



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

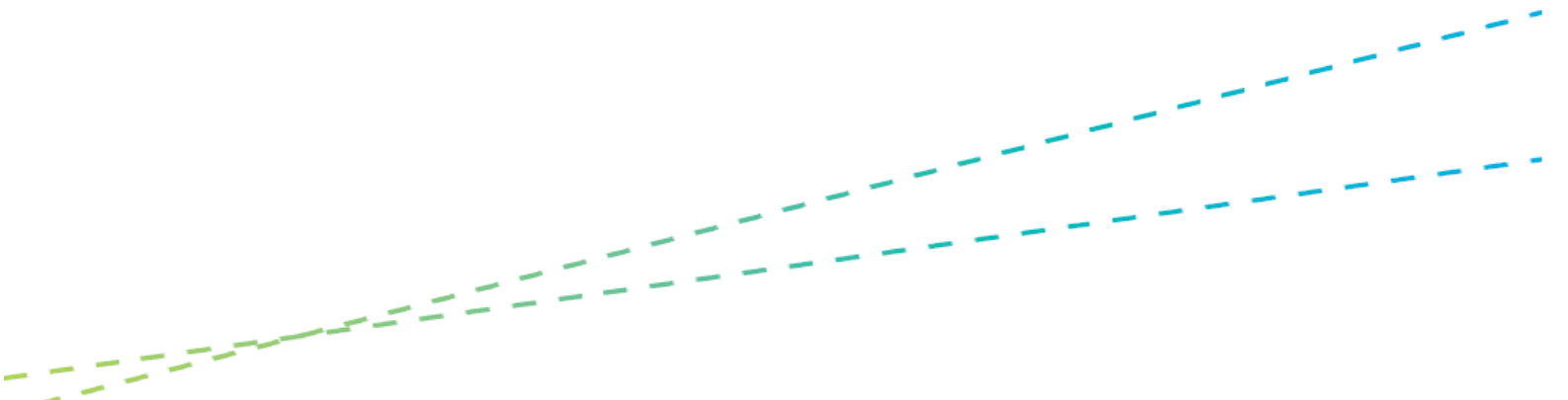
## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number: 028**

**Year: 2017**

**Lead inspector: Linda Mc Guinness**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Traveller Families Care</b>
<b>Registered Capacity:</b>	<b>Six young people</b>
<b>Dates of Inspection:</b>	<b>18<sup>th</sup> of October</b>
<b>Registration Status:</b>	<b>26<sup>th</sup> of January 2016 to 31<sup>st</sup> October 2019</b>
<b>Inspection Team:</b>	<b>Linda McGuinness Michael McGuigan</b>
<b>Date Draft Report Issued:</b>	<b>11<sup>th</sup> December 2017</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 Methodology

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 ongoing operation of the centre in line with its registration. This themed inspection was unannounced and took place on 18<sup>th</sup> of October 2017. The inspection focused on standards 4 and 6 of the National Standards for Children's Residential Centres and follow up on specific issues from standards 2 and 5 that were raised in the previous inspection in April 2017.

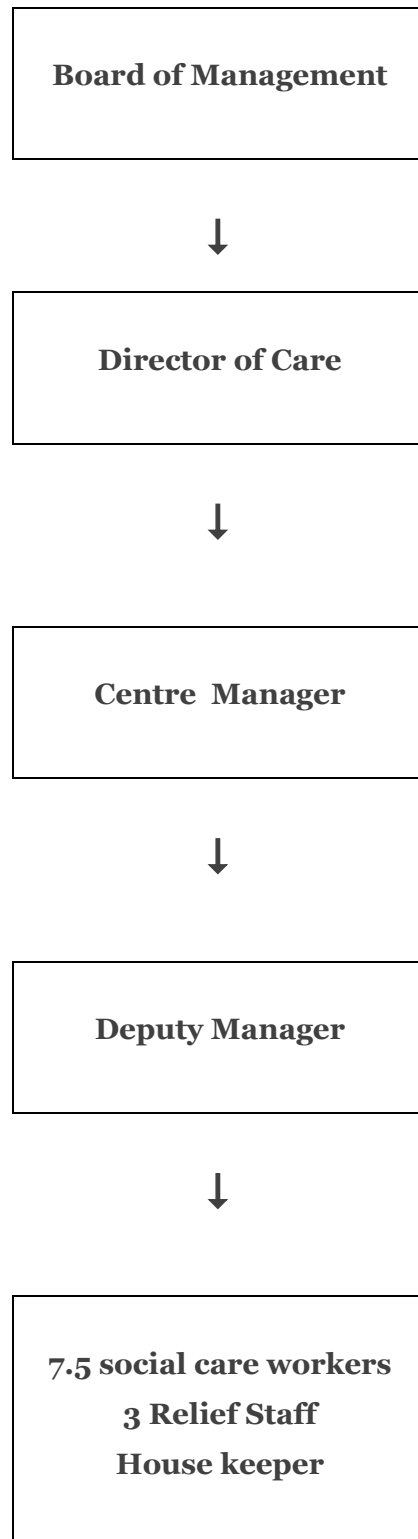
This report is based on a range of inspection techniques including:

