



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

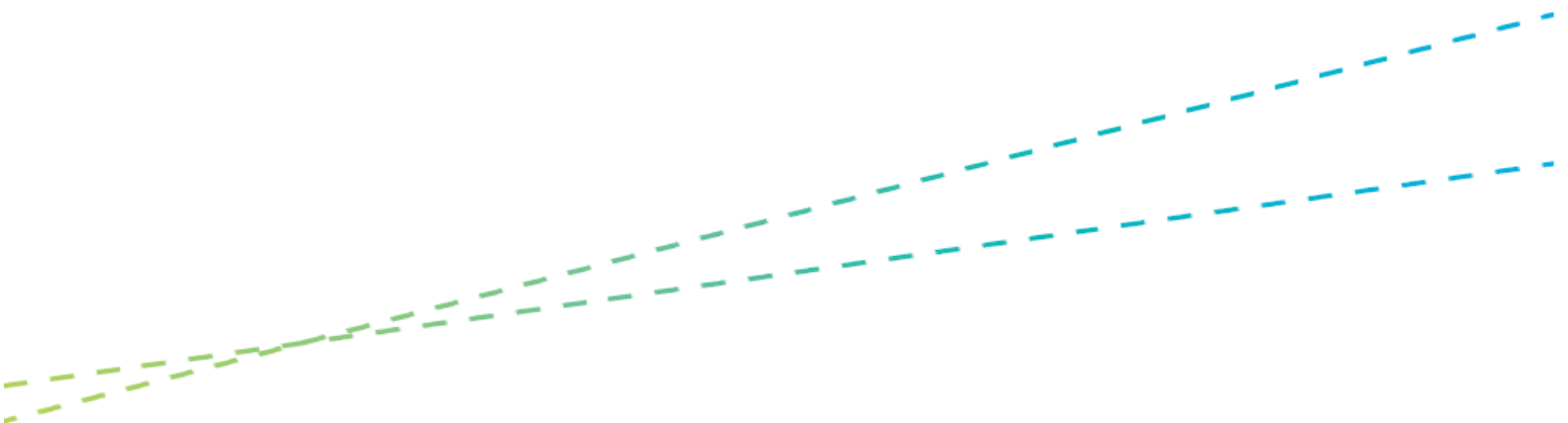
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 062

Year: 2016

Lead inspector: Sinead Diggin

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Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Salvation Army
Registered Capacity:	Seven young people
Dates of Inspection:	4th & 5th October 2016
Registration Decision:	30th November 2016 – 30th November 2019
Inspection Team:	Sinead Diggin Orla Griffin
Date Report Issued:	11/07/2017

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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.

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.

1.1 Methodology

This review inspection took place on the 4th and 5th October 2016 over a two day period and this report is based on a range of inspection techniques including:

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

- ◆ An examination of the questionnaires completed by:
 - a) Seven of the care staff
 - b) One young person residing in the centre
 - c) A social worker with responsibility for young person/people residing in the centre.

- ◆ An examination of the most recent report from the Monitoring Officer

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

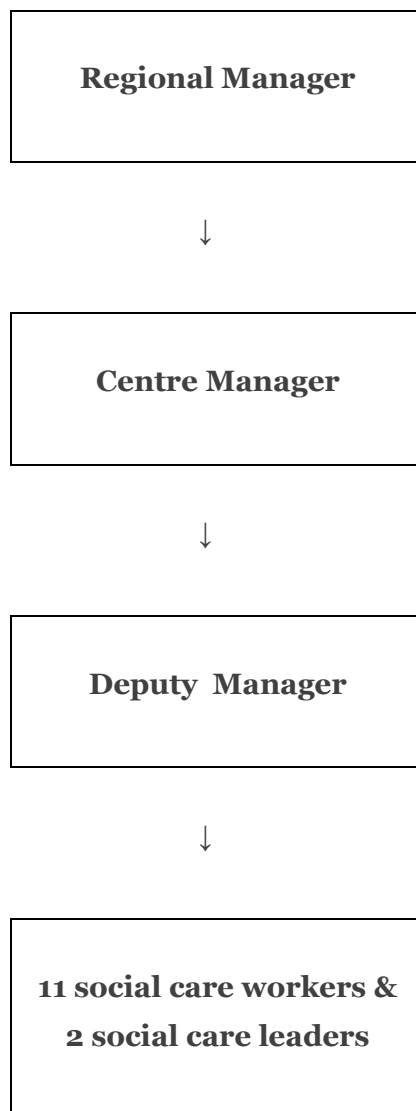
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Three staff members
 - c) One Social Worker

- ◆ 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.

