



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	107
Year:	2016
Lead inspector:	Jacqueline Roche

Registration and Inspection Services
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Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Pathways
Registered Capacity:	Four young people
Dates of Inspection:	February 18th 2016
Registration Decision:	Registered without conditions from the 30th of November 2015 to the 30th of November 2016
Inspection Team:	Jackie Roche & Gary O'Connell
Date Report Issued:	5th of July 2016

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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 registration on 19th November 2015. This initial inspection took place on February 18th 2016 over one day period. The inspection was themed and based on the framework of standards two and five of the 'National Standards for Children's Residential Centres 2001'.

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 questionnaire completed by a social care leader
- ◆ An examination of the questionnaire completed by the service director
- ◆ An examination of the questionnaire completed by the acting manager
- ◆ 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 acting centre manager
 - b) The service director
 - c) The young person
 - d) The monitoring officer
 - e) The Guardian ad Litem
 - f) Community based social care worker
 - g) The young person's allocated 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.

The findings of this report and assessment of the submitted action plan on this date the 5th 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 Centre's.

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 3rd of September 2016 to the 3rd of September 2018.**

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

At the time of the inspection the centre manager was on extended leave and centre was being managed by a social care team leader who had worked in the centre since it commenced operation. The service director notified the registration and inspection of Tusla Child and Family Agency of the change of person in charge. The acting manager was appointed in early January 2016. The service director and a designated manager from another centre operated by the organization supported the acting manager when they were first appointed as a formal transition for the manager to the acting manager was not possible.

The acting manager is appropriately qualified and has many years experience in the provision of residential care to young people. They had daily contact with the young person and the care staff, attended weekly team and daily handover meetings, monitored documentation prepared by the care staff and inspectors found evidence that there were systems in place to ensure that effective care and operational practices were in place. The acting manager is supported in this role by a social care leader and a second social care leader was due to commence work in the centre on the week following the inspection.

There was good evidence that care staff were encouraged to contribute to the care planning process and their views and opinions were reflected in documentation and in discussions with them during the inspection.

The work in the centre is overseen by a service director who has responsibility for all operational matters in three young people residential homes operated by the company. There was evidence that the service director maintains a clear line of accountability by regularly auditing centre documentation, spending time onsite in the centre, co-ordination of and attendance at monthly management meetings and

maintaining regular contact via e mail and telephone. The proprietors of the company have no involvement in the day to day running of the centre however they receive regular reports from the service director. A secure computerized system is used by the service director to access reports prepared by the care staff in relation to the young people. Young people are given a stamped address envelope on admission to use if they need to make a complaint to the service director.

Register

The centre maintained a register of young people who reside in the centre. At the time of the inspection the register contained all relevant information required in accordance with the regulation .A duplicate of the register was maintained centrally by Tusla Child and Family Agency.

Notification of Significant Events

The inspectors reviewed documentation pertaining to significant events that took place in the centre and found that they were appropriately recorded. The manager, the service director and care staff review the circumstances leading to significant events and inspectors found evidence that information gathered was used to inform care practices. There was evidence that young people's individual crisis and behaviour management plans were updated when this was appropriate. The centre operates a secure computerized system to report significant events to the social worker, the guardian ad litem and the Tusla Child and Family Agency monitoring officer who report that they are reported efficiently and effectively. Initially there were difficulties operating this new system however this matter was addressed by the service director.

Staffing

At the time of the inspection the centre had adequate levels of staff to fulfil its purpose and function. There were two social care leaders, four social care workers and the acting manager employed in the centre. There were two relief staff available to support the roster when required. Four of the care staff had over two years experience working in residential care and a social care leader with many years experience in residential care was due to commence work in the week following the inspection. The acting manager and the service director reported that staffing quotas would be increased subject to the number of young people residing and their care needs.

The centre commenced operation three months prior to the inspection and consequently all of the care staff team were recently appointed. They had participated in formal and intensive induction. Staff were vetted by the Gardaí and fully completed references were on personal files maintained by the service director.

Training and development

There were effective staff development opportunities and staff were supported to attend post qualifying training consistent with the needs of young people living in the centre. All of the staff had completed core training in an approved model of behaviour modification, first aid, fire safety and child protection. The manager, who was on extended leave at the time of the inspection, had provided training and support to the staff team on key aspects of the model of care. The service director informed the inspectors that ongoing training in the model of care would be provided to the staff team by the organization. In order to ensure a cohesive approach from the staff team to the care of the young people the inspectors recommend that this is prioritized. Staff were encouraged by the service director to develop their professional skills and training was consistent with the needs presented by the young people resident in the centre.

