



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

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 069

Year: 2017

Lead inspector: Sinead Diggin

Registration and Inspection Services
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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Peter McVerry Trust
Registered Capacity:	Three young people
Dates of Inspection:	7th and 8th of December 2017
Registration Status:	Registered from October 2016 to October 2019.
Inspection Team:	Sinead Diggin Eileen Woods
Date Report Issued:	4th April 2018

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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 October 2016. At the time of this inspection the centre was in year one of the cycle. The centre was registered without conditions from October 2016 until October 2019.

The centre's purpose and function was to accommodate three young people of both genders between the ages of thirteen and seventeen on admission. The model of care was described as being a higher needs model of intensive intervention using a mixed approach of strengths based and individualised care. The centre can provide for either sole or multiple occupancy to a maximum capacity of three young people.

The inspectors examined standards four 'children's rights' and seven 'safeguarding and child protection' of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 7th and 8th of December 2017.

1.2 Methodology

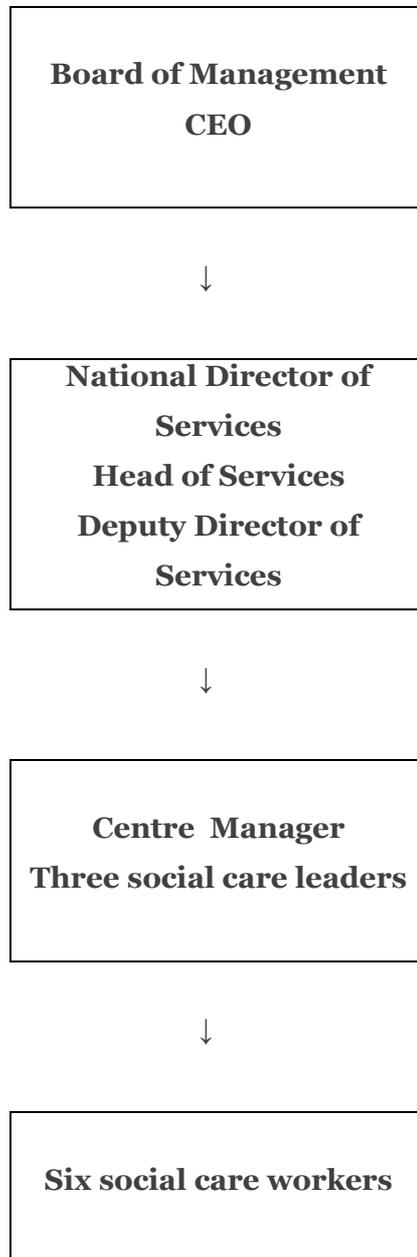
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Seven of the care staff
 - b) The social worker with responsibility for young person residing in the centre.
- ◆ An examination of the centre's files and recording process.
- ◆ 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) Two staff members
 - c) The social worker for the young person
- ◆ 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

A draft inspection report was issued to the centre manager, deputy director of Services and the relevant social work departments on the 6th March 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 20th March 2018 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: 069 without conditions from the 3rd October 2016 until the 3rd October 2019 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 3rd October 2016 until the 3rd October 2019

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

Consultation

The centre had a policy on young people's rights which includes the details of external services that promote the rights of young people. The centre aim to consult with young people from the outset and consultation begins with staff meeting with the young people regularly throughout the transition period. For a young person who had moved in to the centre, the transition took place over a six week period, allowing for the young person to have met all of the staff before admission. This appeared to be positive in establishing relationships and in preparing the young person for the daily routine of the centre and the expectations from the staff team.

Two key workers are allocated to the young people prior to moving in to the centre and it is at this stage that a copy of the young person's booklet is provided. The key workers go through the booklet and clarify any questions that the young people have. There was evidence on care files and centre records of individual conversations taking place, particularly in regard to current needs and concerns that staff have for one young person. The staff team meet weekly and prior to this the key worker or an individual staff member would meet with the young person to consult and ensure that the young person's views and requests are brought to the meeting. This was recorded in the young person's consultation booklet.

