An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 045

Year: 2019

Alternative Care Inspection and Monitoring Service
Tusla - Child and Family Agency
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Registration and Inspection Report

Inspection Year:	**2019**
Name of Organisation:	**Focus Ireland**
Registered Capacity:	**Six young people**
Dates of Inspection:	**17th & 18th September 2019**
Registration Status:	**Registered with attached conditions from the 31st December 2019 to the 31st of December 2022**
Inspection Team:	**Eileen Woods** **Cora Kelly**
Date Report Issued:	**23rd December 2019**

Contents

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 on the 31st of December 2001. At the time of this inspection the centre were in their sixth registration and were in year three of the cycle. The centre was registered without attached conditions from 31st of December 2016 to the 31st of December 2019.

The centres purpose and function was to accommodate six young people of both genders from age fifteen to seventeen years on admission. The placements provided were on a short to medium term basis and part of the Child and Family Agency crisis intervention service residential care provision. Their model of care was described as providing an opportunity for stabilisation utilising a needs led, relationship based approach.

The inspectors examined standards 2 'management and staffing' – management, 4 'children's rights' and 7 'safeguarding and child protection' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 17th, 18th & 20th of September 2019.

1.2 Methodology

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

- An examination of inspection questionnaire and related documentation completed by the Manager.

- An examination of the questionnaires completed by:

  a) Nine of the care staff
  b) One of the young people residing in the centre

- An examination of the centre's files and recording process.
  - young people's care records
  - daily logs
  - young people's meetings
  - handover book
  - staff supervision records
  - training records
  - centre registers – admissions and discharges, complaints, significant events, sanctions and child protection.
  - management meeting minutes
  - internal quality assurance audits and action plans
  - centre policies and procedures
  - team meeting records

- 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

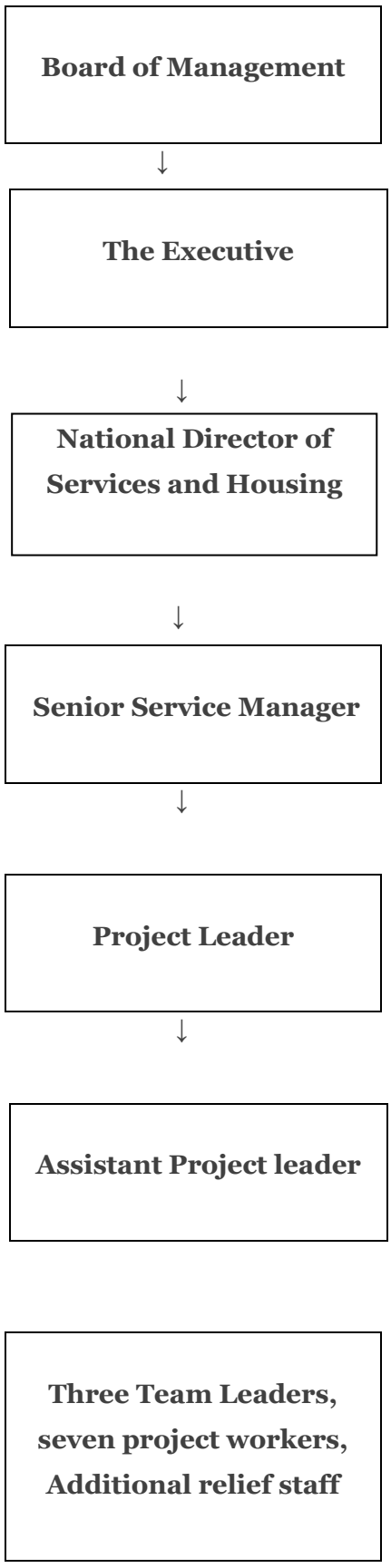
  a) The project leader
  b) The assistant project leader
  c) The senior service manager
  d) Two social care staff
  e) The services standards officer
  f) Two aftercare workers

- 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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, the senior services manager and the relevant social work departments on the 29th of October 2019. 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 11th of November 2019 and the inspection service received some 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 not 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: 045 with attached conditions from the 31st of December 2019 to the 31st of December 2022 pursuant to Part VIII, 1991 Child Care Act.

The following conditions were attached to the centres registration under Part VIII, Article 61, (5) (b) (I) (II) of the Child Care Act 1991, at that time. The conditions being that:

1. That a suitable governance and oversight system is introduced.

The period of registration being from 31st of December 2019 to the 31st of December 2022.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

None identified as not all criteria assessed.