Administrative files

The inspectors found the recording system in the centre to be organised and maintained to facilitate effective management and accountability. There was evidence that the manager monitors the quality of all unit records.

The manager assured the inspectors that when young people are discharged from the centre their records will be maintained securely by the organization.

3.2.2 Practices that met the required standard in some respects only.

Supervision and support

At the time of the inspection the acting manager was supervising the care staff. They had attended training in an approved model of supervision.

The centre was operational for over three months at the time of inspection and in general staff attended one supervision session. As the centre was newly registered the inspectors recommend that supervision takes place more frequently in order to

support and develop the skills of the social care team providing care to young people. There was no evidence of an effective link between supervision and young people's placement plans in supervision records reviewed by the inspectors. The management must review the supervision process in order to ensure that care staff are offered effective support to carry out their work in the centre.

Handover takes place daily and effective shift evaluations are completed. Daily tasks are recorded in the handover book. Team meetings take place on a weekly basis and review of minutes evidenced a lack of consistency at the team meeting. Team meeting minutes do not state who chaired the meeting or evidence a formal contribution from key workers or a review of young people's plans. The manager must review the team meeting process in order to ensure that these meetings facilitate effective communication, consistency of care and the opportunity to develop a cohesive approach to the care of the young people.

There is a designated human resource person employed by the organization. The service director and the proprietor have responsibility for human resource matters pertaining to employment law.

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 manager must ensure that supervision takes place at regular intervals and that care staff are offered effective support during the process to carry out their work in the centre.
- The manager must review the team meeting process in order to ensure that these meetings facilitate effective communication, consistency of care and the opportunity to develop a cohesive approach to the care of the young people.

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

Referrals into the centre come through the Tusla Child and Family Agency Central Referrals Committee. The Services Director and the manager review all referral information and if a young person is considered suitable the details are brought to the attention of the team for further consideration.

At the time of this inspection there was one young person residing in the centre. There was evidence that the young person's needs were being met in the placement. The young person's parents, social worker, community social care worker and guardian ad litem reported that the young person had made progress in the centre and that the social care staff and management demonstrated a commitment to supporting best outcomes for them. During the pre admission stage the young person had visited the centre, had spent some overnights and was given appropriate information in the form of a young person's handbook. A key worker was appointed and the young person was given the opportunity to get to know them during the pre-admission stage. The centre policy states that a statutory care plan and a medical card are required prior to the admission taking place and this was not in place for the young person ten weeks after their admission into the centre. Management must ensure that the admission policy which states that a young person must have a statutory care plan and medical card on admission is adhered to.

At the time of the inspection the pre-admission process had begun for the second young person and a date of admission was established. A collective preadmission risk assessment was prepared however the opinion of the social worker was not reflected in the document. There was no report on the young person's presentation in their previous placement in the centre files at the time of the inspection although the young person had commenced their transition into the centre. To support best

outcomes for young people the management must ensure that collective risk assessments are prepared with the referring social work departments and that information from the young person's presentation in their previous placement is reflected in the document.

Young people are provided with age appropriate written information describing all aspects of care in the centre. Key workers, care staff, social workers and families had helped the young person to understand the reason for and purpose of the placement.

Contact with families

The centre encourages and facilitates contact between young people and their families in accordance with the recommendations of the social work departments. Families were invited to participate in the lives of the young person and there was evidence of a partnership approach to the care of the young person. Families were kept informed in relation to every aspect of the young person's life. There was a record of all family contact maintained on file and relevant information was shared with the social work department. Care staff supported and encouraged young people and their families to maintain positive contact.

Emotional and specialist support

All of the care staff received training in the model of care operated in the centre and there was evidence that the care staff were aware of the emotional and psychological needs of young people. There was evidence that the key work role was well developed and that key workers had capacity to set aside time to participate in individual work with young people. There was a clear link between needs identified at the point of referral, placement plans, key working sessions and weekly and daily plans. Social work departments were proactive in sourcing specialist support when this was required. Findings and recommendations of specialist professionals were reflected in the placement plans and the work in the centre with the young person.

There was evidence that all professionals involved with the young person co ordinate their work and recommendations made by external professionals are taken seriously and used to update the planning process for young people.

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.

Supervision and visiting of young people

The supervising social workers maintained regular and effective contact with the young person and their family. They supported the care and safety planning programme offered by centre staff to the young person. There was written evidence of visits made by the social worker to the centre, phone contact and of their review of centre files. The young person identified their social worker as a person who advocates for them and who has input into behaviour plans and somebody who they can contact if they have concerns in relation to aspects of their care. The young person stated that they would like more contact with their social worker and would like to spend time with them on occasion outside of the centre.

