centres, 2018 (HIQA). The centre manager must ensure that staff are provided with supervision in line with policy and that deficits in supervisee training are addressed.

Performance appraisals were conducted for staff members every eighteen months. To comply with this criteria of the National Standards for Children's Residential Centres, 2018 (HIQA), the director of services must ensure that performance appraisals are provided annually. Performance appraisals records were appropriately signed. It was found that probation periods took place in line with the centres recruitment policy and there were complete records for this.

Support systems in place to manage the impact of working in the centre included supervision, staff and management support, reflective practice, debriefing and access to an employee assistance programme.

**Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.**

The centre's operational policies and procedures were being updated at the time of the inspection to be in line with the National Standards for Children's Residential Centres, 2018 (HIQA). Guiding policies and procedures in place were part of the induction process and staff demonstrated a good knowledge of various policies and procedures and gave examples of amendments made to policies already updated. Training and development opportunities for staff were in line with the requirements of legislation and guidelines.

The director of services did not undertake a regular training needs analysis to determine staffs training needs. There was no evidence of staff training needs discussed at team meetings or during supervision. The centre shared a training sub group with the organisation's sister centre. Training needs of staff were discussed through this forum every two years. Prior to March 2020 staff were facilitated and supported in attending training and training records were observed across staff personnel files. However, due to the ongoing Covid-19 pandemic there were deficits across mandatory training that included refresher training. A workshop on the guiding principles reinforcing the centre's relationship based model of care that was scheduled to take place in March 2020 was to be rescheduled in addition to first aid, site specific fire safety training and training in a recognised model of behaviour management. The centre manager must ensure that a training schedule is developed to address current deficits.

The centre had a detailed induction policy with the induction period being undertaken by the centre manager and senior staff members. Signed induction records were stored on staff personnel files.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 6.1</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.2 Standard 6.3 Standard 6.4</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The centre manager must ensure that recruitment processes include seeking good quality CV's and that identified referees are sourced from related fields as named in centre policy.
- The centre manager must ensure that training on the updated policy and procedures document is provided to the staff team.
- The centre manager must ensure that team meeting minutes are strengthened by recording more detail.
- The centre manager must ensure that staff are provided with supervision in line with policy and that deficits in supervisee training are addressed.
- The director of services must ensure that performance appraisals are provided annually.
- The centre manager must ensure that a training schedule is developed to address current deficits.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	<p>The centre manager must ensure that recruitment processes include seeking good quality CV's and that identified referees are sourced from related fields as named in centre policy.</p> <p>The centre manager must ensure that training on the updated policy and procedures document is provided to the staff team.</p> <p>The centre manager must ensure that team meeting minutes are strengthened by recording more detail.</p> <p>The centre manager must ensure that staff are provided with supervision in line with policy and that deficits in supervisee training are addressed.</p>	<p>The centre manager will ensure going forward that where there are deficits in CV's follow up conversations take place with candidates and that appropriate referees are obtained in line with policy.</p> <p>Policies have been reviewed as part of team meetings and training will be provided to the staff team before the end of 2020.</p> <p>Completed. The centre manager will ensure that there are more detailed team meeting records to reflect the discussions that took place.</p> <p>Supervision will be provided in line with policy. Supervisee training is currently being sourced and should be completed by Spring 2021.</p>	<p>The centre manager and director of services will ensure that recruitment procedures are robust and are implemented in line with policy.</p> <p>The centre manager will ensure that the staff team are informed of any updated policies and procedures. This will occur on an ongoing basis at team meetings.</p> <p>Meeting minutes will be reviewed on a regular basis by the centre manager to ensure that more detail is recorded.</p> <p>The centre manager will monitor supervision records to ensure that it is being provided in line with policy and that supervisee training is part of the induction</p>

	<p>The director of services must ensure that performance appraisals are provided annually.</p> <p>The centre manager must ensure that a training schedule is developed to address current deficits.</p>	<p>The director of services is scheduled to complete performance appraisals in January 2021.</p> <p>The centre manager is currently developing a training needs analysis and is looking into online training to address current deficits, where possible. Training needs are being discussed as part of each staff member's supervision. This should be complete by January 2021.</p>	<p>process.</p> <p>The director of services will ensure that performance appraisals are completed on an annual basis.</p> <p>The centre manager will ensure that a training schedule is developed annually.</p>
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