3.2.2 Practices that met the required standard in some respect only

Management

Inspectors found that this centre was well led by an experienced project leader and assistant project leader. They demonstrated in their delivery of oversight through meetings, reviews internally and supervision that the centre was focused on delivery of a clear model and service for young people in the age range of 15 to 18 who were often at a time of crisis and uncertainty in their lives. The managers were assisted internally by three team leaders representing a structured framework for daily oversight of care delivery. All parties were suitably qualified and experienced for their roles.

The management team engaged in good quality interagency collaborative work which was evidenced on the files and confirmed by other professionals. Internally there were monthly project leader meetings and weekly updates including a meeting between the senior service manager and the project leader. Written feedback from the acting national director of services detailed that they receive a copy of the monthly report, a weekly briefing and crisis communication when needed.

The project leader provided a monthly report to the senior service manager. The senior service manager then reports any key areas or risks on all services that they reported on to the director of services. The director of services then compiles a report containing matters of interest to the executive and the board. There were six-weekly project leader and senior manager's meetings for the organisation. The project leaders also attended a joint Tusla, the child and family agency crisis intervention service, voluntary and statutory providers meeting on a regular rotation scheduled throughout the year. Operational meetings had taken place between the

management of the child and family agency crisis intervention and out of hour's service and this centre. There was evidence of ongoing communication regarding referrals and emergencies between the crisis intervention service and the centre management also. Minutes relevant to the purpose of the varied meetings were available and these contained actions and follow up where relevant.

There was evidence of a good working relationship and daily contact for advice, decision making and information sharing between the project managers and the senior service manager, the majority of which was not recorded. The interviews, questionnaires and outcomes observed verified that this level of contact and decision making took place. The ongoing day to day running of the centre was operating well as evidenced through the level of stable placements but inspectors found a gap in how quality assurance was taking place. Following the last inspection in 2018 the senior service manager committed to implementing a monthly audit tool. The audits commenced and there were three available for inspectors to review for 2019. The audits did identify some areas for action but follow up and timeframes were not recorded on these records. The wider organisation does not provide a quality assurance or compliance framework or person to support implementation of audit processes. Inspectors found that the organisation must look at how they can best support the centre and their line management to resource and maintain suitable auditing systems. Overall inspectors found that there needed to be further development and resourcing to represent a robust and clear quality assurance mechanism for this centre.

The team have a weekly team meeting, daily handovers and a monthly reflective practice session with a facilitator. The assistant project leader attended handovers and both managers attended team meetings; the senior service manager attended some team meetings also. The managers were copied on all significant event notifications, emails and communication records. Inspectors received positive feedback from staff regarding leadership at the centre, the team named that effective leadership was crucial in the fast moving and changing care environment that they provide. The team named to inspectors that a full team and support to embed working practices and procedures was a key factor and they believed that their service were pursuing all options to ensure that a full staff team was in place. At the time of the inspection there was one vacant full time post. During discussion inspectors found that the management group were clear as to the reasons for some staff turnover that had taken place and had systems in place with their HR department to recruit and retain suitable persons for the role, this was an action that they had committed to and realised in the preceding inspection action plan.

The project leader and assistant project leader need to evidence their oversight of records more clearly, the system as presently structured had resulted in multiple post-its on pages in the files that required signing by the managers and by staff. Further inspectors established that not all supervisions were taking place in accordance with the policy timeframes and a tracker should be established for sessions to assist in rectifying any timeframes going outside the policy guidelines. This applied to the project leader's supervision by the senior service manager also. Core training was tracked and maintained for staff members but with some waiting times for the core training in the recognised model for managing challenging behaviour being overseen to ensure that they minimised.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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***

Required Action

- The organisation must ensure that they resource and promote suitable quality assurance and auditing systems for their under eighteen services including this centre.
- The senior service manager and the project leaders must review their internal governance and oversight mechanisms to ensure that they adequately evidence auditing and tracking of relevant areas.

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

This voluntary body run ongoing 'customer involvement' initiatives and the centre team promote these to the young people. The centre had policies on children's rights, on consultation, and on consultation in the context of safeguarding. Upon admission the team completed the young person's booklet with them and the booklet outlined a focus on a supportive and safe environment where staff will "listen to you", "offer you advice" and "respect you". Inspectors found that this ethos was supported by the team within a structured setting that had expectations for all young people in maintaining mutual regard and a safe environment for all.

Consultation was found to be taking place through general daily contact and daily living, through key working, one to one work and young people's meetings. There were records of joint meetings with the young person and their external professionals and family.

The team were found by inspectors to advocate well for the young people and to communicate effectively internally and externally on their behalf. This type of practice was promoted by the management through the weekly team meeting, daily handovers and through the use of some reflective practice techniques. Young people were consulted with about their plans and the planning was structured toward giving control to the young person around their lives particularly as they near eighteen
All staff were able to name satisfying aspects of their work, such as young people making progress in education, refraining from risky behaviour or entering planned aftercare. The team completed placement plans with the young people and maintained weekly updates on the support provided to the young people.