Social Work Role

The young person was aware that their social worker was an advocate external to the centre to which they could confide any difficulties or concerns. The centre maintained a complaint log and there were a number of entries in this document however there was no evidence that the social worker reviews the complaint log when they visited the centre and the inspectors recommend that social workers evidence that they are aware of complaints made by young people and that these complaints are taken seriously.

Alongside social work there was a community social care worker who was appointed by the social work department and who had knowledge of the young person prior to their reception into care and who met and supported them on a regular basis. The young person acknowledged the importance of this relationship and stated that they benefited from it. The social worker, the guardian ad litem and the community social care worker stated that they were satisfied that the young person's safety was promoted and that they were well cared for in the centre.

The social work department had commissioned an external specialist whose professional capacity was verified to advise on the care plan for the young person and this process was scheduled to take place following the inspection. There was evidence

that the multidisciplinary team, the social work department and the centre care staff were committed to achieving positive outcomes for the young person.

Preparation for leaving care

Preparation for leaving care was not relevant to the young people at the time of the inspection. The manager and the service director were aware of the requirement to develop young people's self care and independent living skills

Children's case and care records

There was a permanent, private and secure record of the young person's history in their care file. There was an appropriate standard of record keeping and written records were clearly and respectfully articulated. Records were stored securely. Copies of birth certificates, consent for medical treatment and documentation pertaining to the young person's care status were maintained in the centre files.

3.5.5 Practices that met the required standard in some respect only

Statutory care planning and review

At the time of the inspection one young person was living in the centre for ten weeks and despite requests made by the centre management there was no statutory care plan on the centre file. In order to support clarity in relation to the social work department's goals for the young person while they are placed in the centre the management and social work departments must ensure that statutory written care plans are in place for young people before or within seven working days of a young person's admission into the centre.

The social work department had provided sufficient background information in relation to the young person and there was evidence that the care staff had used this information to guide the placement plan. Ongoing consultation took place with the social work department and this included an identification of how the placement would support and promote the welfare of the young person.

The social work department had commissioned an independent assessment to advise the care planning process and this was due to commence at the time of the inspection. There was evidence of effective multidisciplinary and family communication in relation to the young person's educational, social, emotional, and behavioural and health requirements.

The young person had a personal placement plan that outlined the actions that would take place in the centre to support positive outcomes. It was reviewed and updated on a regular basis. This was congruent with the centre policy. Educational, social, emotional needs and family contact were key aspects addressed in the placement plan and these reflected the needs of the young person as identified in referral documentation. The placement plan was not signed by the young person. The inspectors recommend that young people are encouraged to contribute to their placement plans. They must be supported to understand the goals set out in this document and there must be evidence that this has occurred.

Statutory review of care plans had taken place in accordance with regulations and centre staff, families, multidisciplinary professionals and young people themselves were invited to participate in the review process. The social work department had prepared and distributed a record of decisions made at the review to all relevant parties and there was a copy of this in the centre file.

3.5.6 Practices that did not meet the required standard

None identified.

3.5.7 Regulation Based Requirements

The Child and Family Agency has not 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

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 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

- Referring social workers must ensure that the admission policy which states that a young person must have a statutory care plan and medical card on admission is adhered to.
- The management must ensure that collective risk assessments are prepared with the referring social work departments and that information from the young person's presentation in their previous placement is reflected in the document.

Action Plan

<p>3.2</p>	<p>The manager must ensure that supervision takes place at regular intervals and that the care staff are offered effective support during the process to carry out their work in the centre.</p> <p>The manager must review the team meeting process in order to ensure that these meetings facilitate effective communication, consistency of care and the opportunity to develop a cohesive approach to the care of the young people.</p>	<p>The service manager stated that supervision process will be reviewed and that it will offer effective support to the care staff to carry out their work in the centre.</p> <p>The manager has reviewed the team meeting process in order to ensure their effectiveness.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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<p>3.5</p>	<p>Referring social workers must ensure that the admission policy which states that a young person must have a statutory care plan and medical card on admission is adhered to.</p> <p>The management must ensure that collective risk assessments are prepared with the referring social work departments and that information from the young person's presentation in their previous placement is reflected in this document.</p>	<p>The centre will ensure that referring Social Workers are aware of the policy which states that a statutory care plan and medical card are in place prior to the admission of a young person.</p> <p>The centre will ensure that collective risk assessments are prepared with the referring social work departments and that information from the young person's presentation in their previous placement is reflected in this document.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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