



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 130**

**Year: 2019**

Alternative Care Inspection and Monitoring Service  
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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>24 Hr Care Services Residential Division</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>30<sup>th</sup>, 31<sup>st</sup> October and 15<sup>th</sup> November 2019</b>
<b>Registration Status:</b>	<b>14<sup>th</sup> August 2017 to 14<sup>th</sup> August 2020</b>
<b>Inspection Team:</b>	<b>Cora Kelly Sinead Diggin</b>
<b>Date Report Issued:</b>	<b>10<sup>th</sup> January 2019</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. 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 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in August 2017. At the time of this inspection the centre were in their first registration and were in year two of the cycle. The centre was registered without attached conditions from 14<sup>th</sup> August 2017 to 14<sup>th</sup> August 2020.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. The model of care was relationship based. It was described as providing a safe homely environment for young people who were experiencing difficulties in their lives and working with them to provide opportunities for growth.

The inspectors examined aspects of standards 2 'management and staffing', standard eight 'education' and standard nine 'health' of the National Standards for Children's Residential Centres, 2001. This inspection was unannounced and took place on the 30<sup>th</sup> and 31<sup>st</sup> October 2019 and 15<sup>th</sup> November 2019. At that time three young people were resident in the centre.

## 1.2 Methodology

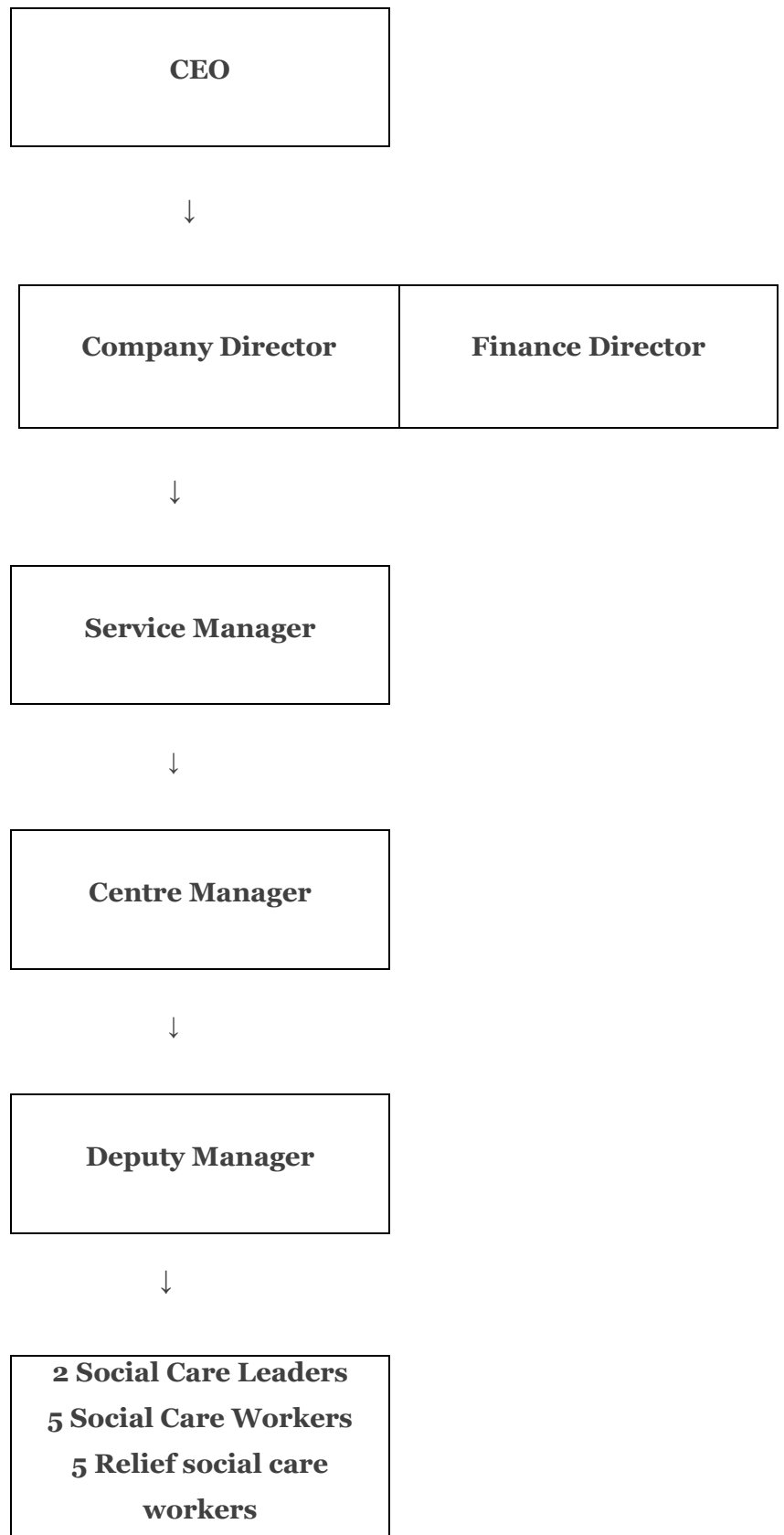
This report is based on a range of inspection techniques including:

- ◆ An examination of an inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
  - a) Eight of the care staff
  - b) The service manager
  - c) The company director
  - d) Two young people
- ◆ An examination of the centre's files and recording process:
  - Centre registers and records
  - Team meeting minutes
  - Young people meeting minutes
  - External management minutes
  - Care files
  - Supervision records
  - Staff personnel files
  - Governance reports
  - Handover log
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
  - a) The centre manager
  - b) The deputy manager
  - c) Two care staff
  - d) 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.

## 1.3 Organisational Structure



## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, service manager and the relevant social work departments on the 12<sup>th</sup> December 2019.

The findings of this report deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 130 without attached conditions from the 14<sup>th</sup> August 2017 to 14<sup>th</sup> August 2020 pursuant to Part VIII, 1991 Child Care Act.



## 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**

There had been changes to centre management since the last inspection in May 2018. The centre manager, following being successful at interview was appointed in March 2019. They had held the deputy manager position since the centre opened in June 2017. They held the appropriate qualification and had attained the required social care experience. The deputy manager followed a similar career progression route having been successfully appointed to their position in March 2019 from their social care leader role. Both were present in the centre Monday through to Friday working normal office hours. It was clear to the inspectors from both interviews and the file review that centre management had clear roles and responsibilities and that the deputy manager was fully supported in their development into the role. Centre management, in addition to the two social leaders formed the internal management structure within the centre. The centres structured on call system was operated by this team. In interview and from the review of questionnaires the inspectors were informed that the centre manager was supportive, provided good leadership and held a good presence in the centre.

There had been changes to the core staff team due to a second centre opened by the organisation in March 2019. A number of staff transferred to the new centre for career progression purposes. The inspectors found that the centre manager skills and experience enabled them to manage the change process effectively and appeared to have little impact on the level and quality of care provided to the young people. It was clear to the inspectors from the review of supervision records, team meeting minutes and training records that the centre manager's leadership style and commitment to on-going professional development of the staff team contributed to this.

In interview the centre manager described their responsibilities with respect to the day-to-day operations of the centre. They included: reviewing care files and centre

registers, conducting supervision and overseeing all supervision records, reviewing notification of significant events (SEN's), chairing team meetings fortnightly, attending handovers and completing weekly governance reports. From the review of care files and centre records the inspectors were able to corroborate the mechanisms for overseeing care practices. Ensuring young people's meetings were held and that young people were consulted on matters relating to them following team meetings was important to the centre manager and this was clear from the review of files. The team meeting minutes included good discussions on the care and progress of each young person and there was good direction by management. With respect to supervision there were clear procedures and timeframes for supervising all members of the staff team that was found to comply with policy and these supervisions were structured appropriately to ensure safe and supportive care practices were implemented.

The weekly manager's reports were forwarded to the service manager and the director of the organisation. The inspectors found from a review of a sample of the reports that they focused on the operational running of the centre and provided a synopsis of each young person's week. They comprehensively reflected upon the events that had taken place during the week and allowed for good accountability of care practices. The template for this report was recently updated in light of a finding from the recent inspection of the organisation's other centre. It now allows for greater senior management oversight on an on-going basis.

An additional finding from the inspection of the organisations other centre was a deficit with regards to an SEN review group in operation for the organisation. Since this onsite inspection an SEN review group has now been established with senior management responsible for ensuring that the review meetings occur and learning informs future care practices. The centre manager was aware of their responsibility to feedback learning from the reviews at team meetings.

The centre manager reported to the service manager who also provided supervision to them every six weeks. The centre manager provided the service manager with daily updates regarding the operational running of the centre and on the young people. Staff and young people reported that the service manager visited the centre weekly. The service manager had a good awareness of the needs of the young people and the operational running of the centre. They attended team meetings on occasion. It was found from the review of senior management meeting minutes that they were taking place regularly in line with centre policy. The agenda did not include standing items and as a result the topics for discussion at each meeting varied for example they did

not always include a synopsis of each young person's placement or a review of decisions made at the previous meeting. The inspectors recommend that senior management develop a standing agenda that covers the operational running of the centres, addresses planning for young people and addresses the tracking of actions across meetings.

