



**An Ghníomhaireacht um  
Leanaí agus an Teaghlach**  
Child and Family Agency

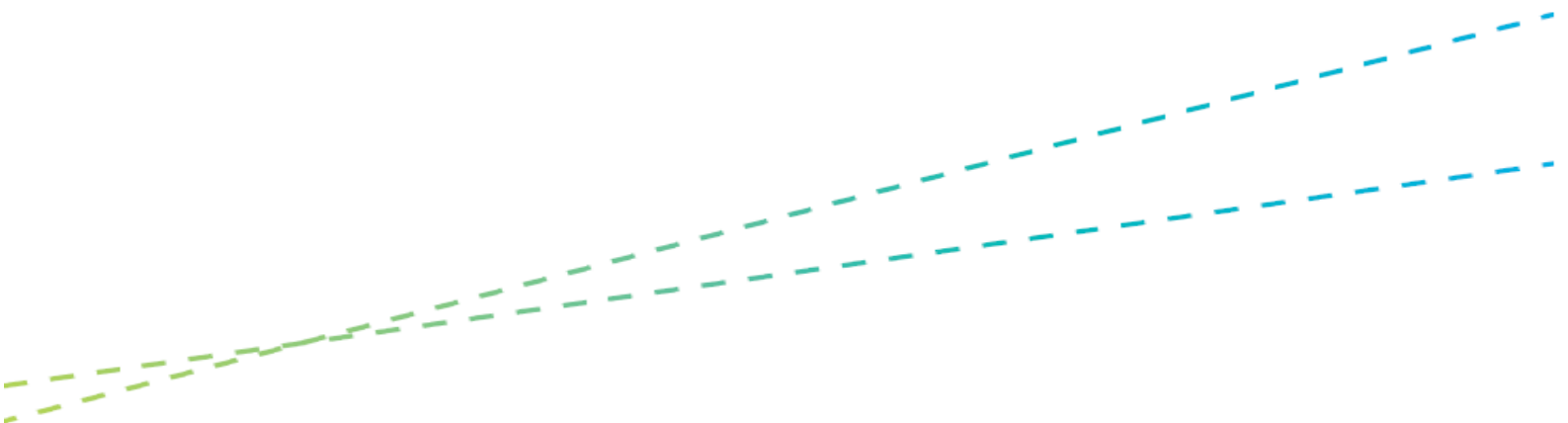
## **Registration and Inspection Service**

### **Children's Residential Centre**

**Centre ID number: 024**

**Year: 2018**

**Lead inspector: Lorraine Egan**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2018</b>
<b>Name of Organisation:</b>	<b>The Cottage Home Child and Family Services</b>
<b>Registered Capacity:</b>	<b>4 young people</b>
<b>Dates of Inspection:</b>	<b>31<sup>st</sup> July and 1<sup>st</sup> August 2018</b>
<b>Registration Status:</b>	<b>From October 31<sup>st</sup> 2018 to October 31<sup>st</sup> 2021</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Sinead Diggin Cora Kelly</b>
<b>Date Report Issued:</b>	<b>31<sup>st</sup> October 2018</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 ongoing 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 2009. At the time of this inspection the centre were in their third registration and were in year three of the cycle. The centre was registered without conditions from October 31<sup>st</sup> 2015 to October 31<sup>st</sup> 2018.

The centres purpose and function was to accommodate five young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as providing medium to long term care in a safe, secure and supportive environment which encourages young people to develop.

The inspectors examined standards 7 'safeguarding and child protection', 8 'education' and 9 'health' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 31<sup>st</sup> July and 1<sup>st</sup> August 2018.

## 1.2 Methodology

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

- ◆ An examination of the questionnaires completed by:
  - a) Three of the young people residing in the centre
  - b) One General Practitioner for one of the young people
  - c) One social worker with responsibility for two young people residing in the centre
- ◆ An examination of the centre's files and recording process.