- ◆ An examination of documentation completed and forwarded by the centre manager
- ◆ An examination of the centre's files and recording process
- ◆ Informal interview with 2 young people
- ◆ 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 management
  - b) The director of care
  - c) The Child and Family Agency principal social worker with responsibility for young people residing in the centre
- ◆ 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

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration. As such the registration of this centre remains from 26<sup>th</sup> of January 2016 to 31<sup>st</sup> October 2019.



## 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**

##### **Supervision and support**

As part of this inspection a review of a sample of supervision records was completed. Inspectors found that the recording template being used reflected the young people's placement plans and that records contained discussions on key working and the planning of care for young people. However, it was observed in one instance that the supervisions for a staff member were not in line with the frequency set out in the centre's policy (six weekly) and this needs to be addressed.

A review of the staff team meeting minutes was also completed and it was observed that follow up on issues that were raised by young people on aspects of their care was included and there were discussions on consequences for young people, complaints, life space interviews and the young person's voice. Inspectors found evidence that staff team meetings were held at regular intervals and generally well attended by staff. Further, inspectors also noted aspects of the centre manager's governance being recorded and there was evidence of direction provided by the centre manager to staff on how they should respond to the young person's voice and issues that they had raised.

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

##### **Staffing**

The centre has a core staff team consisting of a full time manager, deputy manager and 7.5 social care workers. The roster is also supported by a panel of three relief staff. While the centre did not have a dedicated social care leader position, many of the team held a degree in social care and were experienced to social care leader level and inspectors found there was a balance of experience on each shift. The centre operated at a staffing ratio of two staff caring for six young people. From a review of the young people's care files inspectors noted complaints by the young people regarding the availability of staff and access to transport given that there were only two staff on shift each day. During interview with the director of care, they stated

that day shifts were available during busy periods approximately 16 times per month and these were scheduled to support staff during busy periods. The organisation had requested extra staff and continued to liaise with the Child and Family Agency on staffing budgets. Inspectors found that the staffing ratio continued to be challenging for young people and the staff team. Particularly in relation to getting young people to and from activities and appointments and completing the required paperwork and this was impacting on the quality of care being provided to the young people. Young people had made formal complaints about this issue.

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

None identified

### **3.2.4 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 7, Staffing (Numbers, Experience and Qualifications)***

#### **Required Action**

- The Director of Service must communicate the outcome of discussion in relation to staffing with the Registration and Inspection Service.

### **3.4 Children’s Rights**

#### ***Standard***

The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.

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

##### **Consultation**

There are comprehensive policies in respect of children’s rights and consultation with young people and there was evidence that these policies were embedded in procedures and practice in the centre. Inspectors reviewed the care files, daily log books and other records for the young people resident in the centre and found that there was good evidence of consultation with young people. The team had access to interpreters when there were language barriers or difficulties and also used technology effectively where possible. When young people were admitted to the

centre first an interpreter explained the house rules and their rights and responsibilities. They also facilitated any questions the young person had. All young people had recently been provided with laminated cards with numbers for their social worker and social work team leader.

Young people's participation at meetings was recorded clearly in the records and their voices and opinions were noted consistently in their daily log books also. Some of the issues discussed and followed up at young people's meetings included expectations regarding education, the inspection visit, transport, maintaining the house, religious celebrations, friends visiting and holidays.

There was evidence that the centre manager picked up on trends and patterns when reviewing the young person's voice section of their daily record. Inspectors noted that young people were listened to and action was taken immediately when they raised issues such as a room being cold, requesting a later curfew or having friends visit the house. Overall inspectors found that the centre made every effort to actively ensure that the opinions and views of young people are sought, valued and acted upon.