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

Management

The manager has been working in the centre for fourteen years, the last five have been in their current role. They are suitably qualified and have undertaken additional training in management to support them in their role as manager of the centre. There are two separate services within the centre and the manager holds responsibility for both. The manager is assisted in their role by a deputy manager and there are two social care leaders dedicated to the service in which the inspection was taking place. The manager and deputy manager work between the hours of 07.30am to 16.00pm while the social care leaders work as part of the staff rota. The manager and deputy manager share the tasks of managing the centre. Their responsibilities included overseeing and developing a training schedule, recruitment of staff and managing the rota, monitoring of significant events, completing risk assessments and supervision of staff. The manager has responsibility for the budget of both services. Inspectors found that the manager and deputy manager had systems for overseeing practice within the centre to ensure that suitable and appropriate care practices were in place. Inspectors found however that more oversight of staff is required to ensure that all centre records are completed in full.

At the time of inspection the deputy manager was on extended leave and the manager was due to commence extended leave shortly. Preparations to ensure continued management of the centre had commenced over a number of weeks. The incoming acting manager had been provided with a detailed induction period and had been involved in all aspects of managerial tasks over this induction period. The acting manager had been employed by the organisation for nine years and through interview had progressed from social care worker to social care leader before being successful for their current role. Through interview with inspectors the acting manager confirmed that they had completed a detailed induction which also included

attending both internal and external management meetings. Inspectors found evidence through minutes of meetings and supervision records of the detailed induction process. The acting manager will be supported in their role by an acting deputy manager and they have been giving responsibility to ensure a comprehensive induction had been completed. Additional support has also been organised by the organisation to allow for the previous acting up manager to be present in the centre for one day a week.

The external management of the organisation is provided by both a regional and support regional manager. The regional manager is not based in the location of the centre but travels to the centre one day a week. The last inspection of this centre did not find evidence of consistent monitoring and oversight by external management of care practices within the centre. While inspectors found that there were some improvements in this area, inspector's view that minutes of managerial meetings must be maintained to evidence external oversight of practice and the care being provided to the young people in the centre.

Register

As required by the regulations the centre has a register of all young residing in the centre. Inspectors reviewed the register and found that all details required were recorded in full and there was evidence of management oversight. . A duplicate record of young people in the centre is kept centrally by the Child and Family Agency.

Notification of Significant Events

The centre has a template which they use for the notification of significant events and inspectors found that this is not always filled in correctly and should be monitored more closely by management. Inspectors found that the centre have good systems in place to ensure that significant event notifications are sent to the relevant professionals in a timely manner. Inspectors reviewed and cross referenced a selection of significant events from the register and found them to be accurate in detail. The centre is part of the crisis intervention service significant event review group. Only two significant events from this centre had been reviewed over a four month period. The manager stated to inspectors that this can be due to time allocated for the meetings and consideration was been given to extending the length of these meetings to allow for more significant events to be reviewed. Inspectors recommend that this takes place as a mechanism for future practice development and learning for the staff

team. Inspectors did find evidence of significant events being discussed at team meetings to inform future practice.

Administrative file

From reviewing centre records inspectors found that the records were written to a good standard, accessible to the young people and displayed working with the young person using strengths based approach. While there was evidence of management oversight in the records, inspectors found that not all forms had staff signatures and some forms had not been completed in full. On some records the date of birth for the young people was not always accurate. Some records required more detail in terms of description and management should monitor this to ensure a standardised format. The manager has full responsibility for the overall budget and they stated that it is adequate to meet the needs of the young people residing in the centre.

3.2.2 Practices that met the required standard in some respect only

Staffing

The core team consist of thirteen staff some of which work part time as part of the rota. Included in the team are two full time social care leaders. There is also additional relief staff to facilitate annual leave. The majority of the team have worked in the centre for over a year and all staff have the relevant qualification required. From interviews conducted staff displayed an understanding of the ethos within the centre and commitment to the young people in which they were working with. A social worker for one of the young people stated to inspectors that the centre provided a good service to the young person with transparent and effective communication from the staff team.

Inspectors reviewed a cross section of personnel files which contained references for all staff. There was Garda clearance on files however, one staff member had taken extended leave to travel and there was no police clearance for this period.

Management must ensure that police clearance is sought for the period of time in which the staff member was away. Inspectors found that while qualifications were on file, not all had been verified with the associated colleges. This issue has been addressed by inspectors in previous inspections. Management must ensure that staff qualifications are verified with the associated colleges.

