An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 061

Year: 2018

Alternative Care Inspection and Monitoring Service
Tusla - Child and Family Agency
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Registration and Inspection Report

Inspection Year:	**2018**
Name of Organisation:	**The Salvation Army**
Registered Capacity:	**Six young people**
Dates of Inspection:	**14th and 16th November 2018**
Registration Status:	**Registered from 22nd January 2019 to 22nd January 2022**
Inspection Team:	**Michael McGuigan** **Linda McGuinness**
Date Report Issued:	**1st March 2019**

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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 on-going 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 September 2004. At the time of this inspection the centre was in its fifth registration and was in year three of the cycle. The centre was registered without attached conditions from 22nd of January 2016 to the 22nd of January 2019.

The centre provides aftercare for up to six young people of mixed gender from 17 years upwards. Young people live in semi-independent flats in which they can prepare for living on their own. They have the support of staff on a daily basis. The aims of the placement are to provide a safe, supported independent living space where young people are welcomed and valued. Participation is encouraged and young people will be supported to reach their full potential through self-determination and empowerment. At the time of the inspection the centre had six young people living there and each was aged over 18.

This inspection was a themed inspection and examined standard 1 'purpose and function', standard 2 'management and staffing', aspects of standard 4 'children's rights' (complaints only) standard 7 'safeguarding and child protection' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres, 2001. This inspection was unannounced and took place on the 14th and 16th of November 2018.

1.2 Methodology

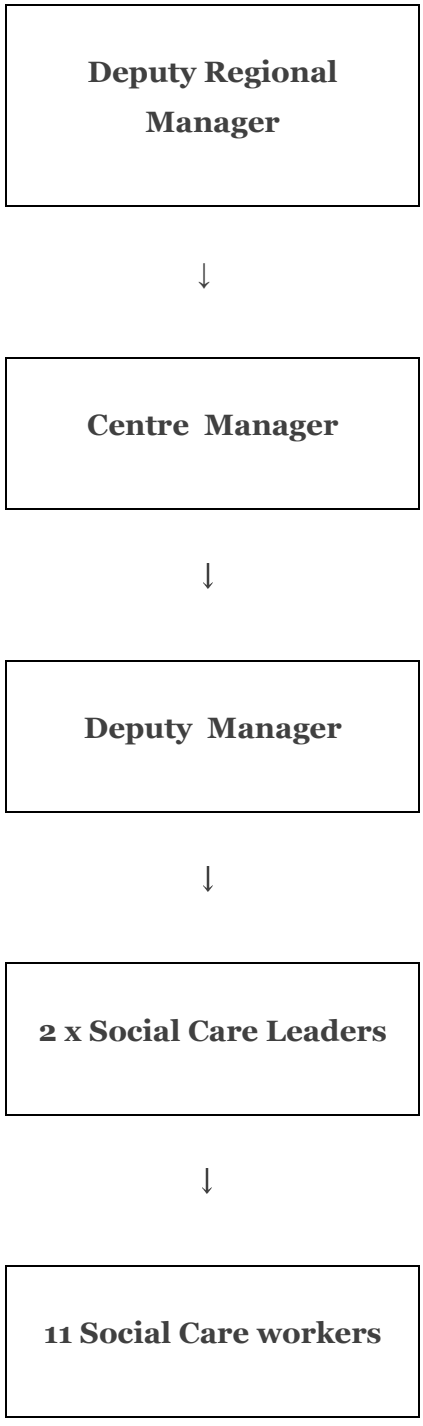
This report is based on a range of inspection techniques including:

- An examination of the inspection questionnaire and related documentation completed by the manager
- An examination of the questionnaires submitted by:
  a) Two social care workers
- An examination of the centre's files and recording process including care files; supervision records and management documents
- 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) One social care leader
  d) One social care worker

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 deputy regional manager on the 18th February 2019. 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 the completed action plan (CAPA) on the 19th February 2019 and the inspection service received evidence of the issues addressed.

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 061 without attached conditions from the 22nd January 2019 to the 22nd January 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

This centre had a statement that clearly defined the purpose and function and specified the service that it aimed to provide. This was part of a wider organisational policy document and it detailed the population (including age range and gender) that the centre catered for. The document outlined that the centre would provide six semi-independent flats for young people aged 17 and over. Staff were tasked with supporting young people to work towards independent living through self-determination and to encourage young people to reach their full potential through support and empowerment.

