An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 090

Year: 2017

Lead inspector: Linda Mc Guinness

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Registration and Inspection Report

Inspection Year:	**2017**
Name of Organisation:	**Cottage Home**
Registered Capacity:	**Five young people**
Dates of Inspection:	**08th and 09th August 2017**
Registration Status:	**Registered without attached conditions 17/10/2017 to 17/10/2020**
Inspection Team:	**Linda Mc Guinness** **Michael Mc Guigan**
Date Report Issued:	**24th October 2017**

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 Methodology

This inspection report sets out the findings of a thematic inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was announced and took place over the following dates: the 08th and 09th August 2017.

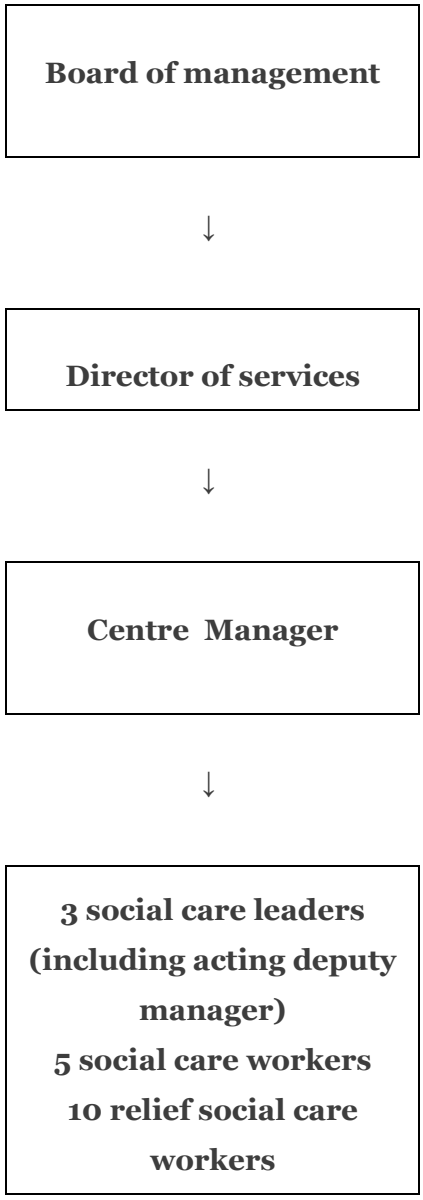
The report is based on a range of inspection techniques including:

- An examination of pre-inspection questionnaire and related documentation completed by the manager.
- An examination of the questionnaires completed by:
    a) Three social workers with responsibility for young person/people residing in the centre.
    b) The service director
    c) All social care staff
    d) Three young people
- An examination of a sample of the centre's files and recording process.
- Interviews with relevant persons that were deemed by the inspection team as to have a bona fide interest in the operation of the centre including but not exclusively:
    a) The centre manager
    b) The director of service
    c) All four young people residing in the centre
    d) Two staff members
    e) Three social workers worker with responsibility for young people residing in the centre.
- Observations of care practice routines and the staff/young person's interactions.
- Shared lunch with staff and young people during the inspection process

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



Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration.

As such the registration of this centre remains from 17/10/2017 to 17/10/2020.

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

Register

The centre is registered to provide care for five young people, aged between 13 and 18 years on admission. Since the previous inspection process in October 2014, seven young people had been placed in the centre and four were living there at the time of this inspection. The centre register was a bound document which contained each young person's name, date of birth, date of admission and discharge. This also contained details of the young peoples' parents' names and addresses, discharge date and address and social work details and each entry was made by the centre manager. However, inspectors noted there was no evidence of external management oversight of the register. A copy of this document is maintained centrally by Tusla, Child and Family Agency and the register met all the statutory and regulatory requirements.

Administrative files

The administrative records reviewed by inspectors were completed to a satisfactory standard. The centre has a standardised administrative filing system that is in operation for many years. In review of centre registers and records, the inspectors found evidence of centre management and external management's oversight on much of the documentation including care files and some centre registers.

There are clear arrangements in place for the financial running of the service (with the exception of staffing) and the Board of Management oversee the budget for the service. The manager and staff were satisfied that there is adequate cash for the day to day running of the service and if money was needed for specific items then this would be facilitated.

3.2.2 Practices that met the required standard in some respect only

Management

As part of the centre's management structure there is an acting deputy manager and two social care leaders in place, two of which hold extra responsibilities. Inspectors noted that while the person currently holding the deputy manager's position has social care degree, a Masters and has worked in care for over 10 years they not received training in respect of Children First: National Guidance for the Protection and Welfare of Children, 2011. During times of leave for the centre manager this person is responsible for the day to day running of the centre to include all aspects of child protection. This is a deficit which should have been noted at senior management level when filling the position and must be addressed as a matter of urgency.

The centre has a full time manager who has been in their post for over four and a half years and they report to the director of services for the organisation. This person has 10 years experience within this organisation and holds a recognised qualification in social care. The manager has responsibility for overseeing the day to day operation of the centre and is scheduled to work on a full time basis from Monday to Friday during regular working hours. In feedback to inspectors the director was very supportive of the centre manager's commitment to providing quality safe care to young people. From interviews with staff members and a review of questionnaires inspectors, inspectors noted that staff members found the centre manager available and extremely supportive.