A young person's weekly house meeting was promoted with attendance and participation improving somewhat in the months prior to the inspection. It was found by inspectors that although the records of the meetings did not include management comments that it was recorded on handovers that the meetings were

evaluated to maximise engagement and attendance. Consultation with young people was also a standing item at team meetings. There were records supporting that the young people spoke openly to staff and sought support at times.

There was evidence of the young people's social workers and aftercare workers attending meetings and preparing or seeking to support the young people for planning meetings and statutory reviews. It was notable that the team at the centre were skilled at promoting this and organising meetings where required.

Access to information

The young people were made aware of their rights with regard to accessing records maintained by the centre through their admissions process, their handbook and ongoing conversations with staff. The team have suitable policies on access to information and on electronic communication to guide their work.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre had a policy for complaints and this policy centred on the commitment to resolve complaints and dissatisfactions at the earliest possible point of contact. The policy contained information on the procedures to be followed and how the young people should be supported during this process including the timeframes for response. All staff members were familiar with this policy and stated that they acted to address issues at the outset. Inspectors found evidence of the complaints procedure being offered to young people. There were no complaints on file or on the centres complaints register since 2017. The policy stated that the young people's files would contain evidence of dissatisfactions and how these were addressed but inspectors did not find evidence that young people had raised any dissatisfactions on the four files reviewed.

The process and procedure for complaints by young people were broadly outlined in the booklets for young people, family and social workers. In the family handbook it was not stated if they would be informed of all complaints and it did not contain information on how family members could make a complaint themselves if they wished to do so. The booklets must be reviewed to ensure that parents and guardians know how to access the voluntary bodies own complaints procedure should they wish to do so.

The inspectors could not identify a means by which there could be reliable monitoring of dissatisfactions or complaints and this should be considered for inclusion as a theme for auditing and quality assurance purposes in the future.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency have met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.***

Required Action

- The management must ensure that the parent and guardian booklet contains information on the organisations own complaints policy.
- The senior management must ensure that there is a clear system in place to monitor the incidence and outcomes of complaints and dissatisfactions.

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

None identified.

3.7.2 Practices that met the required standard in some respect only

The centre had a policy and procedure document that contained a range of core and complementary policies covering safeguarding and child protection. The policies governing safe practice included 'consultation and safeguarding', 'working alone' and there was a code of practice for staff. There was a child safeguarding statement (CSS) in place and inspectors found that the risk assessment and risk management procedures committed to in the safeguarding statement were being delivered in practice at the centre. The team made extensive use of a risk identification and risk management approach in their daily and weekly planning. These were in line with the purpose and function of the centre and were used in an individualised way per young person. There were also safeguarding and risk management procedures that

applied to all young people regardless of their profile and these related to the policy on house rules such as a 'licence agreement', the presence of external CCTV and secure entry to the centre. The management have been pursuing a move to an expanded therapeutic model of care and should re-evaluate the supporting safeguarding procedures to ensure that all will be congruent with such a model once introduced.

Although the CSS risk procedures were in place the statement itself required updating to include the 'Addendum to Children First: National Guidance on the Protection and Welfare of Children – Online Safety', issued January 2019 by the DCYA and Tusla. The copy of the CSS supplied for this inspection was not dated, numbered as per version and did not name the relevant person as required.

Inspectors found that the daily practices at the centre supported safe care of young people, the handover folder contained evidence of daily safety planning procedures for staff to follow. There was action on any incidents of bullying between peers. There was evidence of rapid access to information and advice for staff teams and there were staff members at social care leader level on duty daily.

The staff had safe care practices in place around checks on young people, missing from care protocols were correctly observed and a 'lock down' protocol for the property was in place for the protection of all. There were clearly documented links to local Gardaí and updated information shared where necessary for the protection of vulnerable persons. The inspectors found that actions with the Gardaí of this nature were shared openly with any young person involved and they were invited to all meetings. There were records of conversations around safety and risky behaviours taking place with young people. The records demonstrated reductions for several young people in their level of risk.

The organisation had policies on recruitment and vetting of staff and there were performance procedures and expectations regarding practice from staff. The staff team also demonstrated an ability to be open and constructive in supporting good practice at the centre, they accessed support through the project leader's, through supervision and at team meetings. The project leader stated that they would be completing a personnel file audit before the end of 2019. New staff received inductions which were completed with the team leaders on shift and overseen by the assistant project leader for the files.

There was evidence of social workers and/or aftercare workers attending for meetings at the centre. Two young people noted difficulties in the frequency that they saw or had access to the social workers and the team advocated well on their behalf.