Administration Files

Care Files

Personal Files

Supervision Records

Team Meeting Records

Young People Register

Training and Development Files

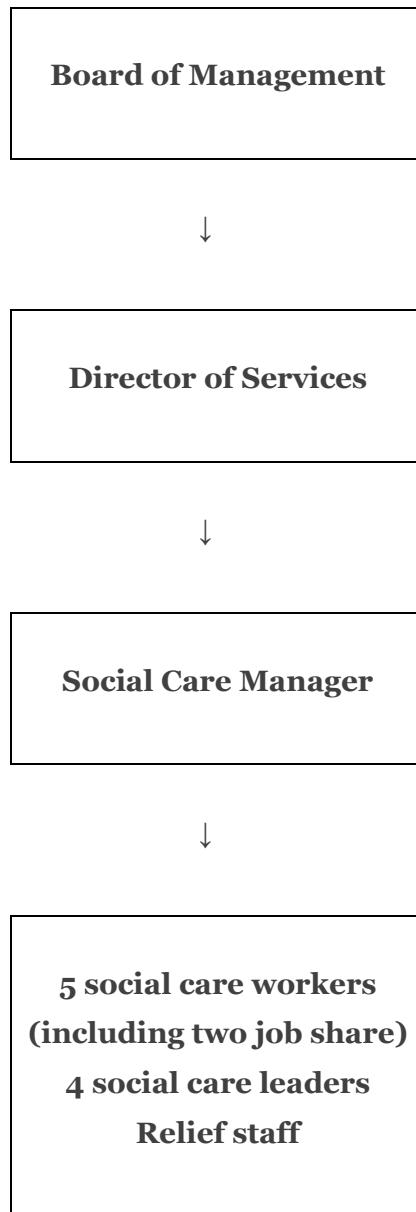
Complaints Log

- ◆ 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) The director of services
  - c) Two staff members
  - d) One social worker with responsibility for two of the young people residing in the centre
- ◆ Observations of care practice routines and the staff/young person's interactions
- ◆ Shared dinner with one young person and staff on shift

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 and the director of services on the 10<sup>th</sup> September 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 12<sup>th</sup> October 2018.

The findings of this report and assessment by the inspection service of the submitted action plan 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:024 without attached conditions from the 31<sup>st</sup> October 2018 to October 31<sup>st</sup> 2021 pursuant to Part VIII, 1991 Child Care Act.

## 3. Analysis of Findings

### 3.7 Safeguarding and Child Protection

#### **Standard**

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

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

None identified

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

##### **Safeguarding**

The centre had a written child safeguarding policy in place for the protection of young people from harm. Some of the procedures included: complaints policy, safe recruitment procedures, reporting child protection concerns, dealing with allegations of abuse against staff members and safe practice rules. This policy was reviewed by management so as to be in line with Children First; National Guidance for the Protection and Welfare of Children 2017, however, some of the information contained in the document required further updating. In particular, the signs and symptoms of abuse, record keeping and the reporting procedure should be aligned to the Children First Act 2015.

Inspectors found evidence from staff at interview that there was a good knowledge of how child safeguarding policies were implemented in practice within the centre. Staff stated that at induction training, they were furnished with all policies for reading including the centre's child protection policy. However, there was no record present on the files sampled by inspectors of any formal induction training completed by staff, which included the organisation's child safeguarding policy. At interview, centre management stated that for induction training, staff were required to read all of the centre's policies and procedures and if they had any outstanding questions, they were asked to revert to management for clarification. Inspectors recommend that a record of induction training completed by staff is maintained by the centre which includes requirements by staff to make themselves familiar with the child safeguarding policy.

There was evidence from centre records of interventions in place to protect young people within and outside the centre. These risk management practices included; alarms present on all doors and windows, the completion of internet safety programmes with young people, sex education programmes and risk assessments done prior to admission. Young people, through their questionnaires stated that they were aware of the complaints procedure in place and they each had a named person/s that they could talk to outside the centre should they need to. Young people also stated that they could access their social workers privately if they wished.

Inspectors reviewed the complaints log dated from 6<sup>th</sup> July 2017 to the time of inspection and saw the steps and interventions taken to resolve complaints. For one complaint, inspectors found inconsistencies between the procedure that was followed in practice and the recording of the process in the complaints log. As there was a failure to note all of the steps the centre had taken to resolve the complaint in a timely way, it was not clear, without confirmation from the centre manager and the young person's social worker, that the centre's procedure had been implemented. In this regard, inspectors found that the centre had not been fully compliant with their organisation's own complaints policy. Centre management must ensure that the complaints procedure followed, along with all records maintained is in accordance with the process set out in the organisation's policy. Any link-up with ancillary procedures in dealing with complaints should be completed as soon as practicable.

From a review of a sample of supervision files, inspectors observed that regular supervision sessions were taking place for staff with some discussions focusing on the implementation of safeguarding programmes such as internet safety for young people. Of the personnel records reviewed, inspectors saw that they contained up-to-date Garda vetting, three references that had been verbally checked along with C.Vs and a copy of staff qualifications. However, some deficits did exist. For some staff members, there was no verification of a qualification on file and a copy of their qualification was also absent from their record. The manager must ensure that copies of all staff member's qualifications are stored on their personnel files and that they are consistently verified with the awarding body.

### **Standard**

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

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

#### **Child Protection**

The centre submitted a Child Safeguarding Statement (CSS) to inspectors during the inspection process. This statement was reviewed as per the CSS Submission Checklist and was found not to be in compliance with their statutory obligations under the Children First Act 2015. Senior and centre management must revise the centre's Child Safeguarding Statement so as to meet their statutory requirements under the Act.

From a review of the files sampled, inspectors found that three staff had not completed the Children First E-Learning Programme with Tusla, the Child and Family Agency. During interview, one staff member was not aware that they were a mandated person under the Children First Act 2015. There was no evidence on file to show that supplementary child protection training had been completed by the staff team and this was confirmed by the centre manager during the course of the inspection. The director of services at interview stated that they believed that this training had been outsourced and that refresher training had also taken place internally.

