



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 004

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Traveller Family Care
Registered Capacity:	One family up to a maximum of two parents and eight children.
Type of Inspection:	Announced themed inspection
Date of inspection:	19th and 20th February 2020
Registration Status:	Registered without attached conditions from the 31st October 2018 to 31st October 2021
Inspection Team:	Linda Mc Guinness Lorraine Egan
Date Report Issued:	20th April 2020

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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 2000. At the time of this inspection the centre was in its seventh registration and was in year two of the cycle. The centre was registered without attached conditions from the 31st October 2018 to 31st October 2021.

The centre was registered to accommodate a family of up to two parents and eight children at any one time. The purpose and function described the centre as providing an assessment over a twelve-week period to determine parenting capacity.

The model of care was based on a defined assessment framework for which training and clinical oversight was provided. One family had moved on from the centre in the weeks prior to inspection and they were considering a referral for another family. There was no one living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3 3.4
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

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, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. 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.

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 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, senior management and centre manager on the 31st March 2020 following an initial delay due to Covid 19. 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 director of service returned the report with a CAPA on the 10th of April 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: 004 without attached conditions from 31st October 2018 to 31st October 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16 – Notification of Significant Events

Theme 3: Safe Care and Support

The child protection policies provided during inspection had been updated recently and were generally in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. This was a comprehensive policy with which the staff team were familiar however, it required a slight adjustment to include the steps for reporting procedures in order to be fully compliant with requirements. All staff had completed training in the Tusla E-Learning module: Introduction to Children First, 2017. Additional training in relation to Children First guidance and the centres policies on child protection was provided to staff in 2018. Management informed inspectors that regular training in the prevention, detection and response to abuse was scheduled to take place every two years or sooner if required.

There was evidence that management and team meetings had a strong specific focus on risk assessments, safeguarding and child protection. The centre had recently updated their child safeguarding statements to ensure that each centre within the organisation had a separate statement. A letter of compliance to state that it had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit was received following inspection on 13th March 2020.

Inspectors found through interviews with staff and review of returned questionnaires that there was some ambiguity and confusion about their reporting responsibilities under Children First: National Guidance for the Protection and Welfare of Children, 2017. There were comprehensive risk assessments in respect of each family and extremely close working relationship with referring social work departments. Inspectors found that the centre was not compliant with legislative requirements in respect of reporting. While any issues relating to safeguarding were managed immediately in the centre by risk assessment and updating safety plans, it was incorrectly assumed that a child protection report/referral to Tusla via the Portal was not required if measures within the centre were implemented to ensure the safety of children. Only the centre manager was set up to make reports through the Tusla Portal and each mandated staff member should be set up to use the system.

There had been no child protection and welfare notifications made since the last inspection however inspectors found a number of issues which met the threshold for

mandated reporting. These were managed instead through their Safeguarding and Responses framework (SARS), consultation with social work departments and strategy meetings. Specific direction and guidance in respect of making mandated reports and reasonable grounds for concern must be built into the updated child protection and safeguarding policies and procedures in line with Children First; National Guidance for the Protection and Welfare of Children, 2017.

There was an assumption that all staff members were mandated persons under the legislation but this was not the case. A list of mandated persons was not held in the centre as required. There was no specific child protection register in place to record and track child protection and welfare reports. There was no system in place to record the rationale for decisions made not to report a child protection and welfare concern. These measures must be built into the centres child protection and safeguarding policies and procedures in line with Children First: National Guidance for the Protection and Welfare of Children, 2017.

This must be implemented as a matter of priority.

There was a policy in place to address bullying however it did not specifically include risks relating to the internet and social media and must be updated. Inspectors found that bullying had not been a feature in the centre but through interview, it was clear that staff knew how to recognise bullying and how to minimise the impact if it did occur.

There was much evidence of collaborative working between the centre, families and each referring social work department. There were arrangements in place, as part of the purpose and function for the centre that parents would be informed of any incident or allegation of abuse in consultation with the social worker.