Inspectors found that the statement was up-to-date having been reviewed by the centre manager in January 2018. During interview staff were familiar with the content of the statement and the day-to-day operation of the centre reflected the purpose and function

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

None identified.

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

Register

As part of this inspection the centre register was reviewed. This document was a hard backed book that contained the young person's name, age and date of birth. Information on their parents, including addresses was also included as was the date of admission to the centre and address and date of discharge where applicable. While there was evidence that the centre manager had reviewed this document, it had not been reviewed by external line managers for the service and this should occur.

A copy of the centre register was held by Tusla, Child and Family Agency.

Notification of Significant Events

This centre had an appropriate policy on notification. It described a significant event as a noteworthy experience in a young person's life that necessitated notification to all persons with a bona fide interest. Inspectors found that notifications from the centre were prompt, forwarded to the appropriate persons and that they contained the required information. The centre was part of a significant event review group that met regularly and staff team meetings contained a review mechanism for incidents related to persons over the age of 18 living in the service.

This centre also held a register for significant events that included details of the incident, outcomes and whether a referral to the significant event review group was required. Inspectors noted that good follow up actions were recorded here and there had been a very limited number of significant events in the centre in the months preceding the inspection. However, it was observed that external line managers for the service had not reviewed or signed the significant event register and this should occur.

Training and development

From a review of the training information provided to inspectors it was observed that staff members had training in fire safety, first aid, manual handling and the Children

First, 2017 online E-learning programme. Staff had also received training in report writing, stress management, self-harm and bereavement support. Further training was also planned for 2019.

Administrative files

Inspectors reviewed a number of the administrative files in the centre and found these to be in order. It was observed that files in the centre were maintained in line with the Freedom of Information Act, 1997 and stored securely. Inspectors also noted that there were adequate financial arrangements in place.

3.2.2 Practices that met the required standard in some respect only

Management

This centre had an acting manager who was supported by a deputy manager. The acting manager was covering maternity leave and was due to return to her substantive post as deputy manager in the weeks following the inspection. This person had substantial experience working in the service and reported to the deputy regional manager. They were responsible for the day-to-day operation of the centre and present each week during normal working hours. As part of the management structure in the centre there were two social care leaders who had been delegated responsibility for review of significant events, supervision and oversight of care files. Social care leaders worked as part of the normal roster alongside the social care team. Inspectors observed evidence that the manager reviewed care files and centre registers as part of their governance. They also chaired team meetings and handovers and attended professionals meetings. The centre manager reported to the deputy regional manager who also provided their supervision.

However, inspectors found that the administrative and care files in the centre had not been reviewed and signed by an external line manager. Also, external line managers had not attended any of the team meetings for the centre. The centre was not being periodically audited and external governance in the centre was not robust. While there were monthly regional meetings that were attended by centre managers and reporting mechanism existed for issues in the centre, inspectors did not find mechanisms in place by external line managers to ensure suitable care practices and operational policies.

As part of this inspection questionnaires were requested from the centre managers, team leaders and social care staff. Inspectors received two of the required questionnaires – one from a social care worker and one from a team leader but did

not receive completed questionnaires from the centre management team or a substantial number of social care staff. These questionnaires are used to inform the inspection process and to evidence if systems of oversight are in place. This issue has been raised with operational managers for the organisation.

Inspectors reviewed a sample of team meeting minutes and found these meetings to be held regularly, well attended and focused on the planning of care for young people living in the centre. Minutes also contained a review of previous actions agreed and there was evidence of staff using dynamic approaches to support young people with issues that arose.

Supervision and support

Centre policy was that supervision would be conducted between six to eight weekly for a duration of one hour, and the role of supervision had been divided between the acting centre manager and two social care leaders. Inspectors noted that there was a set agenda that included issues such as health and safety; wellbeing; risk management; review of objectives/performance and training. The centre also had a dual process for the review of placement planning with separate case worker meetings to review the placement plans for young people. However, inspectors found that a review of the link between case management meetings and formal supervision was required to ensure better integration. Inspectors observed that at times supervisions were not being provided in line with the stipulated time frames or best practice. It was also noted that in some instances there was no review of the actions agreed at the last supervision and that the targets and actions sections in the minutes were often left blank. Further, the actions for staff needed to be more concrete and directive and related to care practice or the planning of care for young people. In some instances the records contained large sections of narrative relating to relationships with young people and events for them in the preceding weeks and not discussions on placement planning or key working. There was no evidence that an external line manager for the service was reviewing staff supervisions to quality assure the content and oversee the planning of care for young people.

