



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 082

Year: 2015

Lead inspector: Catherine Hanly

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

Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Fresh Start Eire
Registered Capacity:	Two young people
Dates of Inspection:	26th and 30th June 2015
Registration Decision:	registered without conditions from 16th December 2013 to 15th of December 2016
Inspection Team:	Catherine Hanly
Date Report Issued:	30th July 2015

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1. Foreword

The National Registration & 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 & 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

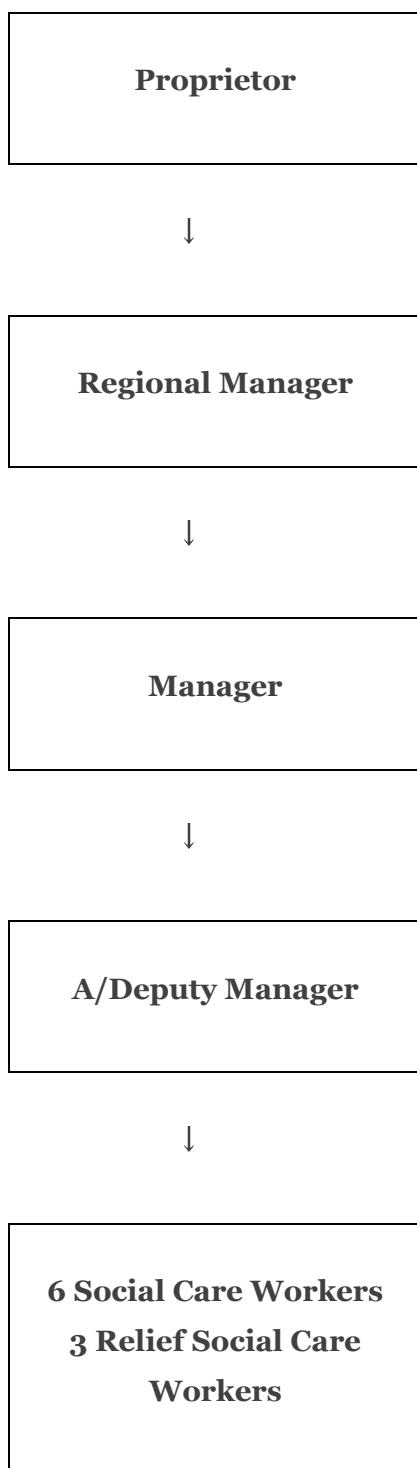
This unannounced themed inspection took place on the 26th of June 2015 under the Child Care Act 1991 Section 69 (4) (a) and (b). The manager of the centre was not present on the day and in order for this inspection to be complete, the inspector made a subsequent visit to the centre on June 30th. The Child Care (Standards in Children's Residential Centres) 1996, Part IV, Schedule 18 (a) and (b) prescribes the requirement of a registered provider to permit designated persons to enter the premises and inspect the centre and in doing so examine any necessary records. One inspector from the Child and Family Agency Registration and Inspection Service arrived at the residential centre on the 26th of June at approximately 9a.m. The inspector identified themselves to staff members on duty and informed them of the purpose of their visit. The inspector was informed that the manager was on annual leave and no staff member in their absence would have access to the personnel and supervision records required to be examined as part of this inspection. As a result, the inspector examined the staff team meeting minutes and handover records only, spoke with some staff on duty and observed the staff handover. The inspector made arrangements to return to the centre the following week when the manager was available and departed the centre at approximately 11am. The inspector made contact with the centre manager on June 29th and arranged to return to the centre on June 30th. The inspector informed the manager of the purpose of the themed unannounced inspection and indicated the anticipated length of stay in the centre. They identified the materials and file contents which they wished to examine in order to conduct this inspection and asked that these be made available for the inspector the following day. On returning to the centre on June 30th, the centre manager made themselves available for a discussion in relation to staffing in the centre and also to answer inspectors' queries and requests for specific documentation. The inspector arrived at 9.45am departed the centre at approximately 3pm. This report is based on the following inspection techniques:

- ◆ A meeting with the centre manager
- ◆ An examination of staff personnel records, staff supervision records, staff weekly meeting records and staff training and development records.

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 & Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on the 27th July 2015 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 16th December 2013 to the 15th of December 2016.**

3. Analysis of Findings

3.1 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.

3.1.1 Practices that met the required standard in full

Training and development

The responsibility for oversight of the training and development needs of the staff team is managed centrally within the organisation. The manager provided the inspector with a record of staff training attended to date, including dates of attendance and when refresher training/updating is required. There is a good and effective level of both ongoing core training including TCI, Child Protection, Occupational First Aid, Fire Safety, Health and Safety and Manual handling. The manager stated that additional training relevant to the needs of the young people has been attended however the records of these have not been maintained centrally or at centre level so this could not be verified by the inspector. Such records should be clearly maintained on individual files. In response to the findings of this report, the centre manager indicated that all training files are now up to date and include additional training completed by individual staff members.