Robust risk assessments took place at referral stage to identify areas of strengths, weaknesses and vulnerabilities for families referred. There was a strong emphasis on SARS which provided a robust framework to identify risk and implement safeguards where required.

There was evidence that residents would inform staff if they felt unsafe and follow up work took place with them in consultation with the referring social work departments.

There was a policy and procedure in relation to protected disclosures. Members of the staff interviewed during inspection were confident that poor practice or concerns about a colleague would be appropriately reported and responded to, but they were not familiar with the policy in respect of protected disclosures/whistleblowing.

Standard 3.2

Staff had been trained in a recognised model of behaviour management and refresher training took place within the required timeframes. Certificates were held on staff files.

There were policies in place to guide behaviour management which were linked to the purpose and function in that staff observed parental capacity to manage challenging behaviour and intervened or guided them if required. The training in the assessment framework provided staff with skills and knowledge appropriate to their role and there was access to specialist advice from a consultant in the UK. An Irish clinical support consultant had also been recently appointed and was due to commence work in April 2020.

Social workers for families referred had provided adequate pre-admission information.

There was a policy in respect of restrictive practices however none had been used in the centre since the last inspection. Staff members interviewed during inspection were familiar with the purpose and content of the policy.

Standard 3.3

Inspectors found that there was no formal mechanism in place to receive, record and review feedback from families and social work departments. While there was a good culture of seeking informal feedback it was not clear how this was analysed or how it informed service development. Centre management must ensure that learning from review of incidents is communicated to all relevant persons and used to inform the development of best practice. Inspectors found that there was a culture whereby residents and staff members could raise concerns and report incidents.

There were policies in place for the notification, review and management of incidents however the SARS system in place meant a number of incidents which took place in or outside the centre were managed as they arose and followed up through close

liaison with social work departments. This meant that some incidents which would have constituted a significant event were not recorded or reported as such. While there was evidence that each incident was reviewed in terms of the family in question, there was no structured framework for review of incidents whereby themes or trends could be picked up and addressed to facilitate organisational learning as well as individual planning.

Compliance with Regulation	
Regulation not met	Regulation 16

Compliance with standards	
Practices met the required standard	Standard 3.2
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	Standard 3.3

Actions required

- The director of services must ensure that the child protection and safeguarding policy is revised and includes specific guidance in respect of thresholds and steps for reporting.
- The centre manager must ensure that all staff trained and aware of their responsibilities under Children First, National Guidance for the protection and Welfare of Children 2017 and relevant legislation. The centre manager must ensure that safeguarding policies and procedures are implemented in practice at all times.
- The centre manager must ensure that there is centre register of child protection and welfare reports in line with Children First: National Guidance for the Protection and Welfare of Children, 2017.
- The centre manager must ensure that there is a record of the rationale for decisions made not to report a child protection and welfare concern in in line with Children First: National Guidance for the Protection and Welfare of Children, 2017.
- The centre manager must ensure that a list of mandated persons is held in the centre.
- The director of service must ensure that all staff members are set up to report child protection concerns through the Tulsa Portal.
- The centre manager must ensure that the policy in respect of bullying is updated to include risks relating to the internet and social media.

- The director of service must ensure that there is a mechanism to record and track feedback from families and social workers to improve service delivery.
- The director of services and centre manager must ensure that there is clarity in relation to the threshold for notification of significant events and that all incidents are reported promptly.
- The director of services and centre manager must ensure that incidents are formally analysed for trends, patterns and learning purposes and that outcomes are communicated to staff and social work departments.

Regulations 5 - Care Practices and Operational Policies

Regulation 6 (1 and 2) - Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.1

Organisational management had conducted a review of the centre's policies and procedures to bring them in line National Standards for Children's Residential Centres, 2018 (HIQA) relevant regulations and national guidance. This was almost completed at the time of inspection and there was evidence that they were discussed in team and management meetings.

The staff team had been involved in the exercise to review the centre's existing policies and procedures against the National Standards for Children's Residential Centres, 2018 (HIQA) to determine if new policies were required or existing ones' updating. In general, staff who contributed to the inspection process through interview and questionnaire demonstrated a good understanding of the legislation, regulations policies and standards. With the exception of the issues relating to reporting of child protection and thresholds for significant events there was evidence that these were implemented in day to day practice in the centre.

