



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 121

Year: 2017

Lead inspector: Sinead Diggin

Registration and Inspection Services
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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Terra Glen Respite Services
Registered Capacity:	Four young people
Dates of Inspection:	28th and 29th September 2017
Registration Status:	Registered from the 21st of October 2016 to the 21st of October 2019 with no conditions attached
Inspection Team:	Sinead Diggin
Date Report Issued:	19th December 2017

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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 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 an 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 on the 28th and 29th of September 2017.

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

- ◆ An examination of the questionnaires completed by:
 - a) Three of the care staff
 - b) One social worker with responsibility for young person/people residing in the centre.
 - c) Other professionals e.g. General Practitioner's and therapists.

- ◆ An examination of the centre's files and recording process.

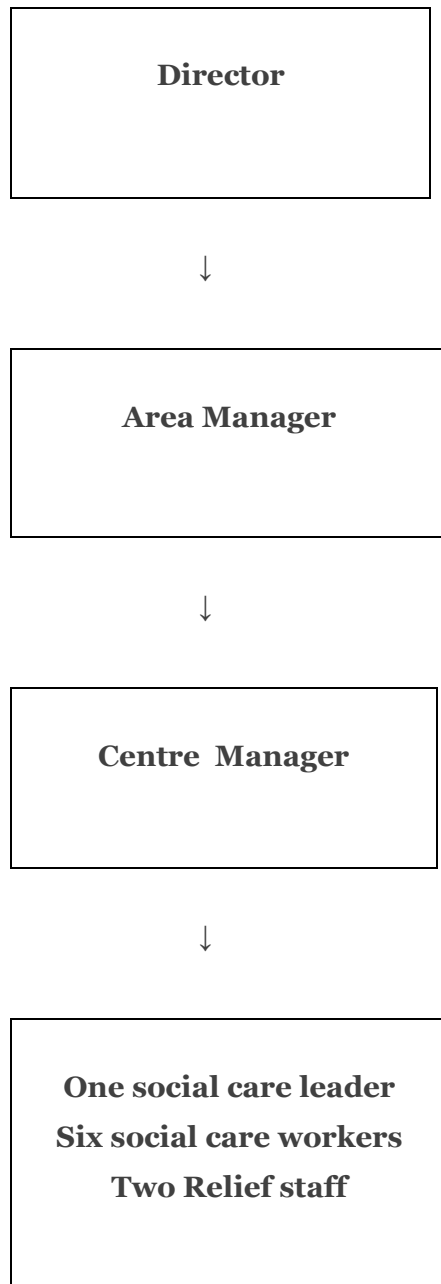
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Two staff members
 - c) Two social workers

- ◆ Observations of care practice 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

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 21st October 2016 to the 21st October 2019.

3. Analysis of Findings

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

The inspector found that there was a good level of consultation from the social care staff with the young people. On admission to the centre young people were provided with a copy of the young person's booklet. From reviewing records of individual work sessions there was evidence that key workers used the booklet as an induction to living in the centre including the rights of young people. The booklet also gave the web site address for children's rights. The manager stated that they arrange for EPIC (empowering people in care) to call out to meet a young person shortly after they move in and there was evidence in the care files to confirm this. Young person's meetings were held regularly although the manager and staff interviewed stated that the young people will not always take part, but this would be recorded. From reviewing a cross section of the minutes they displayed that young people generally used the meetings to request items either on an individual basis or for the centre as a whole. The inspector noted that there was very little feedback recorded in the minutes to the young people. In order for young people to feel their voices are heard, management must have a system in place to give feedback.

Key workers complete weekly plans with their key child and this include any activities which the young person is involved in or activities that have been planned for all the young people in the centre. The manager stated that all young people are consulted regarding their child in care reviews and social workers interviewed stated that the young people do attend their reviews and were able to advocate for themselves with the support of the staff and the social workers.

Access to information

The centre has a policy on access to information. There is information in the young person's hand booklet to say that they can access their files but parts of it may have to be restricted due to their age. The manager stated that the young people are asked if they would like to read their daily log books. The manager reported that only one of the young people has shown interest in this and when this young person did read through their daily log they were unhappy about the quantity of information that was recorded about them. The inspector did not find any evidence of response given to the young person.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre has a policy on complaints which explains what a complaint is and the procedures to be taken. There is also information available in the young person's and parent's handbook on how to make a complaint. The centre has been in operation for ten months and have a complaints register. The inspector reviewed the register and found that there were twelve complaints in total. Ten of these complaints were made by the current young people. All young people up to the time of inspection have made at least one complaint. The complaints reviewed included complaints about other residents and complaints about social care workers. In relation to one complaint made, the young person had asked their social worker how to complain and this was explained to the young person. The young person subsequently withdrew the complaint however the social worker stated to inspectors that they would have liked the centre to proactively communicate better on the complaint. Management must have a procedure in place to ensure that allocated social workers are informed of the steps taken to investigate any complaints made by a young person. Two complaints were made by family members. The social work team leader investigated and communicated with the family regarding one of these complaints. The other complaint was brought to the attention of the manager by a social worker and the manager then investigated this and reported back to the social worker. From reviewing the written records of the complaint, the inspector found that a social care worker acted in an unprofessional manner towards a young person. Supervision records reflected that the manager had addressed this issue with the social care worker and had pointed out the importance of professional boundaries. The inspector also noted that this complaint had been brought to the attention of the operations manager and the manager had to account for the action taken. Management must

include as part of induction the importance of appropriate and professional practice and respect when working with young people. Another young person was not happy with the outcome of their complaint. In interview the manager stated to the inspector that this was communicated to the operations manager who then requested clarity as to what the young person was not happy about. The manager explained the outcome and told the young person they can appeal the decision but stated that the young person chose not to. There was evidence of this in the complaint section of the young person's file. Supervision records between the manager and the operations manager evidenced that complaints made by young people are discussed.