### **Access to Information**

There was a policy in place to ensure that all young people were aware of their right to access information in accordance with their age and understanding. This policy was explained to young people on admission and key workers were identified as those responsible for assisting young people to access their records if they so choose. The policy also outlines that young people have a right to appeal the veracity of information held about them and that information will be corrected if proven to be inaccurate. This is important when providing a service to young people seeking asylum as often there can be conflicting information on their records provided. One young person requested that their name be corrected on a record and this was facilitated without delay.

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

There was a robust policy outlining the process for reporting, managing, recording and appealing complaints. The policy stated that all complaints are to be notified to relevant persons. However, in one instance all young people complained that there were not enough staff to provide the necessary transport to and from education and free time. Some young people complained about having to wait for up to an hour for transport. This complaint, while it was taken seriously and robust action taken (in

the form of a meeting with the principal social worker which all young people attended) was not notified through the significant event notification (SEN) system. Centre management informed inspectors that they did not notify this complaint as the young people made it informally. Nonetheless, it is the inspectors' view that this issue should have been notified through the formal channels as the management and team took robust action to address the issue and feedback to young people. Inspectors observed that each young person had an individual complaint log section on their file and there was a 'centre' record for all complaints. This records the detail of the issue, the efforts made to resolve it, the persons notified as well as a section for managerial oversight and comment. Complaints and issues which young people later retracted or did not want followed up were also recorded on the log.

There was a clear distinction between formal and informal complaints, which can be resolved through negotiation and compromise. Inspectors noted that both formal and informal complaints had been taken seriously by the staff team and management. The staff team were strong advocates for young people where they had complaints that were related to issues outside the centre. One young person had made many expressions of dissatisfaction in respect of the location of their placement and the social care manager had formally brought this to the attention of the relevant social work department and the complaint was followed up with a meeting that the young person attended. The centre provided an interpreter for this process. Inspectors found that there was evidence that the centre manager had oversight of the complaints system and regularly reviewed the records. Inspectors recommend recording is improved to include if a young person was satisfied with the outcome of a complaint and if they were afforded the opportunity to appeal if they wished.

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

None identified

### **3.4.4 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 II, Article 4, Consultation with Young People.*

#### **Required Action**

- The centre manager must ensure that all formal complaints are notified through the SEN system to all relevant persons.
- The centre manager must ensure that the recording of complaints is improved to include the young person's response to the outcome of a complaint.

### 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**

None identified.

#### **3.5.2 Practices that met the required standard in some respect only** **Statutory care planning and review**

During this inspection of the centre, a review of the placement plans for young people was completed following on from recommendations in the most recent inspection report. It was found that five of the young people had a personal placement plan that was developed by the social care team covering areas such as: education; activities; Family / relationships; Independent living skills; preparation for leaving care and safety. There psychological and emotional needs were also included in the plans.

Inspectors found that these plans reflected the work set out in each of the care plans and that appropriate tasks and goals had been developed for the young people. It was observed that key working for each young person was generally in keeping with the placement plan and an outcomes review sheet had been created to evidence when work had been completed. However, inspectors found that there was a variance in the standard of oversight and review being completed by key workers on the placement plans and in some instances further information was required for the outcomes review sheet.

There was evidence of regular key working taking place with the young people. Some pieces of key working had been well written and to a good standard and demonstrated good work taking place with the young people. However, there were records that did not constitute key working (yet were recorded as such) and some records had an insufficient level of detail. Weekly planning sheets were used to set out particular pieces of work to be completed with the young people. However, in

some instances the placement plan and weekly planning documents did not clearly reflected whether work had been completed and how the progression of the placement plan was being tracked. As such, the manager must complete a piece of work with the team specific to completion of the placement plan document and how the implementation of the placement plan is to be tracked in centre records. Inspectors recommend that the assignment of tasks includes recognition of the particular role of the key worker.

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

None identified.