From interview with the centre manager inspectors found that he had a clear understanding of the needs of the young people and the operation of the centre. The manager outlined the mechanisms in place to oversee the work of the staff team and these included supervision, team meetings, management meetings, child in care review meetings and strategy meetings with placing social work teams. A review of the care files for young people evidenced that the centre manager had read and signed many of the appropriate documents to evidence his governance. Inspectors observed that the director of services periodically visited the centre and reviewed documents including care files, administrative files and staff supervisions. However, inspectors found that the director had not recently signed the complaints or consequences logs for young people and also that while supervisions for staff were being reviewed, the issues therein were not noted or addressed.

The centre manager and director of service reported they had regular (daily) communication on all aspects of service provision including the care of young people and staffing issues. However, the written evidence of this was not available to track. There was evidence that the director of services, as the external manager, displayed a good awareness of the day to day running of the centre. However, inspectors note that they did not have a robust system in place to ensure that the service was fully operating in accordance with the agreed policies and procedures. This is further explained under the supervision and complaints section of this report.

During interview with the centre manager he confirmed that the director of service was a regular presence in the centre and this was increased during a recent period of crisis. At that time they attended team meetings on a monthly basis however records reflect that attendance is now approximately every 8 weeks. Whilst it was evident that the director reads and signs care files, centre records, minutes of meetings and supervision records, it was less obvious that direction or feedback was given formally to the centre manager in respect of any issues arising. The centre manager acknowledged that there was daily telephone contact with the director but that direction and feedback was informal and verbal rather than written communication. Best practice in respect of good governance would require a formal written system of auditing and provision of feedback where corrective actions may be required. It is acknowledged that issues such as staffing and resources were discussed at management meetings and that action was taken by the director who wrote to Tusla, Child and Family Agency expressing concerns. All young people interviewed were familiar with the director of service who they said visits the centre frequently.

While the director of service indicated that managers meetings take place approximately every six weeks inspectors found that this was not happening in practice. Since the last inspection in 2014 there were only records for eleven managers meetings available for review by inspectors. The centre manager indicated that a number of other meetings had taken place but the records were not to hand at the time of inspection. Issues discussed at the meetings which did take place included staff vetting, training needs, appraisals, team facilitation, household and maintenance, staff rosters, recording systems and significant events. The records of the meetings reviewed by inspectors reflected attention to issues above and noted the discussions in some detail however the recording could be improved to show agreed actions and identified persons responsible.

Other management meetings see the social care managers and deputy managers meet with the director biannually. There was only one record of these meetings and other

records showed that the management team were considering the purpose and value of these. It was not clear what had been decided and if these were still taking place. In interview, the director of services acknowledged that there had been a period of crisis and that some practices had fallen below their expected standards. These included supervision and more thorough evidence of oversight by external management. They indicated that now things were more settled that there was a strategy in place to address deficits.

Overall inspectors found that the centre is well run and is providing good quality care to young people who are making progress in their placements. Some improvements in respect of governance and oversight are required to ensure best practice and continued service improvements.

Staffing

There were eight full time staff working in the centre not including the centre manager. A review of the information provided to inspectors evidenced that each of the staff had a recognised qualification in social care. A number of the staff were in social care leader positions and the centre also had a deputy manager who was in a temporary post. The centre had an established staff team with a number of staff being in post for over three years and there has been a low staff turnover. The roster has two staff on sleepover each day with the centre manager providing support during the week.

The staffing complement allows for a day shift person to be on shift four days per week but only when people are not on annual leave or sick leave. Both the centre manager and the director highlighted issues with staffing and noted that recruitment of new staff has become an issue due to a lack of applicants.

A recurring theme in interviews with staff and in completed questionnaires was that they felt that there needed to be three people on shift each day. Three days per week, (and sometimes more depending on leave) there were only two staff rostered to work with the current group of four young people. Staff expressed that it was difficult to do key work or placement plan work, get young people to appointments or family access and activities. Staff members must also complete all the required paperwork as well as attending meetings and supervision sessions on days when only two staff are rostered. Inspectors found that while efficiencies could be made in respect of rosters and methods of recording, three staff per shift would be optimal in terms of provision of effective safe care. Until these issues are resolved inspectors recommend that

centre management review the staff arrangements and the recording system to ensure optimal use of time and resources.

Inspectors interviewed each of the four young people living in the centre and three of them stated that they thought there was not enough staff. Young people stated that the staff had to spend too much time in the office doing paperwork and did not have enough time to spend with them some days. They also said that there should be three staff on every day so that staff can bring them to activities and appointments. In the week prior to the inspection the director of service wrote to the Interim Regional Manager of Children's Residential Services in the Tusla DML region informing them that a decision had been taken in light of staffing and resources that they would be reducing the capacity of the centre from five to four for the foreseeable future or until these issues were addressed.

Inspectors reviewed a sample of four staff files, noting that there has been no new staff members appointed since the last inspection. During that inspection in 2014 it was noted that a number of references were testimonials and that the practice of verbally checking references was not in place. Inspectors found evidence that the organisation had made efforts to check the references of staff where possible and that a new system for this had been implemented. However, in some instances it was observed that the referee had left their post and verbal checks could not be completed. This issue pre dates the current manager and at the current time relates only to two staff members. There are now systems in place to ensure any new staff members fully meet vetting requirements.

