



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

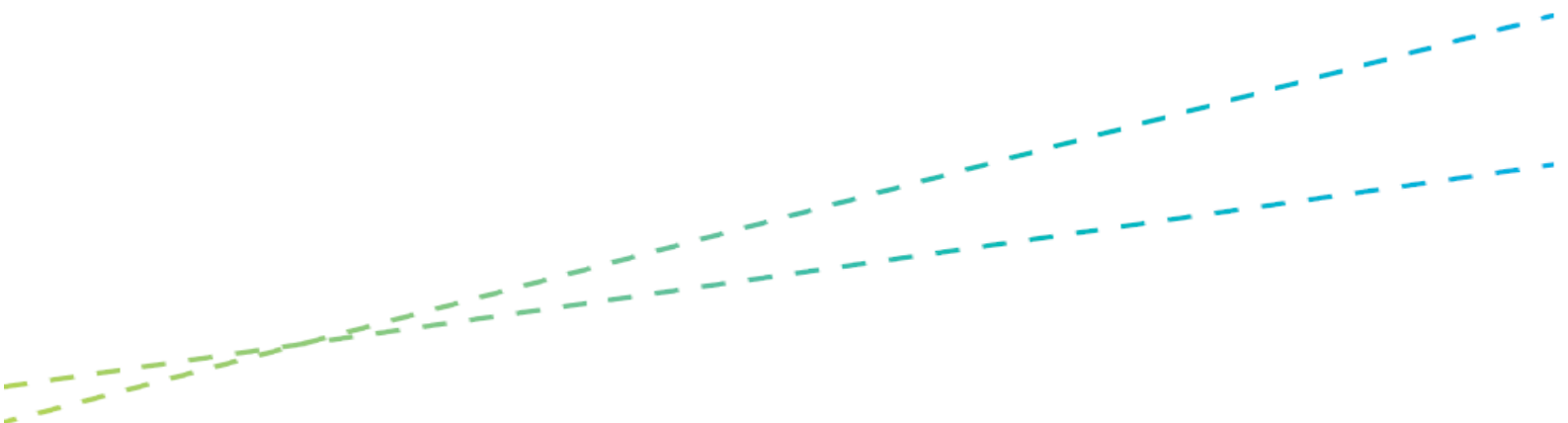
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 004

Year: 2015

Lead inspector: Catherine Hanly

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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Traveller Family Care
Registered Capacity:	One family up to a maximum of two parents and eight children
Dates of Inspection:	21st and 22nd October 2015
Registration Decision:	Registered without conditions from 31st October 2015 to 31st October 2018
Inspection Team:	Catherine Hanly Orla Griffin
Date Report Issued:	7th December 2015

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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 and 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.

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 management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

1.2 Methodology

An application was duly made by the proprietors of this centre for continued registration on 2nd October 2015. This announced inspection took place on the 21st and 22nd of October 2015 over a two day period. The inspection was themed and looked only at specific criteria within certain standards of the National Standards for Children’s Residential Centres. These are identified in this report as Standard 1: purpose and function; Standard 2: management, supervision and support, and administrative files; Standard 3: monitoring; Standard 5: suitable placement and admissions, emotional and specialist support, and discharges. The factors influencing the decision to conduct a thematic inspection included a recent monitoring visit conducted to determine the centre’s compliance with regulations, standards and best practice, as well as previous inspection findings regarding the centre’s purpose and function that ultimately led to conditions being attached to the centre’s registration status. At the time of this inspection the centre was not operating to its stated purpose and function having been registered as a special arrangement for a short but undefined period of time. This alteration to the centre’s registration was approved by the office of the Chief Inspector/Registrar Dublin North East to facilitate an emergency crisis-driven placement for two young people. This report is based on a range of inspection techniques including:

- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
 - a) Thirteen of the care staff (including relief)
 - b) Other professionals engaged with the family accessing the centre at this time.
- ◆ An examination of the most report from the monitoring officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of the HSE on our behalf.
- ◆ An examination of the centre’s files and recording process.