#### **Required Action**

- The centre manager must ensure that the placement plan and weekly planning documents clearly reflects if identified work has been completed, and tracks the progression of the placement plan.
- The centre manager must ensure that key work records are specific to the goals of the placement plan and records are completed to a good standard

## **3.6 Care of Young People**

### ***Standard***

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

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

#### **Individual care in group living**

Inspectors noted that each of the young people had a room to themselves and they were encouraged to make individual choices about decoration of their space, their clothes and appearance. Review of the records and observations on site evidenced that staff related to young people in a respectful and positive manner and were keenly aware of issues relating to cultural or ethnic identity. The centre staff planned religious festivals and celebrations with young people. Further, inspectors found that

every effort was made to ensure that young people had similar opportunities to their peers and their individual talents and interests were encouraged. The current group of young people were involved in community activities such as cricket teams, gyms and soccer clubs. Yoga was provided on site to help with stress management and young people were encouraged and facilitated (where possible) to spend time with peers. Daily log records evidenced that the staff team place an emphasis on recording positive aspects of a young person's day as well as their achievements. The team have received training in relation to recognising and managing trauma. This was evident in the staff reflection section of the records where staff showed an awareness of the impact of trauma on young people's emotional presentation and their behaviours.

### **Provision of food and cooking facilities**

The centre had a house keeper who also prepared meals for staff and young people and the centre had a large kitchen with normal household domestic appliances. From a review of the daily logs for young people, inspectors found that young people were supported to prepare ethnic foods and were included in menu planning and shopping. Further, young people were provided with a budget to shop for ethnic foods and there was evidence that staff had attempted to learn about different cultures. Inspectors noted a large range of foods available and that young people ate as a group with staff throughout the week.

### **Race, culture, religion, gender and disability**

Inspectors found that the centre had appropriate policies on equality and culture and also on recognising diversity. These policies state that young people will be supported to maintain and practice their religious beliefs and encouraged to express themselves through their ethnic and cultural backgrounds. A review of the placement plans for young people, key work records and daily logs evidenced that they were supported to practice a religion if they wished and that cultural and religious festivals were collectively celebrated in the centre. Young people were provided with transport to places of worship and visits to cultural centres were also facilitated.

### **Managing behaviour**

The centre's policy on managing behaviours states that a holistic approach will be taken in supporting young people to effectively manage their behaviours and that they will be assisted to develop positive ways of dealing with their life experiences. This centre also has policies on bullying, drugs and alcohol, risk assessment and consequences that provide information and direction to staff on how to support young people in managing their behaviours in the centre. A review of the significant event register displayed that there have been 58 significant events in the ten months



prior to the inspection. However, inspectors noted that a substantial number of these notifications related to medical issues and the admission and discharges of young people. Only 15 significant events related to behaviour management and this included non school attendance. Inspectors found that in general behaviours were well managed in the centre. The centre manager should evidence oversight of the significant event notification register as this was not obvious during the inspection process.

The centre policy on bullying provides examples of what constitutes bullying and details the efforts that staff will make to ensure that bullying does not occur and how they will address it should the issue arise. Inspectors found that when an issue of bullying arose on one occasion this was addressed by the staff team and notified to the allocated social worker who also supported the young person. This was further followed up at a staff team meeting and with all the young people at a young person's meeting. The policy on consequences defines the range of consequences that are permitted to be used in the centre and lists those that are prohibited. The policy also details procedures and actions to be taken by staff on how consequences will be applied and the required discussions with young people around these.

During this inspection a review of a sample of the consequences logs held for young people was completed. Inspectors observed that these records contained quite a number of positive consequences. However, these were listed as *praise* and *thanks* provided to young people and generally reflected normal positive interactions rather than specific positive consequences. It is recommended that the centre manager reviews the recording of consequences with the staff team.

Inspectors noted that each of the young people had individual crisis management plans. However, it was found that some of these were not being regularly reviewed and that a number had not been signed by the allocated social worker to evidence their agreement on the behaviour management strategies being employed. A review of the young people's care files evidenced that risk assessments were being completed for individual issues that arose and that key working and relationship building formed part of the behaviour management strategies being used by the staff team.

### **Restraint**

The centre has a comprehensive policy on physical restraint that identifies therapeutic crisis intervention (TCI) as the model in use in the centre. Each of the staff team were trained to level two and the centre manager is a qualified TCI trainer. The entire team are due TCI refresher training in November 2017 and this has been



scheduled. At present, none of the young people display behaviours that may require a physical intervention. However, it is important that the centre manager formalises reviews of individual crisis management plans and ensures these are up-to-date working documents.