From a review of a sample of four staff files it was observed that contracts of employment were in place along with CV's and training certificates. Inspectors also found that copies of qualifications for staff were present and these had been verified with the certifying institutions. Garda vetting was out of date for one staff member and the social care manager explained that this had been applied for.

There is a formal induction system in place for staff who are new to the agency however, this has not been required for a number of years as staff have moved from other centres or else moved from relief to full time positions. Induction for relief staff is a one day process and for new full time staff takes place over three days.

Supervision and support

The centre has a policy on supervision which states that full time staff should be supervised for a minimum of one hour each month and relief staff at least once every six weeks. The manager, who had received training in a recognised model in the delivery of supervision, had responsibility for supervision of the staff team in adherence with the centres supervision policy.

Inspectors examined a sample of the individual supervision files maintained for four staff member and observed that signed supervision contracts were in place. However, inspectors found that supervision had not been occurring at regular intervals in line with the organisation's policy stated above. In some instances staff had received only two supervisions in the ten months prior to this inspection. The director of service was aware that the supervision policy in the previous twelve months was not been adhered to and did not meet the timeframes set out in policy. This was in part explained due to staff shortages and a period of crisis in the centre when there was violent and aggressive behaviour and serious property damage.

Inspectors also observed that supervisions were at times focused on organisational issues and that there were limited discussions in respect of placement planning and care practice. It was also noted that in some instances decisions were not clearly recorded and that at times the hand written records for supervision were not legible. While inspectors observed that the external line manager of the service had signed some supervision records to evidence her governance in the centre, the issues relating to the frequency of supervision, the legibility and the content were not being addressed. This deficit in governance must be addressed in a strategic way and systems put in place to evidence direction, feedback and required supports from the director.

During interview with the centre manager he stated that due to staffing pressures and the behaviours of young people, there had been limited time to provide supervision to the staff team.

The team handover takes place daily and is attended by staff on shift and the staff members that are coming on shift. The centre manager also routinely attends handover and chairs this forum. Inspectors attended a handover meeting as part of this inspection process and found it to be well organised and used for effective sharing of information. The staff members coming on shift spent approximately half an hour reading all relevant documentation from the previous shift. They had the opportunity to ask any questions and clarify any issues with the team completing

their 24 hour shift. There was also evidence of good reflection and consideration of the meaning behind challenging behaviours of young people. Plans were put in place to complete any required follow up and persons assigned to specific tasks throughout the day. Household tasks, maintenance and administration of medication were also included in the planning for the day.

The entire team are also expected to attend a weekly team meeting unless they are on annual or other leave. The meeting takes place from 10.30 to 2.30pm and is attended by the centre manager. The duties of chairing and taking minutes are rotated and attended to by staff on that particular shift. Inspectors attended part of a team meeting and found it to be an efficient and effective forum for communication and planning. Issues discussed at the team meeting attended by inspectors were behaviour management (including reflective practice), consultation with young people, safety plans in respect of social media, any 'red flags' for individual young people, paperwork, family contact and specialist appointments. It was noted that staff members gave each other feedback on useful approaches to use with young people. Risk assessments, individual absence and crisis management plans were discussed and updated as required and aftercare was discussed for those young people it was relevant to.

Inspectors also reviewed samples of previous team meetings minutes during the inspection and found they were structured with a clear agenda at the outset. All attending staff members were reminded to read all relevant documentation. Staff who happened to miss a team meeting must read and sign the record at a later date. Records showed that each young person and their current presentation were discussed as well as the plan for the next six week period. Issues of note or concern were shared and, where relevant, the monthly report was read out and agreed. There were records of discussions regarding young people, actions to be taken and those responsible for implementing actions were identified. Placement plans, key-working and individual crisis management plans (ICMPs) were discussed and updated where necessary. Inspectors found that the staff team paid attention to primary care needs of the young people and decisions were made based on the individual needs of each young person. Consultation and regular communication with social work departments was also evident.

The centre manager receives supervision from the director of services and as noted previously these had fallen behind during a period of crisis. The management minutes meeting provided to inspectors for May 2017 showed that there was awareness that this was a priority and would be addressed as soon as possible.

The inspectors recommend that the director of services should consistently audit the written records themselves as part of their internal quality assurance system and that plans are put in place to address any identified deficits.

Notification of Significant Events

The centre has a system in place to record and notify Tusla, Child and Family Agency of all significant events that occur relating to young people in the centre. Inspectors found evidence that all relevant people were notified promptly as required. All social workers who completed questionnaires and met with inspectors were satisfied that they received notifications promptly and that there was follow up telephone contact if necessary. If there was an issue of immediate concern social workers confirmed that they are notified immediately by phone.