Supervision and support

The centre has a supervision policy and the provision of supervision is divided between the manager, deputy manager and social care leaders. The manager supervises the deputy manager and records reviewed reflected detailed and comprehensive supervision sessions. The deputy manager supervises the social care leaders and they provide supervision to some of the social care workers. All have received training in the provision of supervision. Inspectors noted that not all staff were receiving supervision in line with the centre's supervision policy. If supervision does not take place within the expected timeframes then the reason for this must be recorded. From reviewing supervision records inspectors noted improvements in the quality of supervision provided and found that there was now, more focus on the young people. The manager must monitor and oversee the details recorded in supervision by the social care leaders and address any issues or gaps as well as providing support. Team meetings are held regularly with either the manager or deputy manager present. Team meeting minutes reviewed displayed that they were a good forum for discussion about the young people therefore supporting consistent practice. There was evidence that management had good systems in place for reviewing the policies within the centre. Management meetings were held every three months with all aspects of the service discussed. There were external supports available to the staff team and there was evidence that staff were provided with debriefing sessions when incidents had occurred. From questionnaires reviewed and staff interviews conducted staff felt supported by management. The manager receives supervision regularly from the regional manager and finds this supportive to their role.

Training and development

Inspectors found that the staff team were motivated to receive any training that was provided by the organisation. The centre welcomes and utilise the services in the local community to inform them in their daily work with the young people. Inspectors found in some cases that there were significant delays in staff receiving mandatory such as behaviour management and First Aid. One member of the team had yet to complete children's first training. Management must ensure that all essential training is completed with staff as a matter of priority. The manager did provide inspectors with dates for scheduled training but the timeframes would still mean that some staff would have to repeat the full training as opposed to refresher training. From

reviewing the personnel files inspectors found that not all training certificates, specifically core training were on file and this needs to be evidenced to ensure refreshers are taking place as necessary.

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

- Management must ensure that police clearance is sought for any extended period of time in which staff members are away.
- Management must ensure that staff qualifications are verified with the associated colleges.
- Management must ensure that supervision takes place within the timeframes of their supervision policy and that supervision provided by the social care leaders is monitored.
- Management must ensure that all mandatory training is completed by staff as a matter of priority.

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

None identified.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre has a written policy on complaints. One young person who had filled out a questionnaire said that they know how to make a complaint but hasn't made any complaints to date. From staff interviews conducted inspectors found that young people do make complaints however no informal complaints had been recorded in the register. From reviewing questionnaires, staff named offering a complaint form to the young person but would address and try to resolve immediately if possible. Management must ensure that all complaints, formal or informal, made by the young people are recorded in the register.

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 that all complaints, formal or informal, made by the young people are recorded in the register.

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

Suitable placements and admissions

The purpose and function of the service is in response to crisis, emergency admissions only, so it is not deemed as a placement for young people. The manager and staff expect that young people are moved to an alternative stable placement as soon as possible. The centre has a policy on admissions and as this is a short term emergency service the manager informed inspectors that they could have more than 100 admissions over a twelve month period. During the day young people are referred through the social work department or through the crisis intervention service programme. Young people who are admitted during the evening and night are referred through the social work out of hour's service. If a young person does not have an allocated social worker than an out of hours social worker will visit the young person in the centre once a week until a social worker is allocated. Following a new admission the manager will contact the social work department in the area in which the young person is from. From reviewing centre files, inspectors found there was good communication from the centre with the crisis intervention service and the young person's families around the admission of a young person to the centre. The manager and staff were pro-active in their communication with the social work department to make the necessary planning for the young person to return to their family or move to an alternative placement as soon as possible. Young people have to leave the centre from early morning until late afternoon. The manager stated to inspectors that the organisation are planning to extend the hours to provide a twenty four hour service, meaning the young people will not have to leave the centre for specified periods. When this change occurs the registration and inspection service will have to be notified as their purpose and function will have to be updated to reflect the changes.

Contact with families

From reviewing the young people's files and daily records inspectors found good evidence of staff communicating with families. Staff regularly updated families on all aspects of the young person's care as well as any issues that may have arisen.

Supervision and visiting of young people

There was evidence that some of the young people were visited by their social workers separate to their planning meetings. Inspectors noted that on one young person's file it was difficult to track visits and inspectors recommend that there is a specific section in the young person's file for this reason. In a questionnaire completed by a young person they stated that they could contact their social worker when they needed to. EPIC (empowering people in care) also visit the centre regularly to meet with the young people.

Social Work

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.