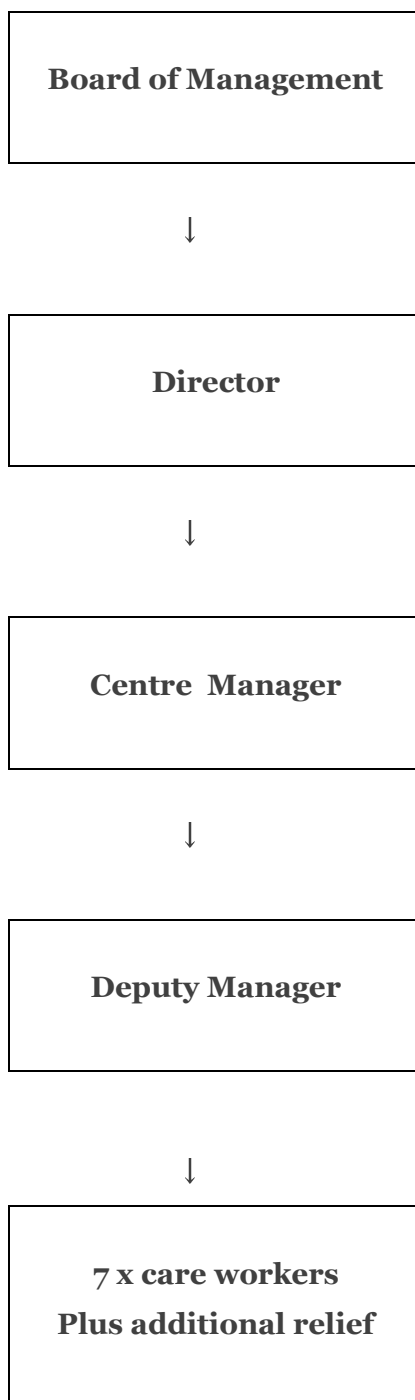
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The director of the organisation
 - c) The acting deputy manager
 - d) Two care staff
 - e) The social worker for the family placed in the centre at the time of this inspection
 - f) The social worker for two families previously placed in this centre

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

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health and Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on 2nd December 2015 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres.

As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from 31st October 2015 to 31st October 2018.**

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

None identified.

3.1.2 Practices that met the required standard in some respect only

This centre has a written document that clearly describes the service provided as being a residential based family assessment unit. A comprehensive parenting capacity assessment is conducted, based on agreement with the referring social worker, over an initial six week period the outcome of which will determine whether or not it is in the child/children's best interests to remain in the care of their parents. On completion of the assessment and based on the findings of the assessment report, a further placement may be offered to the family in the centre where the staff team will provide ongoing support and intervention as necessary. Participation in the residential assessment process is on a voluntary basis therefore parents can leave at any time should they wish to do so. The information document was revised approximately two years ago in response to direction from inspectors during previous inspections of the service. It was developed following an intensive training programme that the management and staff team participated in over two years ago. Information on the centre's purpose and function is available in a format that is user-friendly for young people and their parents.

At the time of this inspection, the centre was registered as a special arrangement and was not operating to its stated purpose and function as a family assessment service. This was an agreement made with the office of the chief inspector/registrar three months prior to this onsite inspection and was done on the basis of an emerging crisis situation for the young people involved. It was anticipated that this special arrangement would only last a matter of weeks however unforeseen circumstances had led to an extension of this arrangement. At the time of this inspection the special arrangement was coming to a planned phased end and centre management and staff were both keen to and aware of the necessity to revert to their normally registered purpose and function.

The redevelopment of the centre's purpose and function had brought about much needed clarity in terms of service provision and this was evidenced in the care files reviewed by inspectors at this time. As previously stated, there is a clearly identified timeframe of six weeks during which time the staff conduct a detailed assessment of parenting capacity and this may be followed by a period of support and intervention if deemed necessary and appropriate. This programme is individualised depending on identified needs and commitment to engage with the service. Centre management must clearly identify a maximum period of residence that incorporates support and intervention provided to families that would not be exceeded and this should be included in the centre's information documents. This would assist the centre in ensuring a continuous throughput of families that require the service by moving families on within appropriate timeframes.