Staffing

This centre had a whole time complement of eleven social care workers and two social care leaders. The majority of staff had been working in the centre for a number of years. Inspectors found that staff held suitable qualifications and there was a balance of experience among the staff team. There was evidence of induction on the staff files reviewed and these contained up-to-date Garda vetting documents, training certificates, verified qualifications and CVs.

However, inspectors observed that references for two staff members were not in line with organisational policy. There was no evidence that one reference had been suitably verified and a reference for another staff member was a testimonial. Further, the risk assessment that had been created to accompany a Garda vetting disclosure had not been fully completed or signed by the centre manager to evidence they had reviewed this with the staff member and were satisfied of their suitability to work in the centre.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.***

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***
-Part III, Article 5, Care Practices and Operational Policies
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)

Required Action

- External line managers for the service must put in place mechanisms to ensure themselves that suitable care practices and operational policies are in place.
- Centre managers must ensure that supervisions are conducted within the time frames set out in centre policy.
- Centre managers must ensure that supervision records reflect discussions on placement planning and care practice.
- The centre manager must ensure that vetting in the centre is in line with the Department of Health Recruitment and Selection Circular, 1995.

3.4 Children's Rights

Standard

The rights of the 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

None identified.

3.4.2 Practices that met the required standard in some respect only

This centre had an appropriate policy that provided definitions of formal and informal complaints and gave direction to staff on actions to be undertaken when a complaint is made. The policy also included information on the appeals process. There had been four formal complaints made in the twelve months prior to the inspection. Inspectors found evidence of good work by centre managers and the staff team in their efforts to resolve complaints. Complaints were generally resolved quickly and records of formal resolution were attached to the initial complaint form. These written records provided details of how each complaint was addressed. However, these records did not have a signature from the complainant or views on the resolution and it is recommended that this is included.

It was observed that the complaints register had last been reviewed by an external line manager in August 2016 and there was no evidence of review by a centre manager. Oversight of complaints by line management should occur periodically.

3.4.3 Practices that did not meet the required standard

None identified.

Required Action

- External line managers must ensure that there is appropriate internal and external oversight of the complaints process in the centre.

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

The centre had an appropriate safeguarding policy and child safeguarding statement. This document referenced other policies that supported safeguarding in the centre and focused on the implementation of appropriate measures for working with a vulnerable client group. The centre aimed to create a culture where safe practice reduced the risk of young people being exposed to abuse or harm. Young people had space to meet with family, friends and social workers in private and information was provided to them on their rights. There were mechanisms for the supervision and appraisal of staff and there was evidence that staff received induction before they began working in the centre.

3.7.2 Practices that met the required standard in some respect only

None Identified.

3.7.3 Practices that did not meet the required standard

None Identified.

Child Protection

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.

3.7.4 Practices that met the required standard in full

There were written policies and procedures in the centre that were consistent with Children First: National Guidance for the Protection and Welfare of Children, 2017. The policies contained directions for staff in the event that young people made disclosures. They also contained definitions of abuse and detailed staff obligations under the policy. Further there was evidence that staff members had completed the Children First E-learning module.

There had not been any child protection notifications in the preceding twelve months and each of the young people living in the centre at the time of the inspection was over 18. There were mechanisms in place to notify and address concerns around vulnerable adults living in the centre. These included a strong working relationship with the local Gardaí, utilising a Keep Look Out (KLO) system and involving relevant professionals in implementing strategies to support young people to keep safe in the community.

3.7.5 Practices that met the required standard in some respect only

None Identified.

3.7.6 Practices that did not meet the required standard

None Identified.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

This premises is a large multi-story building in an urban setting. It is close to local amenities, transport links and schools and colleges. Each young person had an individual flat that they could decorate to their own tastes and there were also communal areas in the building to spend time with friends and family. The appliances were domestic in nature and there was adequate heat, light and ventilation. Inspectors conducted a walk-through of the building and noted this to be in good repair.

3.10.2 Practices that met the required standard in some respect only

Maintenance and repairs

The centre had a maintenance log that provided for recording and tracking maintenance issues and identifying when these were addressed. However, some of

the requests for maintenance had not been dated and none of the requests after 10/09/18 had been marked as completed in the register. Further, the section within the register for whether the issue constituted a health and safety risk for young people and staff was not always completed. Inspectors found that the register needed to be regularly reviewed by centre managers to ensure that it was up-to-date.