Significant event notifications are completed on standardised documents in use across the Tusla Dublin Mid Leinster region and a register of events is maintained for the purpose of oversight by the manager in the centre. The inspectors found that there was a lot of duplication in the recording and notification of the significant events and that many contained more detail than was necessary to facilitate effective planning. In some significant events it was difficult to get to the salient points of the incident as there were pages of narrative. Many of the events being notified were actually individual work and follow up work to incidents which had taken place. While there is an obligation to record this work on the files of young people there is no obligation to notify them as significant events and doing so increases the workload on staff who expressed that much of their valuable time with young people is actually spent on recording and notifications. This was a view shared by organisational management. The organisation should review their recording and notifications system to ensure that it is as streamlined as possible while also facilitating effective planning. The centre does not currently email the actual significant events documentation and their method of notification by scanning and e mailing is also time consuming and should be reviewed to ensure best use of time. Inspectors note that the director of service reads and responds to significant events. There was evidence of direction from the director with regard to how significant events were managed and responded to.

There is a local forum for the review of significant events which is attended by residential services in the region, the purpose of this group to sample significant events and to use a group reflection and learning approach to gain insight as to how events are managed. The director of service attends this group and the minutes of

this meeting are distributed to all centres who attend. This contains anonymised details of the incident and the centre in which it took place. It also contains details of the interventions of the staff team and responses by the service. There are also queries from members of the group issued in respect of the interventions by staff teams. Recommendations are contained in the minutes and each social care manager has an obligation to bring any learning to their staff team.

Training and development

The staff team all have a recognised qualification in social care or a related field. A register is maintained by the centre manager for all staff training completed and required. In review of the training records, inspectors found that in the main staff had up-to-date core training in Therapeutic Crisis Intervention (TCI), fire safety and first aid. With the exception of the deputy manager all staff had received training Children First: National Guidance for the Protection and Welfare of Children, 2011 and this must be addressed as a priority. It was observed that one staff member required updated training in TCI, one staff needed first aid training and two staff required refresher training in fire safety.

The staff team had also received training in a wide range of areas to support them in their work with young people including drug awareness, ASIST suicide prevention, supervision, responding therapeutically to aggressive behaviour, self harm. The centre manager also explained that they had set up a training sub group to look at training for the organisation. The information on individual training on staff files was not currently up to date and this had not been picked up by external management.

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 7, Staffing (Numbers, Experience and Qualifications)

-Part III, Article 16, Notification of Significant Events.

Required Actions

- The director of services must ensure that management meetings take place in line with stated policy and that these are recorded appropriately.
- The director of services must ensure that the governance of the service is more robust and that there are clear systems in place to track how management oversee operational practices and procedures and their implementation.
- The centre manager and director of services must undertake more robust oversight of centre records to include supervision and complaints and ensure adherence to centre policies and procedures.
- The centre manager must review rostering arrangements in the centre to ensure there are adequate staff numbers on each shift to support the needs of young people.
- The centre manager must ensure that staff supervision is completed in line with centre policy and that aspects of placement planning, care practice and the planning of care for young people are discussed.
- The centre manager must ensure that there is a complete training analysis and training plan which ensures adequate tracking of training needs and the training received.
- The director of services must ensure that supervision for the centre manager should take place within the stated timeframes and be recorded appropriately.

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

Young people's meetings take place but young people informed inspectors that they sometimes prefer to meet staff individually. The group dynamic has changed recently with a new admission and a meeting had taken place very recently involving all young people. One young person took the minutes and a record of decisions taken. In

review of key-working records, the inspectors found the care team engage with the young people individually to ensure their issues and concerns are incorporated into their placement plans. There was evidence that one young person had read and signed their placement plan. There were contact details for EPIC (Empowering Young People in Care) on display; however, an advocate from EPIC had not visited the visited the centre recently and this should be arranged as a priority. There was evidence that young people had added to their key work report forms and that they had read daily logs. One young person complained in writing to inspectors that what the staff team wrote in their log was not in fact what had taken place. This was passed to the social care manager to process. There was evidence that young people are prepared for child in care review meetings and that their views were taken in to account.

Access to information

There was evidence that young people were invited to read their records and one young person confirmed to inspectors that they often review the logs created by staff members. They were not always in agreement with the content and sometimes addressed this with the staff or centre manager. The social worker for one of the young people felt that sometimes there was too much detail held on the records and that at times over recording impinged upon the young person's right to confidentiality. Further, this tendency to over record and use too much narrative could impact on making the records accessible. The issue of over recording is discussed elsewhere in this report and centre management have indicated that they will conduct a review of the entire recording system with a view to making efficiencies and improving the current approach. However, inspectors found that centre manager and staff team were meeting their obligations on access to information.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre has a detailed policy on complaints and the procedure to be followed in the event of any complaint made. Inspectors noted from a review of the young people's care files that each had an individual complaints log that recorded both the formal and informal complaints made. This log details the young person's name, whether the complaint is formal or informal, the steps taken to resolve the complaint, if further action is required and the outcome. It was observed that a number of complaints have been made by the resident young people during their time living in the centre. However, inspectors found that some of these complaints were recorded as informal but related to the care being provided in the centre and should have been

notified through the centre's significant event notification system on the young person's behalf. As such these complaints were not appropriately processed and did not have social work input or oversight. In some instances the sections on the steps taken to resolve the complaint and further action required had been left blank and there was no record of actions taken to support the young person. Further, inspectors also observed that the complaints logs for some resident young people had not been reviewed by the centre manager or director of services as part of their governance in the centre. It is important that there is a formal audit process where these documents are periodically reviewed by line managers to ensure that the centre's complaints policy is being adhered to.