The centre had a policy and procedure document however it was apparent to inspectors at the time of the inspection that the document predominantly informing practices at the centre was that which outlined the centre's purpose and function. A number of the centre's policies were identified as being under review at the time of this inspection in order to reflect the revised statement of purpose and function and in general inspectors found that all of the existing policies will need to be reviewed to accurately reflect the centre's purpose and function. The document itself required ongoing work as page numbers and sections of the document were not correctly indexed. This document should be in a readily accessible format for any interested party. These matters must be prioritised and attended to without unnecessary delay. Inspectors found that the staff team demonstrated confidence in their understanding of the purpose and function of the centre and in their knowledge of the manner in which they delivered it in practice. Inspectors found that the written purpose and function had been clearly realised in practice in the centre over the past two years but as stated above at the time of this onsite inspection was not operational. Centre management intended to revert to their stated purpose and function within a matter of weeks of this inspection.

3.1.3 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must clearly identify a maximum period of residence for families accessing this service.
- Centre management must prioritise the review of the entire policy document and ensure that the contents accurately reflect the purpose and function of the centre.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The centre was being managed by an appropriately qualified and experienced person and at the time of this inspection they were being supported in this role by an acting deputy manager. The role of deputy was due to be advertised following this inspection in order for it to be filled on a full time basis. Over the past year or so, the role has been filled by alternating members of the staff team. This decision was made on the basis of allowing an opportunity for professional development.

The manager is supported in their role and is accountable for practices in the centre to the director of services. This inspection found that there were good systems of oversight in place to enable the manager and director of services to satisfy themselves of the appropriateness and suitability of care practices and operational policies. The manager oversees all records at the centre on a regular basis, supervises the full time staff team, attends team meetings and most meetings with external professionals, observes staff practice regularly and interacts on a regular basis with parents and young people accessing the service. As part of external governance, the director of services also reviews relevant reports completed at the centre, including in particular any significant events. The manager and director meet formally on a regular basis to discuss practices and operations at the centre.

3.2.2 Practices that met the required standard in some respect only

Supervision and support

The manager and deputy manager ordinarily share responsibility for supervision of the staff team, with the manager supervising full time members of staff and the deputy supervising relief staff members. However, over the past nine months or so the position of deputy manager has been filled on an acting basis by a number of rotating staff members for the purpose of professional development. It was planned to advertise this post in the weeks following the inspection at which point the person appointed to the role will take on the duties of the deputy manager. In the interim period, the director of the organisation had been providing supervision to the relief staff members so as to provide stability and consistency in supervision. The findings

at the time of this inspection with regard to the delivery of staff supervision are similar to those of the monitors during their visits. Supervision was not being consistently delivered to all staff at the stated frequency. Following the monitor's visit the manager had completed a schedule for staff supervision. As this is an issue that has been identified as requiring attention previously the centre manager must take the necessary action to ensure it is addressed in full and on an ongoing basis.

Administrative files

Inspectors sampled the records maintained by staff for each of the four placements that have taken place in the last two years. Overall these were found to be highly detailed, clearly written and effectively maintained. The centre manager is responsible for compiling the parenting capacity assessment report at the end of each six week placement which gives a comprehensive overview of the placement and actions undertaken by staff throughout. Inspectors did find that these reports were not particularly user-friendly and the manner in which conclusions were drawn and presented was somewhat unclear. Inspectors discussed this report format in detail with centre management during the inspection process and made a number of recommendations based on their findings. These include clearly identifying dates of admission and discharge at the outset of the report so that the timeframe of residence is clear including assessment and if families stayed on to participate in a support and intervention programme; reducing the content of the report by summarising the detail and making it more succinct as well as user- and reader-friendly; moving from the current strengths-based perspective to reflecting in a more concrete way the assessment findings; and creating a clear conclusions and recommendations section that is based on the extensive evidence that has been gathered by the team over the duration of the placement.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

Regulations 1995

Part IV, Article 21, Register.

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

-Part III, Article 5, Care Practices and Operational Policies

-Part III, Article 6, Paragraph 2, Change of Person in Charge

-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)

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

Required Action

- The centre manager must ensure that supervision takes place consistently for all staff and as frequently as is stated in policy.
- The centre manager must accurately detail all relevant aspects of a placement in the final report completed.

3.3 Monitoring

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children’s residential centres.

