



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	014
<b>Year:</b>	2016
<b>Lead inspector:</b>	Sinead Diggin

Registration and Inspection Services  
Tusla - Child and Family Agency  
Units 4/5, Nexus Building, 2<sup>nd</sup> Floor  
Blanchardstown Corporate Park  
Ballycoolin  
Dublin 15  
01 8976857

## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2016</b>
<b>Name of Organisation:</b>	<b>Focus Ireland</b>
<b>Registered Capacity:</b>	<b>9 young people</b>
<b>Dates of Inspection:</b>	<b>12<sup>th</sup> February 2016</b>
<b>Registration Decision:</b>	<b>Registered without conditions from the 3<sup>rd</sup> of March 2016 to the 3<sup>rd</sup> of March 2019</b>
<b>Inspection Team:</b>	<b>Sinead Diggin Eileen Woods</b>
<b>Date Report Issued:</b>	<b>28 July 2016</b>

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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.

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

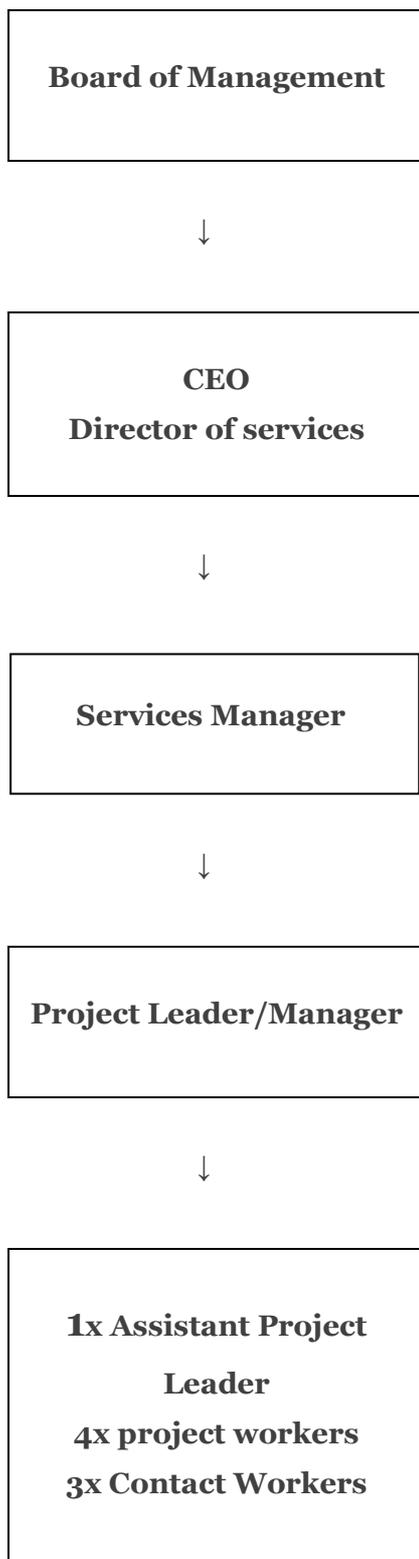
An application was duly made by the proprietors of this centre for continued registration on 11<sup>th</sup> February 2016. At the time of inspection it had been more than a year since a young person resided in the centre and so the process of this inspection was to ensure regulation compliance. This inspection took place on the 12<sup>th</sup> February 2016 over a one day period and 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) Three of the care staff
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of 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 management
  - b) One staff member
- ◆ 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

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 this date the 28<sup>th</sup> of July 2016 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 the 13<sup>th</sup> of March 2016 to the 13<sup>th</sup> of March 2019.**

## 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**

The centre is a specialised centre that accommodates up to nine young people often with substance misuse issues between the ages of 16yrs to 21yrs on a short term emergency basis. If the centre has no young people under the age of 18yrs then they will accommodate young adults up to the age of 23yrs. Young people under the age of 18yrs are accommodated only when all other accommodation options have been exhausted. The centre is run by a voluntary agency and is part of a network of the Tusla, the Child and Family Agency crisis intervention services. The centre accommodates the young people from 6pm in the evening until 6.30pm. The agency aims to prevent long term homelessness and work in conjunction with the young person's social worker to source alternative accommodation. The centre has a day service that is overseen by the project manager. As part of this service the young people have a case manager to establish their needs. The purpose and function of the centre has not changed since the last inspection. There are written policies and procedures and the manager informed inspectors that they intend to carry out a review of the youth services within the organisation to look at the outcomes for the young people. There is information for professionals and leaflets about the centre displayed around the centre for the young people.

#### **3.1.2 Practices that met the required standard in some respect only**

None identified.

#### **3.1.3 Practices that did not meet the required standard**

None identified.