One social worker informed inspectors that a number of young people had tried to make a collective complaint. They indicated that the young people were directed to then complete individual complaints forms which they did not follow through on. While it is not the norm that complaints are made by a group of young people the policy should include contingencies for managing this should it arise again to ensure that young people's voices are heard and responded to. Further, during interview with one young person they made a number of complaints regarding the care being provided in the centre stating they felt they were being treated differently to other young people. These were passed by inspectors to the centre manager who notified them on the young person's behalf. Inspectors have asked the centre manager to notify them when this process is concluded.

During interview the centre manager acknowledged the issues arising around the management of complaints and that there had been confusion amongst the team. This had not been helped by conflicting advice given during two auditing processes in the past. Centre management indicated that they would meet with the director and address the issue of complaints as a matter of urgency. External management must regularly review the complaints register and all documentation relating to complaints to ensure that they have been addressed appropriately, with an outcome recorded. It would be beneficial if the issue of complaints was added to the agenda for team and management meetings.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the Child Care (Placement of Children in Residential

Care) Regulations 1995, Part II, Article 4, Consultation with Young People.

Required Action

- The centre manager must ensure that there is a robust complaints policy which is understood by staff and implemented in practice. All staff must be aware of the differences between informal and formal complaints.
- The centre manager must ensure that young people are facilitated to make a complaint in any format and staff are aware of their obligation to record and report complaints.
- The director of services must review the implementation of the complaints policy and put measures in place to address any deficits.

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

Contact with families

Inspectors found that the care team and social work departments work well together to support agreed contact arrangements for each young person. The young people interviewed confirmed that they are supported to maintain family contact and risk assessments in this respect are regularly updated. The importance of maintaining and repairing family relationships was evident in the discussion at the team meeting attended by inspectors. Further, inspectors found that there was adequate space for young people to spend time with their family in private, if required. Family members are also regularly updated on the progress of placements either by the team or the supervising social work departments.

Children's case and care records

The centre maintains a comprehensive care file on each individual young person and the social workers maintain a case file, both of which are kept in perpetuity. The care records in the centre are standardised and kept in line with local Tusla, Child and Family Agency policy. The inspectors found that case files were organised well and records contained sufficient detail although the use of excessive narrative should be reviewed to avoid over-recording. One social worker interviewed also felt that over recording every single aspect of a child's day was a children's rights issue.

The daily log records show how staff members consult with young people as part of the everyday practice. Further, placement plans and key working records also demonstrated how the voice of the young person was being taken into account when decisions were being made regarding them.

Statutory care planning and review

There were up to date care plans on files for three of the young people in placement. However, in the case of one young person the care plan for the last child in care review meeting was only received in the weeks prior to the inspection. This care plan related to a review that had occurred almost twelve months previously and the next statutory review was to take place in the coming weeks.

Inspectors found that child in care review meetings had been scheduled within appropriate time frames and that care plans were all of good quality and contained a comprehensive assessment of need. Actions to address young people's needs and persons responsible were also indentified. The care plan for one young person was in draft form and waiting to be signed off following a consultation process. Information held on file evidenced that the young people attended their review and that their views and wishes were obtained to inform the decision making processes.

The needs identified in the care planning process were generally incorporated into placement plans. However, review of these plans and key work sessions evidenced that work being undertaken on emotional and specialist was not easy to track and was not as evident on care files in the way that work on education, health and family was. While those sections had a prescribed section within the care file, emotional and specialist support did not.

For one young person the placement plan was dated September 2016 and did not show evidence of review since that date. A number of the goals on this plan did not have specific actions required to meet needs or identified persons to carry out these tasks. Often the issues were noted as ongoing and there was no way to track the progress that had been made. Supervision records reviewed did not show a consistent focus on case management and implementation of placement plan goals and this should be incorporated in a more structured way.

Supervision and visiting of young people and Social Work Role

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.

All of the young people in the centre have an allocated social worker. One of the young people who responded to a questionnaire stated that they were unhappy with the frequency of contact with their social worker. However, a review of the care file evidenced frequent visits to the young person and that there was regular communication with the centre by the social worker on the planning of care. A planned change in social worker was due to occur at the time of the inspection and the young person had been informed of this. The other young people each stated that they had positive relationships with their social workers and met them regularly.

Inspectors completed face to face interviews with three placing social workers as part of the inspection process and found that they were familiar with the care needs of each young person and their progress in their placement. All had met their statutory obligations to meet with young people and read their files from time to time as required.

All young people interviewed by inspectors stated that they understood the reason for their placement and were consulted about their plans. One young person recently admitted to the centre stated that to date, they had not been allowed to attend their review meetings; however, they were now scheduled to attend their upcoming child in care review. The centre manager stated that they would strongly advocate for this and would encourage the young person to attend and prepare them to do so.

There was clarity in the working roles between the centre staff and the allocated social workers with all parties generally reporting an effective working relationship. One social worker and the centre manager acknowledged that at times there had been differences of opinion in respect of certain issues but these had been resolved with discussion and negotiation. The placing social work teams for three young people had reviewed the young person's case file and daily logs whilst in the centre. Overall, the allocated social workers reported that they were satisfied that the young people were safe and well cared for in the centre.