The service manager held responsibility for conducting audits to ensure effective governance of the centre. At the time of this inspection the service manager was addressing deficits found during the inspection of the other centre and the audit framework was being developed in line with the National Standards for Children's Residential Centres, 2018 (HIQA). The inspectors found from the draft audit framework completed to date that further work was required in order for it to be effective and had consulted with the service manager on this. The service manager had devised a schedule for themed inspections which are to take place on a quarterly basis from the time of the inspection with the process including staff being interviewed.

### **Register**

The centres register was reviewed by the inspectors. It was found to not have included all of the required details including the names of the young people's social workers. The centre manager submitted a copy of the updated register the day after the onsite inspection and it was found to have been completed in full as per regulation. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

### **Staffing**

The staff team complement included the centre manager, a deputy manager, two social care leaders and five full-time social care workers. Senior management were in the process of recruiting a sixth social care worker on a full-time basis. Five social care workers were available to support the staff team on a relief basis. All were found to have been appropriately qualified in the area of social care and associated care related areas. It was observed from the review of a sample of staff personnel files and the inspection audit tool that staff were appropriately vetted in accordance with legislative requirements. Staff were found to have completed mandatory training with dates scheduled for refresher training and behaviour management training for a new staff member. Through questionnaire the young people were positive of the staff team reporting that the staff team listened to them, that they could talk to any of the staff and liked the way staff engaged with them. The centre operated a double overnight

and a day shift staffing roster which was found to have been suitable to the needs of the young people.

Since the last inspection seven staff had ceased duties in the centre with four having moved for promotional opportunities within the organisation including the centre manager. Two staff left for work closer to their home and the remaining staff chose to leave their employment. The centre manager conducted an exit interview for one of the staff who left for work closer to home. They spoke positively of the care practices in the centre and of the support received by the centre manager over their two years in the centre that enabled their professional development.

The centre operated a planned and structured approach to inducting staff members over a two-week period. It comprised of mandatory training, reviewing the centres paperwork system and policies and procedures and completing shadow shifts. Staff in interview spoke positively of their experiences of the process. Centre management had good time-frames for supervising newer staff members in addition to providing on-going support and mentoring.

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

None identified.

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

None identified.

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency 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 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***

### 3.8 Education

#### **Standard**

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

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

The centre had a policy on young people engaging in education and a separate policy on young people refusing to attend education. It was clear to the inspectors from interviews and the file review that education was valued in the centre. Staff were knowledgeable of the education, training and employment opportunities available to the young people both locally and in close proximity to the centre. Since the last inspection two of the young people had successfully completed their junior certificate examinations and both were in employment at the time of this inspection. From the review of care files and interviews there was evidence of the young people being encouraged to return to formal education. Given their refusal to attend school staff supported them in seeking employment and assisted with interview preparation and purchased resources required. The third young person was attending a local education and training programme and there was lots of evidence of the staff team supporting them with their attendance. Social workers spoke positively of the holistic support and encouragement given to the young people by the staff team in meeting their educational and training needs. There was records of young people achievements on their files.

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

None identified.

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

None identified.

### 3.9 Health

#### **Standard**

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

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

The centres policies and procedures document contained a health and wellbeing section that comprised of a number of related policies: physical health, diet and nutrition and smoking, medication and the administration, sexual health and drugs and alcohol. All young people had up-to-date medical cards, were registered with a general practitioner and had been medically assessed upon admission. Vaccination records were on file for one young person. There was evidence of staff seeking these records from social workers and a previous general practitioner service. Given the older ages of the young people staff accompanied the young people in attending appointments as a support. Appropriately signed medical procedure consent forms and medical practitioner consent forms were viewed across all care files. All young people had regularly attended dental and ophthalmic services and staff were supportive with this. The centre had access to therapeutic support within the organisation and could be sought externally if required. There were clear records of all medication administered, both prescribed and across the counter.

The health needs of the young people were met on an on-going basis for example physical and sexual development, diet and exercise and sexual health and substance misuse. This was found from the review of daily logs, individual work records and monthly placement plans. The staff team had been provided with supplementary training to meet the needs of young people for example sexual health, mental health and drug awareness training. The young people were supported to attend specialist support services. In interviews social workers confirmed they were satisfied with the work being implemented in the centre and that they were up-to-date on the health needs of the young people.

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

None identified.

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

None identified.

### **3.9.4 Regulation Based Requirements**

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.***

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Servic***