Centre management must ensure that all staff completes the Children First E-Learning Programme with the Child and Family Agency and senior and centre management must source supplementary Children First training for all staff that is in line with legislation and the national policy framework.

#### **Required Action**

- Centre management must ensure that the complaints procedure followed, along with all records maintained, is in accordance with the process set out in the organisation's own policy.
- The manager must ensure that copies of all staff member's qualifications are stored on their personnel files and that they are consistently verified with the awarding body.

- Senior and centre management must revise the centre’s Child Safeguarding Statement in order to meet statutory requirements under the Children First Act 2015.
- Centre management must ensure that all staff completes the Children First E-Learning Programme and senior and centre management must source supplementary Children First training that is in line with legislation and the national policy framework.

### 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**

Inspectors saw evidence that education was strongly valued within the centre and the educational needs of the young people were being met. All young people were attending school and were being encouraged and supported to reach their full potential in this regard. All young people were preparing for entry to their junior cycle year. Inspectors observed from the care plans, placement plans and key-working plans that educational goals were clearly outlined from an assessment of needs. Actions were identified and followed through in areas such as; school placement support, regular liaising between the centre and the school, provision of extra assistance with course work and planning of extra-curricular activities.

Records demonstrated that staff had consistent communication with the schools through emails, phone calls and meetings relating to tracking the young person’s progress, monitoring and support, behaviour management and any other issues that posed a difficulty for the young person on a daily basis. Some of these issues included completion of homework, study/accessing of grinds, bullying and relationships with peers. Evidence of collaboration with the young people’s social workers and families in respect of any difficulties was also evident from the files. Educational assessments were carried out for the young people where necessary and they were also encouraged by the centre to become independent in making their own way to and from school where appropriate to do so. The manager told inspectors that each young person has a desk in their own room should they want to study in private. Management oversight was observed on all records.

### **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**

Care records contained a clear and complete record of all medical health information including medical cards, evidence of visits to their G.P, dentist and ophthalmic services. Young people received medical assessments upon admission when required and all young people had access to a general practitioner. Inspectors observed medical consent forms on file and parents were consulted regarding health care and treatment plans. Young people had been referred and were attending specialist services when necessary such as counselling and therapy, and they had regular access to mental health services.

Records of medication administered, both prescribed and over the counter were on file. For one young person, their prescribed medication was recorded on unnumbered loose pages and had not been signed by a second staff member. Over the counter medicine records were also not co-signed. Inspectors recommend that all medication records are maintained in an organised way.

There were clear actions identified within placement plans and key working progress reports in the areas of sexual health and wellbeing. Young people had been engaged in sessions with key workers in relation to sexual health and relationships, coping mechanisms, self-harm, self-esteem, smoking, substance misuse, healthy eating and exercise advice. There was evidence of progression from this work being done with young people. Staff were regularly monitoring and evaluating young people's health and medical needs through discussion and individual work with young people, linking with their allocated social workers and through follow-up at team meetings.

The centre has a no smoking policy and young people are encouraged not to smoke outside the centre.

### **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 has 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 has 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 Services).*

## 4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p><b>3.7</b></p>	<p>Centre management must ensure that the complaints procedure followed, along with all records maintained, is in accordance with the process set out in the organisation's own policy.</p> <p>The manager must ensure that copies of all staff member's qualifications are stored on their personnel files and that they are consistently verified with the awarding</p>	<p>We have reviewed the complaints policy and in future all complaints formal or informal processes will be fully logged in the young person's complaint log, including the nature of the notification to the Social Worker and their response and the young person's view of how the complaint was resolved. In the case of a formal process, complaints will be notified through the SEN system. In relation to the complaint noted in the report, further details of the Social Worker's satisfaction of how this complaint was dealt with, has been recorded in the young person's complaint log. This has been in place post the inspection</p> <p>This has been completed since the 3-10-18. At the time of the inspection we were awaiting some qualification verifications to be returned for the colleges for some of our</p>	<p>The complaints procedure will be followed fully in future. All staff are expected to read and follow the complaints policy and the complaints process will be audited under standardised governance processes.</p> <p>In place.</p>



	<p>body.</p> <p>Senior and centre management must revise the centre's Child Safeguarding Statement in order to meet statutory requirements under the Children First Act 2015.</p> <p>Centre management must ensure that all staff completes the Children First E-Learning Programme and senior and centre management must source supplementary Children First training that is in line with legislation and the national policy framework.</p>	<p>newer relief.</p> <p>Completed and approved by the CSS compliance unit within Tusla.</p> <p>All staff have completed their E -training. Staff completed the training on shift between August and October 2018. Supplementary training has been sourced for Child Protection this will take place in Jan 2019.</p>	<p>To be reviewed every two years or as needed.</p> <p>Training will be reviewed in line with policy.</p>
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