Inspectors found that key working reports reflected that the young person's views were included in the reports. There was evidence of written feedback in young person's consultation booklets being provided to the young person and inspectors found that the young person was asked and have signed on decisions made. Inspectors found that family contact is facilitated by staff and the young person can choose activities of interest to them. There was evidence that the allocated social worker visited weekly with young person and in interview staff stated to inspectors

that this works very well for the young person. The young person also has a guardian ad litem who visits the young person on an individual basis and also collectively with the social worker. Multidisciplinary professional meetings were held regularly and information and decisions made were relayed to the young person by the manager or social worker.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre had a detailed policy on complaints which includes the definition of formal and informal complaints and the steps to be taken in the event of a complaint being made. Information for young people on how to make a complaint is included in the young person's booklet as well as the contact details for external advocacy support services.

Through questionnaires reviewed and interviews conducted, staff displayed good knowledge of what constitutes a complaint and the steps to be taken when a complaint is made. The complaints register displayed that four formal complaints were recorded, one of which is from the current resident. A signature from the manager was entered to evidence that a conclusion was reached, however no date was recorded to evidence the timeframe in which it was concluded. Management should ensure that the date of conclusion is recorded.

Informal complaints were also recorded. The register evidenced that nine informal complaints were entered. Inspectors found reference to a complaint about not receiving lifts from staff and this was not entered in the complaints register at the time of inspection. Management must ensure that this complaint is entered in to the register. From reviewing the individual records of informal complaints, inspectors found that each complaint was recorded independently with a record of individual work regarding the complaint attached. There were details of further actions added if social work or other professionals had reviewed and responded. Inspectors noted that the young person's view of the outcome of a complaint was not always recorded on the individual records and this should be addressed. The young person's social worker was satisfied that all complaints were notified promptly through significant event notification. (SEN)

Access to information

The centre had a policy on young people's access to information. The manager informed inspectors that the young person was made aware of their right to see their daily logs but to date had not requested to do so. The centre had young people's consultation booklets and from reviewing the booklets there is evidence to indicate that the young person had seen the records and is asked to sign the consultation booklet which includes outcomes and decision's made.

3.4.3 Practices that did not meet the required standard

None identified.

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

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

Safeguarding

The centre had a written policy in place for safeguarding and child protection. Questionnaires and interviews conducted evidenced that staff had good knowledge of safeguarding practices within the centre.

Risk taking behaviour in which the young people placed themselves in outside of the centre was of real concern for the staff and social work department. A young person was often missing from care and vulnerable in locations that they chose to spend time in. The manager and staff worked collectively with the social work department and

other external professionals to put safeguarding mechanisms in place. Professional meetings took place fortnightly to review and explore further options. Absence management plans were on file and reviewed and updated consistently. From reviewing the care files, inspectors found that risk assessments were completed and updated frequently. Safety plans were developed and there was evidence that the staff continuously engaged the young person in conversations about keeping safe outside of the centre.

The young person was provided with a phone and a plan put in place in consultation with the young person should they feel unsafe and need assistance from the staff. Training and workshops from specialised agencies regarding safeguarding and child protection were provided to the staff team. While there were many risks that the young person was exposed to, inspectors found that the manager and staff were working to the best of their ability to keep the young person safe.

Personnel files were reviewed and evidenced that all staff had Garda clearance on file and previous employee references had been verified. Minutes of team minutes reviewed evidenced that placement plans, progress on individual work, risk assessments and safety plans were all discussed. From reviewing staff supervision records, inspectors found there was a link to placement and safety plan's. Reflective practice took place and clear direction was given from the manager to staff members.

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.

All staff has completed training in Children's First National Guidance for the protection and Welfare of Children 2011. Management were aware of the new E learning programme in Children's First 2015 and staffs were in the process of completing at the time of inspection. From a review of staff questionnaires, the staff evidenced good knowledge regarding child protection and safeguarding issues. Standard report forms (SRF's) that had been submitted to the social work department were investigated and responded to.

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.

3. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3-4</p>	<p>The manager must ensure that the complaints register includes the date in which a conclusion was reached.</p> <p>The manager must ensure that the young person's complaint regarding staff not giving lifts to the young person is entered in to the register.</p> <p>Manager must insure that the young person's view of the outcome of all complaints is recorded.</p>	<p>The conclusion date of any future complaints will be entered into the register once the conclusion is reached and within agreed time frames.</p> <p>This complaint was entered into the register.</p> <p>Manager will ensure that the young person's view is recorded appropriately in follow up individual work.</p>	<p>Complaint's register is brought to the team meeting for review each week and the manager will review this as part of their monthly audit.</p>