All of the staff files examined as part of this inspection demonstrated that each individual has a relevant social care qualification.

3.1.2 Practices that met the required standard in some respect only

Staffing

At the time of the unannounced inspection, the manager informed the inspector that the full staff compliment for this centre was nine, comprising an acting deputy manager and eight child care workers supplemented by a relief panel as necessary. The manager further stated that since the centre closed for a period of time in 2013 and then reopened, the centre had not had its full staff compliment in all dedicated posts. At the time of this unannounced inspection, two full time staff members had very recently left their post and these, as well as other vacancies on the team were being filled on a temporary basis by the use of relief staff. In fact some relief staff were filling posts on a full time basis for a period of time. The manager did state that staffing numbers had not been adequate for a period of a number of weeks in June

2015 due to recent staff departures. However, in responding to this draft inspection report, the manager clarified that there are in fact six full time staff posts in the centre, inclusive of the acting deputy manager role, and that there are three additional relief staff working on a full time basis. These staffing levels reflect the current needs of the service and the manager doesn't ever envision having nine full time posts in the centre.

The centre had two residents at the time of this inspection which is its registered maximum capacity. The manager aims to conduct exit interviews with departing staff however this has not been possible in all cases. The manager acknowledged that there has been a turnover of staff but is of the view that this has not significantly impacted on practice in the centre. This being said, the inspector did note throughout team meeting minutes that the matter of inconsistencies in staff practice is a regular discussion point. At one team meeting a discussion was brought forward based on feedback from young people expressing their frustrations around the numbers of new relief staff working in the centre. The manager did point out in response to this report that the staff team have been given a direct and consistent message from the manager and acting deputy manager about these inconsistencies.

The staff rota consists of three staff on duty at all times, with all three sleeping staff at night. The manner in which the staff compliment is currently deployed across each 24hour period is related to the needs of one of the residents, should this resident move on from the centre or their circumstances change the staffing arrangement would revert to two staff on each 24hr shift sleeping over night.

There is a mix of experience across the staff team however only the acting deputy manager is qualified and experienced to child care leader level which does not enable the manager to meet the requirements of the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 6. Given this current situation, the manager should endeavour to balance the mix of experience on the team and have at least one full time staff member on each shift. In future recruitment drives, the centre should aim to recruit staff members that are qualified and experienced to child care leader level. In responding to the draft report, the manager stated that there are members of the full time staff team that will shortly have the relevant qualification and experience that equates to child care leader level. When this becomes the case, the manager should oversee the deployment of staff across shifts in order to meet the requirements of this regulation.

Team meeting minutes and staff supervision records demonstrated that although the staff team have the ability to communicate in a meaningful way with young people, there are inconsistencies in practice which have led to young people getting mixed

messages or perceived mixed messages about certain things. This is a matter that the manager is aware of and actively trying to address on an ongoing basis, in particular through supervision.

The necessary and appropriate vetting requirements for children's residential centres requires that Garda vetting, including police vetting from other jurisdictions where relevant, and three written references all of which have been verbally verified are in place prior to the commencement of employment. References should be from previous employment, student placements or educational references, they should not be testimonials or personal character references from someone known personally by the employee and one of these appropriate references must be from the employees' previous place of employment. The inspector examined a total of nine personnel files, all of which demonstrated that the correct vetting practice as stated above had been adhered to in the main, and was in place prior to the individuals' commencement of their work employment. Having said this, the evidence for verification of references on one file which occurred in 2007 merely stated the day and the month but not the year of verification. Additionally there was nothing to indicate who had verified these same references and what that process entailed which is insufficient information. The manager indicated that this matter has been addressed since it was identified in the draft inspection report. The organisation had recruited one employee through the services of a recruitment agency and their file contained references sought by this recruitment company. This information was not immediately obvious from the personnel file and was later clarified by the manager. A note to this effect should be placed on this individual's file.

There were good practices around the vetting of staff that had previously been employed by the company and had returned after a period of time being absent. The HR department had sought new references of these staff where possible and had verified same. However this practice was not consistently applied to all staff that had left and returned and did prove difficult in some situations leading to character references being provided for some staff, which in their own right do not represent an acceptable reference. The manager indicated that this matter has been raised with HR in head office and will be addressed in future.

The inspector found that although the majority of employees' qualifications were on file, there was not consistent verification of these evident on the files examined.

Records of attendance at induction were on file for staff members.