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

- Management must ensure there is a system in place to ensure young people feel their voices are heard.
- Management must have a procedure in place to ensure that allocated social workers are informed of the steps taken to investigate any complaints made by a young person including the outcome.
- Management must include as part of induction the importance of appropriate professional practice and respect, when working with young people as well as families and other families.

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability

3.7.1 Practices that met the required standard in full

None identified.

3.7.2 Practices that met the required standard in some respect only

Safeguarding

The centre has a written policy on safeguarding practice when working with young people. The policy lists the practice of staff when working with young people and the manager stated that staff read the policy on induction and sign to evidence this. In interview, one staff member confirmed this. The inspector noted that professional staff practice was included in the policy but questioned how familiar staff are with the policy and expected practice, given the issue noted in a complaint that had been made. The inspector also noted in supervision records for one staff member, the manager had to address the issue of a professional relationship versus a personal relationship and the need for recognition in this. Management must ensure that policies are reviewed regularly in team meetings so that staff are fully aware of the policy, their professional practice and the expectations of management.

Staff interviewed referenced alarms on doors, staff ratio, and supervision of young people as examples of safeguarding. Inspectors noted that the centre allow for two staff on a sleepover shift as well as a third member of staff on a day shift. Personnel files reviewed evidenced that staff had up to date Garda clearance on file.

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

Child Protection

The centre has a written child protection policy. In interview the manager stated that as part of the induction staff read the children's first guideline. The manager reported

that not all staff had completed training in Children's First National Guidance for the Protection of Children 2012. The reason given for this was, that it was put on hold until the new Children's First National Guidance for the protection and Welfare of Children 2015 was due to be available soon. As some of the staff have been working in the centre for a number of months, the inspector deems this to be unacceptable.

Bullying among young people was identified as a recent issue in the centre. This was reported to the young people's social workers and through significant event notifications. One social worker in interview stated that a meeting had taken place with the manager and another young person's social worker regarding the conflict among the young people. The manager informed the social workers that individual work would take place with the young people. The inspector found evidence on one young person's file in which the topic of bullying was discussed in an individual work session. Although staff highlighted supervising young people as a safeguarding measure, there was no evidence of risk assessments on file to manage the bullying within the centre. One social worker for a young person stated that they were not aware if a risk assessment was completed and the manager had not referenced any risk assessment to them. Management must ensure that risk assessments are completed in consultation with the allocated social workers once a risk has been identified.

An allegation was made by a young person against a staff member and this was reported and investigated by the social work department. As per the centre's policy, the staff member did not return to work in the centre until the investigation was completed and a conclusion was made.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- Management must ensure that policies are reviewed regularly in team meetings so that staff are fully aware of the principals of appropriate and professional practice.
- Management must ensure that risk assessments are completed in consultation with the allocated social workers once a risk has been identified.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3-4	Management must ensure there is a system in place to ensure young people feel their voices are heard.	<p>Completed: Upon admission young people are provided with young person's information booklet which is gone through with them</p> <p>Booklet outlines how to make a complaint/allegation.</p> <p>Outlines their rights, and provides contact details for relevant bodies such as Ombudsman for Children, Epic</p> <p>Consultation with advocate from Epic arranged. Young people given opportunity to speak with key workers, social care manager, staff, social workers of any concern etc.</p>	<p>SCM to ensure there is an appropriate agenda for young person's meeting</p> <p>Agenda provided by staff in the young person meeting, with young people having the opportunity to add and have input into same.</p> <p>Also, young person meeting continues to be included in team meeting format</p> <p>provide feedback to young people also after each team meeting.</p>

	<p>Management must have a procedure in place to ensure that allocated social workers are informed of the steps taken to investigate any complaints made by a young person.</p> <p>Management must include as part of induction the importance of appropriate professional practice and respect when working with young people.</p>	<p>Copy of policies and procedures which clearly outline way in which complaints and allegations are dealt with to be sent to all relevant social workers</p> <p>Within induction policy; model of care to be delivered to staff also outlining best practice in care delivery and professional practice</p>	<p>Prior to admission of any young person; SCM to forward policies and procedures document.</p> <p>SCM to address issues individually within the supervision of staff SCM to address issues of appropriate professional practice within team meeting, and ensure these issues are kept within the agenda</p>
3.7	<p>Management must ensure that policies are reviewed regularly in team meetings so that staff are fully aware of their professional practice.</p>	<p>05/01/18 Weekly in the staff team meeting; one policy/procedure will be brought into the meeting, read aloud and discussed in practice.</p>	<p>Addition of policy and procedure added into the team meeting format</p>

	<p>Management must ensure that risk assessments are completed in consultation with the allocated social workers once a risk has been identified.</p>	<p>Any risk assessments are included within the key work report that is forwarded to social workers weekly. This discussed at team meeting 05/01/18; all staff to ensure that allocated social workers are consulted and informed of any such risks that arise</p>	<p>SCM to forward said risk assessments to social workers, request comment/feedback re same</p>
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