Emotional and specialist support

Some of the young people were linked to specialist services prior to their admission of this emergency placement. The staff in the centre has established links with specialist services within the local community and refer the young people as necessary. One social worker stated that therapeutic services for one young person were in place but that the young person was not engaging with them. They did state that the centre did have a lot of supports and services available to them in the area in which the young people were encouraged to attend and could be referred to by the staff team. The young people are allocated two key workers who advocate and plan for individual tasks and pieces of work that have been identified to be completed. Inspectors found evidence that individual pieces of work do take place and these were both planned and opportunity led. Staff interviewed stated that sometimes it can be difficult to find time to complete planned key working sessions given that the young people may be outside of the centre for extended periods of time. Some staff stated that the change

to a twenty four hour service will allow for more planned individual sessions to take place.

Discharges

The purpose and function of the centre is to provide emergency accommodation to vulnerable young people and the aim is to move the young person to a more suitable and permanent placement as soon as possible. The centre has a register that holds a record of all discharges. Inspectors reviewed the register and found all details completed and evidence that the manager has oversight of this.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Only one of the four young people had a care plan on file. The files showed that planning meetings had taken place but in some cases there was a delay and given that this is a short term emergency service, these meetings need to take place without delay. Risks assessments are carried out by the staff based on the information that is known to them at the time of admission. There was evidence that staff were proactive in establishing that a follow on placement must be sourced as soon as possible. The centre carries out a short term needs assessment and establish a plan in conjunction with social workers a day to day plan for the young person. Inspectors noted that although needs assessments had been completed there was a gap in some cases of the short term needs plan being completed and this must be addressed by management. The plan sets out what actions need to be completed and who has responsibility for this. There was evidence of young people being present for their planning meetings as well as family and a member of staff from the crisis intervention service programme.

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 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 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

- Management must ensure that a completed needs plan for the young person is carried out and on file within the first few days upon admission.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

None identified.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The centre has a policy on managing behaviour. From interviews conducted inspectors found that staff had a good understanding of how to manage challenging behaviour from the young people. An Individual crisis management (ICMP) plan is completed for young people however inspectors did not find an ICMP in the case of one young person. The manager states that the behaviour management techniques used are from the therapeutic crisis intervention model and from the response, ability, pathway model. The centre have a sanctions register, sanctions awarded include loss of computer time or in certain cases restrictive access to the centre. Inspectors found that sanctions such as not being able to avail of computer time were reasonable and age appropriate. One sanction that can be applied is for a young person to have restrictive access to the centre. While there was no evidence that this sanction was regularly applied inspectors recommend that the age of young people are is given consideration to when restrictive access is applied. Management must not over rely on restrictive access to the centre as a sanction for young people. Inspectors did find good evidence of staff providing support to the young people in having them consider their behaviour.

3.6.3 Practices that did not meet the required standard

None identified.

Required Action

- Management must not over rely on restrictive access to the centre as a sanction for young people.

4. Action Plan

Standard	Required action	Response with time frames	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>Obtain clearance for any staff members away for an extended period</p> <p>All qualifications verified</p> <p>Supervision to take place in appropriate time frames and monitored appropriately</p> <p>Mandatory training to be completed by all staff members</p>	<p>Applied for; Awaiting receipt of clearance.</p> <p>Immediately</p> <p>Immediately. SCM / DSCM to discuss in their supervisions with SCL's the importance of timely supervision.</p> <p>09.05.17 the remaining staff member has completed Children's First.</p>	<p>Ensure staff returning from extended leave have appropriate up to date Garda Clearance on file / clearance from abroad.</p> <p>Ensure verification letters are on file before commencement of employment.</p> <p>SCM / DSCM to monitor SCL's supervisions to ensure they are completed in a timely manner</p> <p>The Salvation Army is hoping to train a number of staff to deliver Children's First, therefore minimising the delay in accessing training. In the short term, the training officer will continue to source training for all staff as appropriate.</p>
<p>3.4</p>	<p>Informal complaints to be recorded</p>	<p>October 2016: Informal complaint register activated following inspection.</p>	<p>Ensure complaint processes are discussed in both team meetings and client forums on a regular basis.</p>

3.5	Needs plan / assessment completed as close to admissions as possible	October 2016: Staff team complete the needs plan as soon as possible, ideally in conjunction with the young person.	Key workers to link in with young person and complete needs assessment. Management to provide oversight on assessments, ensuring they are appropriate and timely.
3.6	Consider the age / vulnerability of young people if restriction of the service is being considered.	On-going: Explore / utilise alternative sanctions within staff team meetings and in conjunction with the young people. Consult /complete risk assessment and liaise with the allocated social worker.	Further training in restorative justice, to further enhance the team's knowledge in providing alternative sanctions and linking behaviours to sanctions.