Standard 5.2

There were clearly defined governance arrangements appropriate to the size and structure of the organisation with identified lines of reporting and accountability. There was evidence of good leadership at all levels in the organisation and minutes of meetings evidenced accountability and transparency. There was evidence of good quality care with a focus on safety and risk. Inspectors found that some work was required to ensure that a culture of learning was fully embedded in the service. Staff

supervision was not taking place in line with policy and this has been reported in numerous inspection reports previously. This was not adequately addressed by senior management through the corrective and preventative action plan (CAPA). It was not highlighted as a deficit or issue requiring action through governance audits. As referenced previously, the methods of recording significant events and child protection concerns did not facilitate organisational review and learning and this must be addressed.

There was evidence that the director of services had a regular presence in the centre, had reviewed family files and attended management meetings. Their supervision of the centre manager was not in line with organisational policy.

The centre manager was the designated person in charge and there was evidence that they were responsible and accountable for the safe delivery of the assessment framework within the centre. Interviews with staff and review of questionnaires indicated that they provided good leadership. There was a deputy manager in place who always acted up in the manager's absence however there was no specific record for times or circumstances when management responsibilities were delegated, or the key decisions made and this is required.

There was a service level agreement in place with Tusla; the Child and Family Agency and they provided reports to the organisation to demonstrate compliance with regulations and standards.

Inspectors were provided with a draft risk management framework/risk matrix and a sample risk register. This must be a centre register and not specific to each family in order to provide supporting structures for the identification, assessment and management of risk across the service. There was always a designated person to contact in case of emergency. The risk management framework must be finalised and communicated through training to the staff team as a matter of priority.

Standard 5.3

There was a clearly defined statement of purpose and function which outlined the aims and objectives, range of services and arrangements for the wellbeing of families placed in the centre. The care and support needs were identified on an on-going basis through the 12 week placements in line with the purpose and function. The day to day operation of the centre reflected the statement of purpose, staff were familiar with it and there was a version available families and professionals. There was

evidence that the staff team understood the framework for assessment/model of care and were competent in its delivery within the centre. There was extremely positive feedback from the allocated social worker of a family who had recently used the service. They felt that the team went above and beyond to support the family to engage in the process.

Standard 5.4

There was evidence that work had begun to put structures in place to assess compliance with National Standards for Children’s Residential Centres, 2018 (HIQA). Inspectors viewed a new audit tool which had been devised to facilitate oversight and governance in respect of the quality and safety of care in the centre. This tool was broadly in line with the themes but would require slight adjustments to ensure that there was clarity in respect of what was required under individual criteria within the standards. They informed inspectors that at least three audits annually would take place by the director of service to ensure that the centre was meeting its strategic, financial and all statutory obligations. They stated that an action plan would be created with follow up at team and management meetings and that reports would be created for the board of management.

There was no centre complaint register as complaints were recorded on individual family records. They were not recorded in a way that they could be effectively reviewed for learning and this must be incorporated into the policy update. There was no evidence that complaints, concerns or incidents were reviewed at team or management meetings or through specific review to assess if there were trends or patterns to inform learning and improvements. There was no formal significant event review process in place to meet the requirement to monitor and analyse incidents and this must be implemented as a matter of priority. There was evidence from review of recent management meetings that this was planned as part of implementation of the revised governance arrangements and new auditing processes.