Emotional and specialist support

Inspectors attended the team meeting and found that the discussions were child focused and that the team demonstrated a keen understanding of each of the young people's needs. There was reflective practice and in-depth discussions about how to support the young people with presenting issues of concern. This was then built into key working plans and the team focus for the week.

All young people interviewed stated that they had a key worker who supported them with their issues and that they were encouraged and facilitated to go their appointments. Young people stated that they knew what was in their plans and they understood the reason for their placements and what they needed help with.
Young people had been referred to specialist services such a counselling and medical specialists where required. The key working and individual work records demonstrated efforts from the staff team to engage with the young people and interact in supportive ways towards building positive relationships. Daily logs reflected that the care team were observant of the young people's general presentation whilst also attentive to their basic needs. Inspectors found that there was a strong focus on developing relationships through activities and key working. Staff had received supplementary training to support their work with young people in respect of issues such as self harm, aggression, drug use, suicidal ideation amongst others.

One social work department raised concerns in respect of young people finding it difficult to access specialist adolescent mental health services due to geographical location. This issue was resolved when their young person moved to this centre and there is now a comprehensive plan in place to access all required supports.
This team has availed of advice and support from specialists to support their work with young people when they were waiting for appointments with appropriate services.

Preparation for leaving care and aftercare

At the time of this inspection process there were two young people in placement who will turn 18 years of age within the next 7 months. The centre manager in interview with inspectors noted that aftercare planning is often left until the last minute and is not adequately resourced. Inspectors found that the young people placed there were being supported by the care team to learn skills in respect of cooking, shopping, budgeting and banking. However, one young person did not have an after care plan. Both young people interviewed in respect of their aftercare arrangements expressed uncertainty and anxiety about turning 18 and having to move on from the centre.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The centre has an admission policy which details the referral and admissions criteria and the admission process. The centre is registered to provide care for five young people, aged between 13 and 18 years on admission and referrals for placements are accepted from the Tusla Central Referrals Committee in the Dublin Mid Leinster region only. Inspectors found that each of the young people living in the centre had been placed in line with the written statement of purpose and function.

Young people must engage in what is termed the *local process* before being admitted to the centre. This process requires the young person to spend time in the centre with current residents before being admitted. Decisions on admission are made following a review of this time and possible incidents that may have occurred. However, it was observed that comprehensive written pre-admission risk assessments were not conducted prior to the young person being admitted to the centre. While duty of care and service delivery tests were incorporated into the written local process form, these did not provide sufficient details on the possible impact of the referred young person's behaviours on current residents and vice versa. The centre do not have in say in altering these local forms or processes but inspectors recommend that collective risk assessments should take place to ensure suitability of placements and robust risk management planning (see below). Further, inspectors found that details on behaviour management interventions and strategies were not included in this document and there was not enough detail in the risk management sections to underpin and support the admission of young people to the centre.

There have been seven admissions to the centre since the last inspection in 2014. Centre management have an input into the final decision as to whether the admission of a young person is suitable given their needs. Some referrals have been refused at the point of referral due to concerns about the suitability of placement or the possible impact on young people already resident; however, inspectors found that the evidence of this process could be improved. One allocated social worker advised the inspectors that they would like to be consulted about possible referrals and admissions at an earlier point. Best practice would see decisions regarding admissions to the centre being informed by a comprehensive impact risk assessment process that is completed in collaboration with the social workers who have children placed in the centre. One young person interviewed described there being a 'difficult time' in the centre and was able to associate this with the admissions of new young

people. Nonetheless, they did state that things had improved recently and was able to describe that the recent referrals were more suited to the centre. While young people do not have a say in referrals or admissions it is important that centre processes ensure the best 'mix' of young people to avoid negative impact on those referred or already resident.

Discharges

The centre has a written policy on discharges. The aim is to have all discharges in line with the agreed care plan. However in circumstances where this does not occur the final decision on an unplanned discharge is made by the director of services. A review of the centre register found that most discharges from the centre have been in line with the policy and in a planned manner.

There have been two unplanned discharges from this centre in the previous year. One of these was a young person who chose to return home to live with a parent and refused to return to the centre. The second unplanned discharge was in respect of a young person whose violent and aggressive behaviours had become unmanageable and their continued placement in the centre was having a detrimental impact on the placements of other young people.

In interview with the director of service they indicated that an initial review of the circumstances that lead to the unplanned discharge had taken place along with a debriefing for the staff team. Furthermore, there is a full review planned to facilitate any learning and service improvements. This is to be facilitated by an external person.

Inspectors viewed a sample of three 'end of placement' reports. These are completed for all young people when they move on, to provide an analytical overview of the factors impacting on the placement. Inspectors found they reflected efforts made by the staff team to engage with the young person whilst in placement and following their discharge to bring closure to the placement and relationships with the staff team. The reports are compiled under a number of headings including overview, education, medical family, aftercare, contacts, and cultural issues. The reports were found to contain appropriate information and that the reflection was used for learning purposes.