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.

Inspectors established through review of the policy and procedure suite on child protection that the policy had not been appropriately updated in accordance with Children First 2015 and with Children First: National Guidance for the Protection and Welfare of Children, 2017 in a clear manner. The reporting procedures, role of mandated persons and reasonable grounds for concern were not well outlined for example. Inspectors spoke with the organisations services standards officer and they explained that the overarching policies were in place for the organisation and that responsibility rested, with advice, at local level for centres to develope the specific policy and CSS required for their individual centre/service. Arrangements were in place to update both the policy document and the CSS with the support of the standards officer, the senior service manager and the project leader following this inspection. The centre did have available to them the organisations up to date overarching Child Safeguarding Policy 2018 and must ensure that this is circulated to all staff.

The staff had completed the required national eLearning module on the introduction to Children First and they had been provided with mandatory complementary training in child protection by their organisation. Inspectors found that staff knowledge around reporting procedures varied with most stating that they would seek support from the DLP who in this instance was the project leader. The team displayed good working knowledge around recording ongoing concerns and risks and how to co-ordinate and implement a multiagency response. There were no child protection reporting forms on the young people's files and there was no single mechanism for tracking concerns. There were multiple previously known child protection issues under active management by the team.

Not all staff were stated to be registered for the Tusla web portal, this is the national child protection reporting point and staff should be registered. Inspectors were told that all reports would go in the first instance to the project leader as designated liaison person but it should be clear that in their absence that staff know how and

when to report through the portal, to Gardaí and to relevant others. The centre had a general significant event register in place and should establish a dedicated child protection reporting register to allow for a clear record of the particular requirements of child protection reporting.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre management must review and update the centres child safeguarding statement in line with national guidelines and legislation.
- The centre management must review and update the centres child protection policy and procedures in line with the organisations own policy, national policy and guidelines and relevant legislation.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	The organisation must ensure that they resource and promote suitable quality assurance and auditing systems for their under eighteen services including this centre.	January 2020 - Project Leader will arrange a meeting with all relevant internal stakeholders to discuss the best course of action to develop a quality assurance and auditing system. Project Leader will also seek further clarity from Registration and Inspection Services in relation to this action. Further action and timeframes will follow.	The Organisation needs to develop a quality assurance and auditing system. This action will be continuously updated as progress is made in 2020.
	The senior service manager and the project leaders must review their internal governance and oversight mechanisms to ensure that they adequately evidence auditing and tracking of relevant areas.	Immediately - Oversight of Records – The Assistant Project Leader attends daily handovers and will sign off on all relevant records. The Assistant Project Leader signs off on all SEN's in the Project. The Project Leader will do this in the APL's absence. Project Leader will review records every 2 weeks and Senior Service Manager will review records monthly. January 2020 - Oversight of Supervisions – Project Leader will implement a tracker	Project Leader updated all young people's files at the time of inspection; they are now up to date. Project Leader and Senior Service Manager will monitor this bi-weekly and monthly. Project Leader will monitor supervisions within the Centre through the new tracking

		system for Supervisions to take place every 4 to 6 weeks in line with Policy. This will also include Senior Service Manager's supervision of Project Leader.	system. Project Leader will include an overview of supervisions in the Monthly Report to the Senior Service Manager.
3.4	The management must ensure that the parent and guardian booklet contains information on the organisations own complaints policy. The senior management must ensure that there is a clear system in place to monitor the incidence and outcomes of complaints and dissatisfactions.	January 2020 - Assistant Project Leader will ensure that the Parent/Guardian Booklet is up to date and includes information on the complaints policy. Immediately - There is an active complaints policy and recording system in place in the Centre and Organisation that is in use.	Project Leader and Assistant Project Leader will ensure that all booklets for parents/guardians/social workers and young people are reviewed and updated yearly and as changes occur within the Centre. Project Leader will notify Senior Service Manager of all complaints received. Project Leader and Assistant Project Leader will ensure that the staff team are acknowledging, responding, recording and notifying Project Leader and Assistant Project Leader of any dissatisfactions voiced by the young people.
3.7	The centre management must review and update the child safeguarding statement in line with national guidelines and legislation. The centre management must review and update the centres child protection	Completed – Project Leader and Standards Officer have updated the Child Safeguarding Statement. December 2019 – Project Leader and Assistant Project Leader have a scheduled	Project Leader to review the Child Safeguarding Statement annually. Project Leader and Assistant Project Leader will ensure that Policies and

	policy and procedures in line with the organisations own policy, national policy and guidelines and relevant legislation.	meeting with the Standards Officer in November to address this action.	Procedure are reviewed annually.