Safety

Inspectors noted that the centre had a comprehensive health and safety statement; however, this was dated August 2016 with a proposed review date of August 2017. This document still named the manager who was on leave as responsible for safety in the centre rather than the current acting manager and this statement needed to be reviewed and updated. There were suitable accompanying risk assessments to direct staff on actions relating to hazards for staff and young people using the building.

Fire Safety

Inspectors reviewed the fire safety register held for the premises and also completed a walk-through of the building with the centre manager. Inspectors found that fire drills had been completed on 14/11/18, 21/10/18 and 22/08/18. The fire safety folder contained an appropriate policy and up-to-date risk assessments on fire safety were also included. The fire register held a cover sheet that recorded the centre manager's oversight of fire safety in the centre, however, this document had not been signed or reviewed since August 2018. Inspectors also found that there were 50 days in 2018 when checks on the daily means of escape were not recorded. Further, the centre's fire safety weekly checklist was not being completed as required and there was no evidence that centre managers were periodically reviewing the fire safety log. There was no record of periodic checks on the fire fighting apparatus in the centre and inspectors found that a fault in one of the charge indicators on the emergency lighting system had not been working for five weeks prior to the inspection and no action had been taken on this. Three of the staff team also required updated fire safety training.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996,***
-Part III, Article 8, Accommodation
-Part III, Article 9, Access Arrangements (Privacy)
-Part III, Article 13, Fire Precautions

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)
-Part III, Article 15, Insurance

Required Action

- Centre managers must review the maintenance register for the centre to ensure that there is no outstanding work that needs to be completed.
- Centre managers must review and update the health and safety statement.
- Centre managers must review procedures in the centre to ensure that suitable fire safety practices are in place.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	External line managers for the service must put in place mechanisms to ensure themselves that suitable care practices and operational policies are in place.	Service reviews take place monthly these include reviewing staff files, young people's files and ensuring centre is compliant with the national residential standards. Service reviews have commenced Self-audit tool being developed with regional management to ensure that all governance requirements are being adhered too. To be completed by 31st of March.	Regular reviews and clear recording should evidence the input and governance of regional management.
	Centre managers must ensure that supervisions are conducted within the time frames set out in centre policy.	Social care management team meeting with SCL's regularly through supervision, programme meetings and house meetings. The next house meeting scheduled for the 1st of March where the supervision policy will be reviewed with all SCLs and have clarification in relation to the timeframes. Any barriers to these time frames will be identified and	Social Care Management will review supervision as part of their supervision and ensure that time frames are adhered to and that there is a clear recording in relation to practice.

		strategy to combat these. Identify if someone is off or will go over the time frame it is noted and SCM/DSCM may meet with the supervisee depending on the situation.	
	Centre managers must ensure that supervision records reflect discussions on placement planning and care practice.	On the 1st of March review the recording of supervisions and ensure that discussion regarding care practice and case management is clearly evidenced and joined up.	Social Care Management will review supervision as part of their supervision and ensure that time frames are adhered to and that there is a clear recording in relation to practice.
	The centre manager must ensure that vetting in the centre is in line with the Department of Health Recruitment and Selection Circular, 1995.	SCM/DSCM are responsible for verifying references and this has been common practice. There was a period where this has been delegated to the social care qualified administrator as there was a change over in management and to ensure all vetting was in place however this was a very limited period.	SCM/DSCM are responsible for all vetting. Audit of staff files are part of the service review by RM and most recently took place in Feb 2019.
3.4	External line managers must ensure that there is appropriate internal and external oversight of the complaints process in the centre.	Service review with regional management to include review of complaints	This will ensure that there is good external governance evident.

3.10	Centre managers must review the maintenance register for the centre to ensure that there is no outstanding work that needs to be completed. Centre managers must review and update the health and safety statement. Centre managers must review procedures in the centre to ensure that suitable fire safety practices are in place.	Maintenance register to be reviewed at centre business boards and ensure that there was nothing outstanding and properly dated. H&S statement to be reviewed and will be in place by April 2019. All fire safety equipment has been reviewed and continue to be reviewed annually and certificates were forwarded to Inspection and Monitoring Service.	Business boards take place bi-weekly. Contract in place with the fire prevention services company to regular test all fire equipment.