Aftercare

The Child and Family Agency has a written policy on aftercare provision. Two young people in the centre were seventeen years of age at the time of this inspection. Centre management noted that there are very limited options for young people in this region and that young people frequently did not have adequate plans and move on options. This should be escalated within the region by senior line management if it continues to be an issue of concern.

3.5.3 Practices that did not meet the required standard

None identified

3.5.4 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 IV, Article 23, Paragraphs 1and2, Care Plans
-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan
-Part V, Article 25and26, Care Plan Reviews
-Part IV, Article 24, Visitation by Authorised Persons
-Part IV, Article 22, Case Files.

The centre have 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

- The centre manager must review the recording and reporting systems in the centre to ensure they are fit for purpose and being used effectively.
- The centre manager must ensure clearer recording and tracking of work carried out with young people in respected of emotional and specialist support.
- The social worker for one young person must ensure that up-to-date care plans are created and forwarded to the centre in a timely manner.
- The centre manager must ensure that placement plans contain evidence of periodic review and that goals have specific time frames and persons named to undertake work with young people.

- The social worker for one young person must ensure that after care planning is in line with the HSE Leaving & Aftercare Services: National Policy and Procedure Document which is the national policy guiding the provision of aftercare.
- Centre manager must ensure that pre-admission and impact risk assessments are completed prior to admission in consultation with supervising social work departments. This information should inform safety plans to manage the impact of a new young person on those already resident and vice versa.
- Centre manager must ensure that the goals of the placement plan are congruent with the care plans, that there is a system in place to track how goals are being met and who is responsible for these. There must be a consistent review process in place to evidence progress or lack thereof.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The centre is located in a residential suburban area of county Dublin with public transport, schools and amenities all in close proximity. The building is a large semi detached two story house with garden space to the rear and is well furnished and homely in nature. Inspectors noted that the premises was well lit and ventilated and that appliances were domestic in nature. Each young person had a room of their own that they could decorate as they see fit and there was evidence of personalisation of communal spaces with pictures of residents. There was space for young people to meet with friends, family and social workers in private if they required and inspectors observed evidence that the centre is adequately insured as required.

Maintenance and repairs

Inspectors reviewed the maintenance logs held on site. This outlines the detail of the issue of concern requiring attention, who completed the work, the date this was carried out and the person's signature. Staff stated that repairs are completed promptly and that there is a budget to ensure work is carried out. From a walk-through of the premises inspectors noted that areas in the building had been recently painted and the house was in general good repair.

Safety

There is a designated health and safety officer as required. Health and safety audits take place regularly and are recorded. Inspectors saw evidence that health and safety was dealt with robustly through comprehensive risk assessments. These are also discussed and followed up at management meetings.

There are adequate systems in place for reporting accidents, injuries and safety hazards and there was evidence that all relevant persons are notified promptly. The date health and safety statement was due for update in March 2016. This should take

place and management must ensure this is signed by all staff members as read and understood. Inspectors observed that medication is stored safely.

3.10.2 Practices that met the required standard in some respect only

Fire Safety

As noted above, there is health and safety statement which addresses issues of fire safety, a fire statement and a fire and general register in place in the centre. These documents were reviewed by inspectors and found to contain appropriate direction on issues of fire safety.

Inspectors reviewed the fire and general register and noted that there was an appropriate fire safety routine in the centre including daily and weekly checks on the means of escape, fire doors, fire fighting equipment and fire alarm system. The organisation has a contract in place with a fire company for the servicing of the alarm and fire fighting apparatus in the centre. However, inspectors noted that the centre's policy is to conduct fire drills every three months and the records reviewed evidenced that a fire drill had not been carried out for 6 months between January and July 2017. The record evidenced the dates of the most recent fire drills as: 07/08/17; 05/01/17 and 01/11/16. Further, there was no evidence that the fire documents in the centre had been reviewed by an external line manager as part of their oversight. This register also evidenced that all staff had received fire safety training on 14/06/17.

Inspectors conducted a walk-through of the building and noted that fire fighting apparatus was in place and that the means of escape were not obstructed. The centre has written confirmation that all statutory requirements in respect of fire safety and building regulation have been complied with.

3.10.3 Practices that did not meet the required standard

None identified

3.10.4 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 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

- The centre manager must ensure that fire drills are conducted in line with centre policy.
- The director of services must periodically review fire safety documents in the centre as part of their governance.

Action Plan

Standard	Required action	Response with time frames	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The director of services must ensure that management meetings take place in line with standardised governance processes and that these are recorded appropriately.	The Director did state in their questionnaire that we have management meetings every six weeks, unfortunately that did not happen this year. We will aim to have them every six to eight weeks or more frequently if required.	These meetings will schedule ahead of time with a prepared agenda and the minutes will be available for review.
	The director of services must ensure that the governance of the service is more robust and that there are clear systems in place to track how management oversee operational practices and procedures and their implementation.	The Director of Services acknowledges that there should be a formal written records of all Governance processes. The Director will design and implement a formal system to record communications between themselves and managers (both formal and informal)	A Director of Service/Centre Manager Communication log will be created and kept in the Director and managers offices and completed by same. Formal audits and action plans will be available for review.