Supervision & support

The manager and acting deputy manager share responsibility for the supervision of the staff team including relief staff. The inspector was only able to sample a selection of staff supervision files on the day of the inspection as the acting deputy manager's files were not available in their absence and the manager's own supervision records maintained by the area manager were not available at the centre. The inspector did request access to these records but at the time of issuing the draft report had not received them. Therefore the commentary on supervision files presented in the draft report was limited to five staff. Subsequent to the draft report being issued, the inspector received copies of both the manager's own supervision records and the acting deputy manager's records of supervision with staff members. There were no supervision agreements in place on the files examined although these may be located elsewhere, however if so they should be maintained alongside supervision records. The manager stated that centre policy states supervision should be held every 4-5 weeks; however with the exception of the manager and one other full time staff member, the inspector found that this policy was not complied with. Some staff were working in the centre for a period of a number of months, albeit as relief, prior to their formal supervision commencing. Supervision schedules should adhere to the timeframes stated in the centre's policy document in so far as is practicable and supervision should be provided to relief staff commensurate with the frequency of their work in the centre. Supervision records demonstrate an emphasis on building and maintaining positive relationships with young people however specific reference to key work tasks or work with young people linked to the implementation of individual placement plans varied between supervisors. There is evidence in most supervision records of staff changes and staff dynamics impacting on practice in the centre and ongoing efforts by the management team to minimise this. However staff inconsistency and its impact on young people is a significantly recurring theme and must be addressed comprehensively by centre management. Given the ongoing references to inconsistencies in practice, the manager should consider taking over the task of supervising the entire full time staff team. There should be a consistently clear link between supervision and the implementation of placement plans.

The team meeting is held fortnightly and minutes consistently record the agenda topic, a summary of the discussion and the outcome. The numbers of staff recorded as attending averages seven. There is emphasis on the need for communication amongst the staff team and maintaining relationships with young people. The minutes are quite detailed with regular reference to daily and weekly plans for young people however there is an absence of direct referencing to placement plans for young people. In responding to the draft report, the manager indicated that this

matter was addressed at the team meeting on the 23rd of July 2015 and that placement plans for young people will form part of the structure of the team meeting going forward. There is repeated reference to the need for staff to be consistent around particular practices with young people and this is an issue that has been ongoing for at least six months.

There are a number of support mechanisms in place for staff members including individual supervision, incident debriefing, team meetings, shift review/reflective practice and, if required, access to a consultant psychiatrist and a consultant forensic psychologist.

There were contracts on file for some staff members outlining the terms of conditions of their employment and these were signed by the individual and a representative of the employer. For others, the manager indicated that some had recently been issued with new contracts and the organisation was awaiting these to be signed and returned.

3.1.3 Practices that did not meet the required standard

None identified.

3.1.4 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 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 7, Staffing (Numbers, Experience & Qualifications).***

Required Action

- Centre management must take necessary action with regard to staff recruitment and deployment to meet the requirements of the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 6.
- The manager must continue to proactively address issues of inconsistencies in practice amongst the staff team.
- Centre management must ensure there is consistent verification of qualifications for all staff and evidence this clearly on files.
- The manager should ensure that all records of relevant training attended are maintained on files.

- Staff supervision should be conducted in accordance with centre policy on this matter and there should be a clear link between this practice and the implementation of young people's placement plans.

4. Action Plan

Standard	Issues Requiring Action	Response
3.1	<p>Centre management must take necessary action with regard to staff recruitment and deployment to meet the requirements of the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 6.</p> <p>The manager must continue to proactively address issues of inconsistencies in practice amongst the staff team.</p> <p>Centre management must ensure there is consistent verification of qualifications for all staff and evidence this clearly on files.</p> <p>The manager should ensure that all records of relevant training attended are maintained on files.</p> <p>Staff supervision should be conducted in accordance with centre policy on this matter and there should be a clear link between this practice and the implementation of young people's placement plans.</p>	<p>The Manager has indicated there are members of the full time staff team that will shortly have the relevant qualification and experience that equates to child care leader level.</p> <p>The manager has set out with the services manager and deputy manager direct targeting of the inconsistencies that were occurring. These were and will be addressed in team meetings, supervision and group meetings with the consultant psychiatrist. There has already in the last month been a marked improvement in consistencies across the team and this is evident from our recent team meeting and this month's staff supervision records.</p> <p>Any issues relating to verification of qualifications will be directly addressed by our HR Department in and overseen by the services manager.</p> <p>The manager indicated that all training files are now up to date and include additional training completed by individual staff members.</p> <p>The manager stated that all efforts are made to reschedule supervision as soon as possible and believes there could be an improvement in our recording process that would reflect the issue identified by the inspector.</p>