While the centre manager conducted a composite review of the service over a number of years, an annual review of compliance with objectives was not yet in place to identify specific actions to inform service improvement.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6.2 Regulation 6.1
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 5.3
Practices met the required standard in some respects only	Standard 5.1 Standard 5.2 Standard 5.4
Practices did not meet the required standard	None identified

Actions required

- The director of services and centre manager must ensure that there is a risk framework and centre register to support the identification, assessment and management of risk and that it is communicated to all staff and implemented in practice.
- The centre manager must ensure that there is a specific record for times, circumstances and key decisions made when management responsibilities are delegated to other appropriately qualified staff members.
- The director of services must ensure that the policies relating to recording monitoring and analysing complaints, concerns and incidents are reviewed and implemented in practice.
- The director of services must ensure that a schedule of audits is implemented to ensure robust governance of compliance with National Standards for Children's Residential Centres, 2018 (HIQA), relevant legislation and regulations.
- The director of services must ensure that supervision takes place in line with organisational policy.
- The registered provider must ensure that an annual review of compliance with centre objectives is conducted and that it identifies specific actions to inform service improvement.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3.	<p>The director of service must ensure that the child protection and safeguarding policy is revised and includes specific guidance in respect of thresholds and steps for reporting.</p> <p>The centre manager must ensure that all staff trained and aware of their responsibilities under Children First, National Guidance for the protection and Welfare of Children 2017 and relevant legislation. The centre</p>	<p>With immediate effect. The Director of Service (DOS) will ensure that the Child protection policy is reviewed to specific guidance in respect of thresholds and steps for reporting.</p> <p>This will be fully completed by 17th April 2020 and a copy of the new child protection policy including reporting procedures will be made available to the team from the 17th April and reviewed at the next available team meeting, taking account of Covid19.</p> <p>The centre manager will ensure that the safeguarding policies and procedures are implemented in practice at all times. Centre Manger will ensure that updated training is arranged as soon as possible to refresh the team. Centre manager will ensure that the updated child protection</p>	<p>This will be reviewed during the manager's monthly meetings and was implemented at March's meeting and will be a standing item on the agenda going forward.</p> <p>The centre's policies and procedures including the child protection policy and safeguarding procedures will be reviewed at the team meetings on a regular basis. We have discussed convening a refresher training day in relation to child protection. The trainer said she will prioritise the</p>

	<p>manager must ensure that safeguarding policies and procedures are implemented in practice at all times.</p> <p>The centre manager must ensure that there is centre register of child protection and welfare reports in line with Children First: National Guidance for the Protection and Welfare of Children, 2017.</p> <p>The centre manager must ensure that there is a record of the rationale for decisions made not to report a child protection and welfare concern in in line with Children First: National Guidance for the Protection and Welfare of Children, 2017.</p>	<p>policy including reporting procedures via the portal are discussed at the next available team meeting.</p> <p>Date for training will be identified after Covid -19.</p> <p>A centre register was implemented following the inspectors visit on the 19/20th of February 2020. The register is accessible by all employee and management.</p> <p>Along with the centre register we have also created a template to record any rationale for not reporting child protection and welfare concerns. We will continue to discuss all concerns with the relevant social Worker Department and maintain an accurate record of this.</p> <p>Completed on 25th Feb 2020.</p>	<p>training for us, following Covid -19.</p> <p>Child Protection and Welfare Reports are now standard items on the agenda of managers meeting. The register will be reviewed at weekly and monthly mangers meetings.</p> <p>Child protection and welfare reports will be discussed during all weekly and monthly manager’s meetings as standing agenda item.</p>
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	<p>The centre manager must ensure that a list of mandated persons is held in the centre.</p> <p>The director of service must ensure that all staff members are set up to report child protection concerns through the Tulsa Portal.</p> <p>The centre manager must ensure that the policy in respect of bullying is updated to include risks relating to the internet and social media.</p> <p>The director of service must ensure that there is a mechanism to record and track feedback from families and social workers to improve</p>	<p>A list of mandated persons is named in our child protection policy and a copy is also held in the centre manager's office since 25th Feb 2020.</p> <p>The DOS is currently liaising with our technical support to create individual email addresses for all team members to access the portal. This was completed today the 10th April 2020. All staff will be issued their own emails the week beginning the 14th of April 2020 Funding was approved by the BOM for the same.</p> <p>The safeguarding policy was updated to include risk relating to bullying, internet and social media.</p> <p>The DOS in conjunction with the centre management are in the process of creating an evaluation form for both families and social workers to provide feedback with the view to improve service delivery.</p>	<p>The list will be updated regular to ensure all current mandated team members are named on this list.</p> <p>Each new member of staff will be assigned an email address and received the necessary child protection training to access the portal to report child protection and welfare concerns.</p> <p>We will continue to update our policies in line with necessary changes going forward.</p> <p>As part of the admission process we will inform family members and the social work department that we will be requesting the family to complete an evaluation form at the end of the assessment process to enable</p>
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	<p>service delivery.</p> <p>The director of services and centre manager must ensure that there is clarity in relation to the threshold for notification of significant events and that all incidents are reported promptly.</p> <p>The director of services and centre manager must ensure that incidents are formally analysed for trends, patterns and learning purposes and that outcomes are communicated to staff and social work departments.</p>	<p>This will be completed by the 17th April 2020.</p> <p>We will ensure that all SEN's are forwarded in a prompt manner and the threshold for notification of SEN's and CPN's is clearly set out in the child protection policy. Will be completed by the 17th April 2020.</p> <p>Following all incidents debriefing will take place with team members involved. SEN's will be reviewed by team members to reflect on learning outcomes and the SEN's are a standing item on manager's meetings to analyse any possible trends or patterns.</p>	<p>us improve our service for future families.</p> <p>SENs are standing items on the agenda and will be reviewed at manager's meetings.</p> <p>They are standing items on the agenda at weekly staff meeting and monthly manager's meetings.</p>
5	<p>The director of services and centre manager must ensure that there is a risk framework and centre register to support the identification, assessment</p>	<p>The risk register has been implemented since 25th Feb 2020. Risk register training is still due to take place with the team and SCM, however due to Covid-19 we are unable to confirm a date at present.</p>	<p>In the interim the DOS and centre manager are maintaining both the unit and company risk registers identifying and completing the assessment of risk which is being fully communicated to all the team, until they are</p>