## 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 project leader/manager has been with the agency in different roles for a number of years. There had been some reorganisation within the agency and the project leader has only recently started managing this particular centre. The registration and inspection service were informed of the change in management. The project leader is suitably qualified and has a number of qualifications relevant to the service. The Project Leader carries out supervision of assistant project leader who in turn supervises the staff. The project leader works 9-5pm and the assistant project leader works one evening/night shift per week and day shifts for the remainder of the week. The project leader is involved in the implementation of strategies, measuring outcomes, operating within the budget and carries out supervision of the project leaders. The assistant project leader takes responsibility for staffing issues. They have oversight of staff practice in handover from the night to day time staff. They also carry out some supervision. The assistant project leader completes a monthly report for the project leader. The project leader is line managed by the service manager and reports to the service manager who in turn reports to the national director. The project leader informed inspectors that the service manager visits the centre to meet with the manager and to oversee practice within the centre. At the time of the onsite inspection there were no written records available in the centre for inspectors to review. The project leader is required to report formally to the board of management on a quarterly basis. The inspectors were informed by the project leader that a review of the youth services is to take place with a focus on sustainability and prevention.

## **Register**

The centre have a register which records all young people under 18yrs who are or have stayed in the centre. It has been more than a year since the last young person under 18yrs had stayed there.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Notification of Significant Events**

It has been over a year since a young person under the age of eighteen yrs stayed in the centre. There were no significant event notifications (SEN'S) on this young person's file. Inspectors noted that there were incidents on this file that should have been reported as SEN'S but were not. From interviews conducted there was no clarity on what a significant event is or how it should be recorded. Following the inspection the monitor forwarded the appropriate forms to the centre. Management should review the policy on significant events to ensure that all staff are aware of the procedures to be taken.

#### **Staffing**

The centre's staffing consists of the assistant project leader, four project workers and three contact workers. There are also additional relief staff who provide cover when necessary. There is a set rolling seven week rota which is inclusive of evening and nights and the team meetings are also included in this. The centre does not take students on placement or use voluntary staff. The manager reports that the majority of the staff have been working in the centre for a number of years. The contact workers are the most recent additions to the staff team and had an induction period to the centre of two days. The induction to the wider service of the agency was over a longer period of time. The agency has a human resource department who are responsible for the personnel files, including the vetting of staff. Inspectors reviewed a cross section of personnel files and found that although there were application forms, not all the files had CV's so it was not possible to see if references had been cross checked. Qualifications in some cases were not on file and so there was no verification of these. This issue has been consistently raised with the agency in previous inspections. Management must ensure that all personnel records contain all the required documentation, relevant to the staff in the centre. Inspectors did find evidence that appropriate Garda Clearance had been carried out and renewed within the organization.

## **Supervision and support**

The centre has a supervision policy which states that supervision should take place on a monthly basis. The project leader reports that it has been irregular up to now and states that previous project leaders were working until 4pm and therefore not present in the centre when the majority of staff were working. From reviewing staff questionnaires, inspectors found that staff can approach the management and they were available to discuss any issues that occurred on a daily basis and seek support if required. Team meetings were also irregular and the project stated that they intend to hold team meetings on a monthly basis. Inspectors found from reviewing the team meetings book that there were considerable gaps in the recording of any meetings that did take place. Handovers take place on a daily basis and the assistant project leader is generally present for these. There is an employee assistance program available to staff if needed and they can choose to attend sessions which are confidential. The management is available for debriefing and also see's team meetings as a key to providing this. The new project leader informed inspectors that they aim to use peer support and reflective practice as a tool in learning from incidents that may arise.

## **Training and development**

Inspectors did not find evidence of core training on all personnel files such as a model of behaviour management or 'Children's First, National Guidance for the protection and welfare of children' 2011. In response to this report inspectors require a schedule of training which has taken place to date and training including refresher courses scheduled to take place in 2016.

## **Administrative file**

As stated previously in this report the last young person under 18yrs of age to stay in the centre was more than a year ago. Inspectors reviewed this young person's file and found that there were very few records on the file. The project leader stated to inspectors that they were unsure of exactly what was required. Following the inspection the monitor forwarded all necessary paperwork to the centre to ensure that appropriate records were kept. The centre has a small budget for additional expenses as food is prepared centrally and delivered to the centre.

### **3.2.3 Practices that did not meet the required standard**

#### **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)*

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

The centre has not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 16, Notification of Significant Events.*

#### **Required Action**

- Management must review the policy on significant events to ensure that all staff are aware of what is a significant event and the procedures to be taken.
- Management must ensure that all personnel records contain all the required documentation, relevant to the staff in the centre.
- Management must ensure that supervision takes place for all staff in line with the centre's policy of four to six weeks.
- Management must ensure that all staff have completed core training, evidence this on file and in response to this report inspectors require a schedule of training which has taken place to date and training including refresher courses scheduled to take place in 2016.