### **Absence without authority**

The centre had a policy on unauthorised absences and returns from unauthorised absences that contained information for staff and direction on the actions to take when young people were missing from the centre. From a review of the centre significant event notification log, inspectors found that there had only been seven unauthorised absences in the ten months prior to the inspection. The log contained detail on the actions taken to locate and return young people when they were absent from the centre and also evidence of follow up by centre staff and social workers on this issue. However, inspectors found that absence management plans were not being reviewed by centre managers and social workers on a monthly basis as required under Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services.

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

None identified.

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

None identified.

### **3.6.4 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 11, Religion*

*-Part III, Article 12, Provision of Food*

*-Part III, Article 16, Notifications of Physical Restraint as Significant Event.*

### **Required Actions**

- The centre manager must review the recording of consequences with the staff team.
- The centre manager must ensure that there are regular reviews of each young person's individual crisis management plan.
- The centre manager must ensure that absence management plans are reviewed in line Children Missing from Care: A Joint Protocol between An

Garda Síochána and the Health Services Executive Children and Family Services.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3-2	The Director of Service must communicate the outcome of discussion with the Child and Family Agency in relation to staffing, to the Registration and Inspection Service.	Director of Service (DOS) spoke with Acting Regional Manager after the Inspectorate visit in relation to staffing. A meeting date was scheduled for the 13 <sup>th</sup> December. Patricia had hoped to raise our staff/young person issue at this meeting. This meeting had to be rescheduled as DOS is on Annual leave. Regional Office to get back with a date for January 2018.	DOS has spoken to Acting Regional Manager (DML) and also sent an email to her on 28/11/107. DOS is awaiting a date to meet with TUSLA in January 2018. In the meantime we are continuing to have additional staff cover to facilitate busy periods identified.
3-4	The centre manager must ensure that all formal complaints are notified through the SEN system to all relevant persons.  The centre manager must ensure that the recording of complaints is improved to include the young person's response to the	With immediate effect the Centre Manager will ensure that all formal complaints are notified through the SEN system to all relevant to all persons.  The existing form was edited to include the	This was discussed with the staff team at their TCI refresher 20/11/17 and at weekly team meeting on the 29/11/17. A memo will be issued to all staff outlining the same.  This form was completed 20/11/2017 and will

	outcome of a complaint	young person's response to the outcome of the complaint.	be monitored to ensure y/p voice is recorded in relation to the outcome. See Appendix 1.
<b>3.5</b>	<p>The centre manager must ensure that the placement plan and weekly planning documents clearly reflects if identified work has been completed, and tracks the progression of the placement plan.</p> <p>The centre manager must ensure that key work records are specific to the goals of the placement plan and records are completed to a good standard</p>	<p>This issue was highlighted in our own recent internal audit and was discussed with the team in TCI refresher training on 20/11/17 in relation to documentation. Derrallossary is going to a transitional phase in relation to paperwork with new systems currently in progress to introduce revised documents. We are currently developed and trialing new daily log books which include a section on any key working completed for that day.</p> <p>One to One sessions have been divided into two separate forms for Planned key working linked to placement plan and opportunity led. (See appendix 2 &amp;3. Note: The formatting below is not as the original as the originals are portrait.)</p>	<p>A steering group has been formed as part of the transitional phase and will formulate updated placement plans which are completed monthly. Within this there will be a calendar template attached each month for the month ahead and specific dates identified for key working pieces to be carried out which will then be tracked and evident in monthly reports.</p> <p>Monitor usage of new forms as staff get used to new systems and provide feedback to team. Ongoing monitoring of paperwork will continue.</p>
<b>3.6</b>	The centre manager must review the recording of consequences with the staff	The Centre manager will review the recording of consequences and address consequences as	Continual monitoring of logs

	<p>team</p> <p>The centre manager must ensure that there are regular review of each young person's individual crisis management plan</p> <p>The centre manager must ensure that absence management plans are reviewed in line with Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services</p>	<p>part of our weekly staff meeting.</p> <p>The Centre manager will ensure that each young person's ICMP is reviewed monthly. This has been work in progress and discussed at TCI refresher on 20/11/17</p> <p>This had been highlighted by manager as part of centre audit. Going forward the Centre Manager will continue to ensure that the absence management plans are updated and reviewed on a monthly basis and we will continue to forward to each young person's Social Worker for signature.</p>	<p>Continual monitoring of ICMP's. Manager is currently engaging with staff team in relation to writing up ICMP's using appropriate terminology as part of ongoing professional development.</p> <p>Continual monitoring</p>
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