	<p>and management of risk and that it is communicated to all staff and implemented in practice.</p> <p>The centre manager must ensure that there is a specific record for times, circumstances and key decisions made when management responsibilities are delegated to other appropriately qualified staff members.</p> <p>The director of services must ensure that the policies relating to recording monitoring and analysing complaints, concerns and incidents are reviewed and implemented in practice.</p> <p>The director of services must ensure that a schedule of audits is implemented to ensure robust governance of compliance with National</p>	<p>However, the trainer said she will prioritise us in this regard</p> <p>Going forward a record will be maintained for circumstances when the deputy manager takes on the responsibility of the centre manager and what tasks are assigned for this period. A manual is being developed by both the deputy and social care manager.</p> <p>The director of services will ensure that policies relating to recording monitoring and analysing complaints, concerns and incidents are reviewed and implemented in practice</p> <p>The director of services in conjunction with the centre manager is updating all audit tools to ensure that there is clarity in respect of what was required under individual criteria within the standards</p>	<p>trained up.</p> <p>A handover will take place between the manager and deputy manager where possible in advance of the managers absence. If this is not possible the DOS will assign tasks to the deputy manager.</p> <p>They are all standing agenda items on the weekly and monthly manager’s meetings to assess if there are trends or patterns to inform learning and improvement.</p> <p>This is a work in progress and will be completed by 30TH May 2020.</p>
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	<p>Standards for Children’s Residential Centres, 2018 (HIQA), relevant legislation and regulations.</p> <p>The director of services must ensure that supervision takes place in line with organisational policy.</p> <p>The registered provider must ensure that an annual review of compliance with centre objectives is conducted and that it identifies specific actions to inform service improvement.</p>	<p>and the assessment frame work and will be completed by 30th May 2020.</p> <p>Following the inspection, a discussion took place with the centre manager and deputy manager to ensure going forward that supervision is prioritised in line with organisation policy. (Commencing April 2020)</p> <p>The registered provider in conjunction with the centre manager and the board of management will ensure that an annual review of compliance with centre objectives is conducted. This will identify specific actions to inform service improvement.</p>	<p>It is a standing item on the agenda at manager’s monthly meeting. The Acting Social Care Manager has set aside one day each week to complete Supervision in line with organisational policy.</p> <p>An annual report will be devised at year end.</p>
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