### **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.

#### **Safeguarding**

##### **3.7.1 Practices that met the required standard in full**

The centre has a policy on safeguarding which includes information and guidance on areas such as how to make a complaint, behaviour management, risk assessments and for staff, safe practice and working alone. From reviewing questionnaires completed by staff they had an understanding of the safeguarding policy and its implementation on a day to day basis. There are CCTV cameras internally on corridors and externally to the immediate outside areas. There are hourly checks carried out by staff through the night and every fifteen minutes if there are concerns about the young person. As stated earlier in this report, team meetings and supervision which is another safeguarding tool were not always taking place on a regular basis and this should be a priority for management to address.

##### **3.7.2 Practices that met the required standard in some respect only**

None identified.

##### **3.7.3 Practices that did not meet the required standard**

None identified.

## Child Protection

### **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.

#### **3.7.4 Practices that met the required standard**

None identified.

#### **3.7.5 Practices that met the required standard in some respect only**

The centre has policies and systems in place to protect the young people in the centre. Staff questionnaires reviewed by inspectors showed that they had knowledge of steps to be taken for both young people under 18yrs as well as over the age of 18yrs. These include disclosures of allegations and abuse and bullying and harassment. The project leader is the designated child protection officer. As stated previously in the report there was no evidence to show that all staff had completed training in 'Children's First, National Guidance for the protection and welfare of children' 2011.

#### **3.7.6 Practices that did not meet the required standard**

None identified.

### **Required Action**

- Management must ensure that all staff complete training in 'Children's First, National Guidance for the protection and welfare of children' 2011.

### **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 accommodation is purpose built and has the capacity to accommodate nine young people. The bedrooms are all single and are decorated in neutral colour as it is emergency short term accommodation. There is a small kitchen and communal sitting and dining area as well as a quiet room. Individual lockers are stored in a room so that the young people can store their personal items. Laundry facilities are also available in the centre. The centre has adequate insurance and the inspectorate was provided with evidence of this.

##### **Maintenance and repairs**

The agency has a property management data base and a maintenance team who look after all repairs. The project leader informed inspectors that all staff have access to the data base and must report maintenance issues themselves. The maintenance requirements are prioritised with urgent repairs completed immediately, and the manager reports that all others repairs can take up to forty days. Inspectors reviewed the maintenance records and observed that there was a good system in place for reporting maintenance requirements. However there were significant delays on when and if these repairs were completed and the project leader explained that maintenance issues in other agency properties can delay repairs in this centre.

##### **Safety**

The centre has a health and safety statement which had recently been updated. There are arrangements in place for health and safety audits to be completed and the centre have a template for this. Arrangements are also in place for external audits to be conducted. All medication is stored in the young person's individual locker. Where medication is to be taken by a young person, staff will check that it is prescribed and the young person must take it in the presence of a staff member. A first aid box is

stored in the office. While there was evidence that some staff had completed First Aid, inspectors could not confirm if all staff had completed the training. This training is essential for all staff to complete given the needs of the young people.

### **3.10.2 Practices that met the required standard in some respect only**

#### **Fire Safety**

The inspectors were provided with a copy of the centre's compliance with the regulations. The fire extinguishers were last serviced in March 2015 and due their next service in March 2016. The project leader informed inspectors that fire drills are carried out twice yearly and within four weeks of a new staff member commencing work. Inspectors reviewed the fire log book and found that a record of only one fire drill in the previous year but two in all other years. Two staff required fire training and this had been scheduled. There was a record of daily inspections of the fire escapes. In the event of a fire all windows open automatically.

### **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**

- Management must ensure that fire drills are carried out within the recommended timeframes.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
<p><b>3.2</b></p>	<p>Management must review the policy on significant events to ensure that all staff are aware of what is a significant event and the procedures to be taken.</p> <p>Management must ensure that all personnel records contain all the required documentation, relevant to the staff in the centre</p> <p>Management must ensure that supervision takes place for all staff in line with the centre's policy of four to six weeks.</p> <p>Management must ensure that all staff have completed core training such as behaviour management and first aid and evidence this on file.</p>	<p>Post inspection centre implemented guidance from inspectors, which was used for the admission of a 16 year old male in February 2016.</p> <p>HR and the centre management are currently addressing deficits and required documentation will be in place by end of Q3 2016.</p> <p>All staff are receiving monthly supervision and fortnightly team meetings are occurring.</p> <p>Core training and refreshers are in place for all staff in 2016.</p>	<p>The Inspectors are satisfied with this response.</p> <p>The Inspectors are happy with this response.</p> <p>The Inspectors are happy with this response.</p> <p>The Inspectors are happy with this response.</p>

<b>3.7</b>	Management must ensure that all staff complete training in 'Children's First, National Guidance for the protection and welfare of children' 2011.	Core training and refreshers are in place for all staff in 2016.	The inspectors are satisfied with this response.
<b>3.10</b>	Management must ensure that fire drills are carried out within the recommended timeframes.	Fire drills have been scheduled by the new management team for Q2 2016.	The inspectors are satisfied with this response.