Monitoring

3.3.1 Practices that met the required standard in full

A monitor from the Child and Family Agency visited this centre on two occasions in April and again in August 2015 for the purpose of ensuring the centre’s compliance with regulations, standards and best practice. During one of these visits the monitor met informally with two residents. Centre management had received the final report based on the monitors’ findings the week prior to this inspection. The monitor identified a total of twelve recommendations in their report and the majority of these had already been addressed by centre management at the time of this inspection. Those that were outstanding at the time of this inspection included health and safety training which the manager was awaiting dates on and the development of a comprehensive policy on safeguarding. The latter is clearly a matter that should be prioritised within the centre’s overall development of the policy and procedure document.

3.3.2 Practices that met the required standard in some respect only

None identified.

3.3.3 Practices that did not meet the required standard

None identified.

3.3.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

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

Emotional and specialist support

Throughout the placement it is understood by the staff team that it is the responsibility of parents to attend to the emotional needs of their children and as part of the assessment process these interactions are closely considered and monitored by staff on an ongoing basis. Appointments for specialist services that children may already be linked into are facilitated by staff during the family's placement in this centre. Although staff members may identify specific developmental needs these are not consistently highlighted in a defined way in the assessment report despite staff having clear evidence to support findings regarding these. In order to strengthen the findings of the assessment process on conclusion of the placement, inspectors recommend that the completed parenting capacity assessment report highlights these developmental needs in a more significant way by making clear statements of need based on clear evidence gathered throughout the assessment process.

Staff members observe play as part of the assessment process and referenced this in interview with inspectors as an area that can be open to subjective interpretation. As it is an area that is an important aspect of emotional development, inspectors recommend that centre management consider some training around supportive interaction between parents and children that would support their professional knowledge, observation and recordings.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

Referrals to this centre come through a centralised process in the first instance following which suitability, or in a situation where there are multiple active referrals, priority is determined by centre management. There have been four families placed in this centre to date since this it commenced operations under its re-developed purpose and function. However inspectors found that the policy document does not accurately reflect practice in this area and requires review.

The manager stated that thus far no referrals have been refused based on a determination of unsuitability. There are clear expectations by centre management and identified to placing social workers of residents. These include no violence towards staff or others onsite whilst resident and there is a zero tolerance to drugs. However this information, whilst known to placing social workers, is not stated in the policy on admissions and it should be amended to reflect this. In the past this centre has experienced parent residents using illegal substances and this, coupled with their lack of willingness to engage in the programme, led to their discharge from the centre. The centre does not have a policy on conducting checks from a health and safety perspective or guidance to intervene if necessary in a situation where an adult resident is suspected to be under the influence of an illegal substance. Such policies and guidance must be developed to support other safeguarding measures in place at the centre.

Included in the admission information for referring social workers is letter of instruction that the centre ask them to complete. This letter encourages and allows the referring social worker to identify particular aspects of the assessment programme that they wish the centre to fulfill. Inspectors recommend that the centre eliminate this letter of instruction from their admission process as it adds unnecessary complication in the completion of the assessment report and does not add to the assessment process and programme of care offered which is in itself already very clear. The centre had a clearly identified assessment model which is evidence based and social workers that inspectors spoke with for the purpose of this inspection had a clear understanding of this without reference to the letter of instruction. The centre manager should adhere to this and frame their report around this model as opposed to trying to integrate aspects identified by the referring social worker in addition to qualifying their own evidence-based findings.

The social workers for three of the families referred to the centre were of the view that they were suitable for this service. However inspectors did discuss with the centre manager some of the known factors with these referrals and whether this in

reality deemed them to be a suitable referral. Cognitive capacity is an issue that both the manager and the social workers have highlighted as being an important factor in determining individual parents' capacity to engage with the service and understand expectations of them whilst resident. This is a matter that centre management were in the process of exploring further at the time of this inspection and inspectors recommend that they endeavour to have a cognitive capacity assessment completed as one aspect of their admission requirements. There are other elements that will need to be explored further within the admission process by centre management so that there are clearly identified criteria guiding the suitability of referrals which would ultimately serve to safeguard the process. This includes identifying what criteria will represent cause for discharge from the centre prior to completion of the programme.