	The centre manager and director of services must undertake more robust oversight of centre records to include supervision and complaints and ensure adherence to centre policies and procedures.	The centre manager and director of oversight of centre records to include supervision and complaints and ensure adherence to centre policies and procedures.	The Director of Service and Centre manager will return to their system of signing off on centre records in a timely manner The manager will do this the on-site on an on-going basis signing off on all records and The Director will sign off on all records relevant to their role and samples of other files. Furthermore a review of our recent crisis period will take place and one of the topics will be how we maintain systems and standards during a period of crisis.
	The centre manager must review rostering arrangements in the centre to ensure there are adequate staff numbers on each shift to support the needs of young people.	The current allocation of funding and staffing is not sufficient to adequately meet this requirement and out of our control as is the responsibility of TUSLA DML.	The centre manager will review the current rostering arrangements for day shifts and identify how they can be used more effectively. The Director of Service will continue to seek more resources from TUSLA DML and has also reduced the Centre capacity to four young people.

	The centre manager must ensure that staff supervision is completed in line with centre policy and that aspects of placement planning, care practice and the planning of care for young people are discussed.	The centre manager is in agreement with this and will do this.	The centre manager will ensure that staff supervision is completed in line with centre policy. In order that aspects of placement planning, care practice and the planning of care for young people are discussed - the young person page of the supervision recording form will be used in every supervision.
	The centre manager must ensure that there is a complete training analysis and training plan which ensures adequate tracking of training needs and the training received.	The Cottage home plans their training needs two years ahead. We have an Excel record for all mandatory training for staff. It is the intention to expand this and include all training required following a needs analysis.	A full training needs analysis will take place and the Excel record will be expanded to include all training undertaken by staff. The current individual training records in staff files will be reviewed.
	The director of services must ensure that supervision for the centre manager should take place within the stated timeframes and be recorded appropriately.	We agree that this needs to happen.	The director of services will ensure that supervision for the centre manager should take place within the stated timeframes and be recorded appropriately.
	The centre manager must ensure that there is a robust complaints policy which is understood by staff	A new complaints policy that meets this requirement has been written and	The centre manager will present the new complaints policy at a team meeting and

	and implemented in practice. All staff must be aware of the differences between informal and formal complaints. The centre manager must ensure that young people are facilitated to make a complaint in any format and staff are aware of their obligation to record and report complaints. The director of services must review the implementation of the complaints policy and put measures in place to address any deficits.	forwarded to registration and Inspection service. Young people will be facilitated to make complaint whether individually or collectively. The policy will be amended to take this into account and staff members updated in respect of their obligations under the revised policy. This will be implemented in tandem with the implementation of the new complaints policy.	facilitate discussion so that it is clearly understood by the team. All staff members will updated in respect of their obligations under the revised policy. This will be audited regularly under standardised governance processes
	The centre manager must review the recording and reporting systems in the centre to ensure they are fit for purpose and being used effectively. The centre manager must ensure clearer recording and tracking of work carried out with young people	The Director of Service, Centre manager and staff team had raised this as an issue of concern prior to the recent inspection. They had also consulted with the lead inspector for the Agency. The Centre Manager and Director appreciate this feedback and feel that this	A review of the entire Cottage Home recording system (which is in place eight years) will be carried out in early 2018. This will be built into the revised system and audited regularly under standardised

	in respected of emotional and specialist support.	will be a welcome addition to our filing system.	governance processes and subsequent action plans.
	The social worker for one young person must ensure that up-to-date care plans are created and forwarded to the centre in a timely manner.	Social Worker had sent care plan to guardian for signing and had not yet received back. Social Worker has now sent care plan by email.	Social Worker will endeavour to send in a timely manner.
	The centre manager must ensure that placement plans contain evidence of periodic review and that goals have specific time frames and persons named to undertake work with young people.	This is also welcome feedback that will be useful for Placement plans being implemented more effectively.	The Centre manager will amend the placement plan form to include a section that can be used to record changes, progress, timeframes, programmes etc.
	The social worker for one young person must ensure that after care planning is in line with the HSE Leaving & Aftercare Services: National Policy and Procedure Document which is the national policy guiding the provision of aftercare.	All after care planning in regards to this young person has been guided and is in line with the HSE Leaving & Aftercare Services: National Policy and Procedure Document.	To ensure best practice every Social Worker should regularly revise the HSE Leaving & Aftercare Services: National Policy and Procedure Document.

	Centre manager must ensure that preadmission and impact risk assessments are completed prior to admission in consultation with supervising social work departments. This information should inform safety plans to manage the impact of a new young person on those already resident and vice versa.	In order to implement this recommendation we would need to consult with the Central Referrals Committee/ TUSLA DML and the required action does not fit with the current agreed system for dealing with admissions and discharge.	The Cottage Home would welcome participation in any discussion regarding this. Inspectors will make the relevant department aware of this anomaly.
	Centre manager must ensure that the goals of the placement plan are congruent with the care plans, that there is a system in place to track how goals are being met and who is responsible for these. There must be a consistent review process in place to evidence progress or lack thereof.	Sometimes Placement Plans are written in the absence of a Care Plan (as there are often delays in receiving them). When a care plan is received a placement is amended if necessary. We agree that a more regular review of placement plans is necessary.	As stated above changes will be made to the Placement plan form. Regular review of the placement plan and recording of same will be conducted through standardised governance processes and subsequent action plans.