Discharges

As previously stated, admission to and residence at this service for whatever period is determined necessary is on a voluntary basis. On one occasion in the past the parents did not comply with their initial agreement to participate in the assessment process and opted to leave before it was fully completed. In this instance the content of the report completed by the acting centre manager at that time did not accurately reflect this early departure and thus the inability of the centre to conclusively make a determination of parenting capacity based on their six week programme. In future, should this situation arise, the report detailing the placement must accurately reflect all pertinent aspects of the placement, including an early departure by an individual, the reasons for same and thus the centre's inability to complete their assessment process in its entirety. Equally if one parent leaves prior to the completion of the assessment but the children are returning to the care of both parents, parenting capacity of both as well as family functioning cannot be adequately assessed and the completed report needs to acknowledge this. The manager stated that the centre's discharge policy is currently under review and the matters highlighted here by inspectors will need to be taken account of in the drafting of the revised policy.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

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

Regulations 1995

-Part IV, Article 23, Paragraphs 1 and 2, Care Plans

-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan

-Part V, Article 25 and 26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- Centre management must review the guiding policies and procedures for admissions to this centre and include in this specific criteria that assists in determining suitability of admissions.
- Centre management must develop the necessary policy and guidance to inform practice in the event of a resident presenting under the influence of an illegal substance.
- Centre management must finalise their discharge policy and in doing so take account of the feedback from inspectors identified in this inspection process and draft report.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.1	Centre management must prioritise the review of the entire policy document and ensure that the contents accurately reflect the purpose and function of the centre.	<p>A comprehensive review of all policies and procedures is currently underway within the centre to reflect updated centre purpose and function. This will be complete by 1st of January 2016.</p> <p>In reviewing these policies and procedures the purpose and function will be amended to reflect</p> <p>1 - Circumstances in which families can be admitted to the centre – voluntary/reunification.</p> <p>2 - In what situations placements will be considered for extended placements</p> <p>3 - The maximum length of an extended placement</p> <p>In relation to policies and procedures, issues relating to page numbers and sections will be addressed.</p> <p>A more comprehensive policy on safeguarding will be developed to incorporate guidance/intervention in situations where an adult resident is suspected to be under the influence of a substance.</p>	Inspectors are satisfied that this action, when implemented in full, will address the required action.
3.2	The centre manager must ensure that supervision takes place consistently for all staff and as frequently as is stated in policy.	A supervision schedule has been developed for all staff for the remaining period of 2015. A quarterly supervision schedule will be compiled in early January 2016 that reflects supervision policy and frequency.	Inspectors are satisfied that this action, when implemented, will address the required action. However it must be noted that this is an issue of practice that has been highlighted in the past and therefore

	The centre manager must accurately detail all relevant aspects of a placement in the final report completed.	Centre manager will liaise with external consultant overseeing the family assessment process for a comprehensive review of the final assessment report format. This review will be completed by 19 th of December 2015 and will focus on issues identified in this inspection report including admission and discharge dates; particular focus on play/ interactions/developmental needs; further training in court report writing and observations and recordings; the letter of instruction.	must be prioritised. Inspectors are satisfied that this action, when implemented, will address the required action.
3.5	Centre management must review the guiding policies and procedures for admissions to this centre and include in this specific criteria that assists in determining suitability of admissions. Centre management must develop the necessary policy and guidance to inform practice in the event of a resident presenting under the influence of an illegal substance. Centre management must finalise their discharge policy and in doing so take account of the feedback from inspectors identified in this inspection process and	Admissions policy will be reviewed to specifically reflect suitable admissions to the centre. The criteria of what consists a suitable/unsuitable admission to the centre will be reviewed and agreed by the Director of Services and centre management by 4 th of December 2015. Focus on pre admission cognitive assessments/criteria for discharge from the centre/termination of placements will be agreed as part of the development of this policy (lack of engagement, safeguarding issues etc.). A comprehensive policy and procedure in regards to a resident presenting under the influence of an illegal substance will be developed as part of the safeguarding policy/admission/discharge policy. The centre management and director will review the discharge policy and in particular make reference to 1 planned discharges	Inspectors are satisfied that this action, when implemented, will address the required action. Inspectors are satisfied that this action, when implemented, will address the required action. Inspectors are satisfied that this action, when implemented, will address the required action.

	draft report.	<p>2 unplanned discharges 3planned/unplanned discharge to alternative care</p> <p>The discharge policy will also make reference to how the unplanned discharge of one/both parents from the unit before the 6 week assessment period is complete will impact on the formulation of a parenting capacity report.</p>	
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