



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

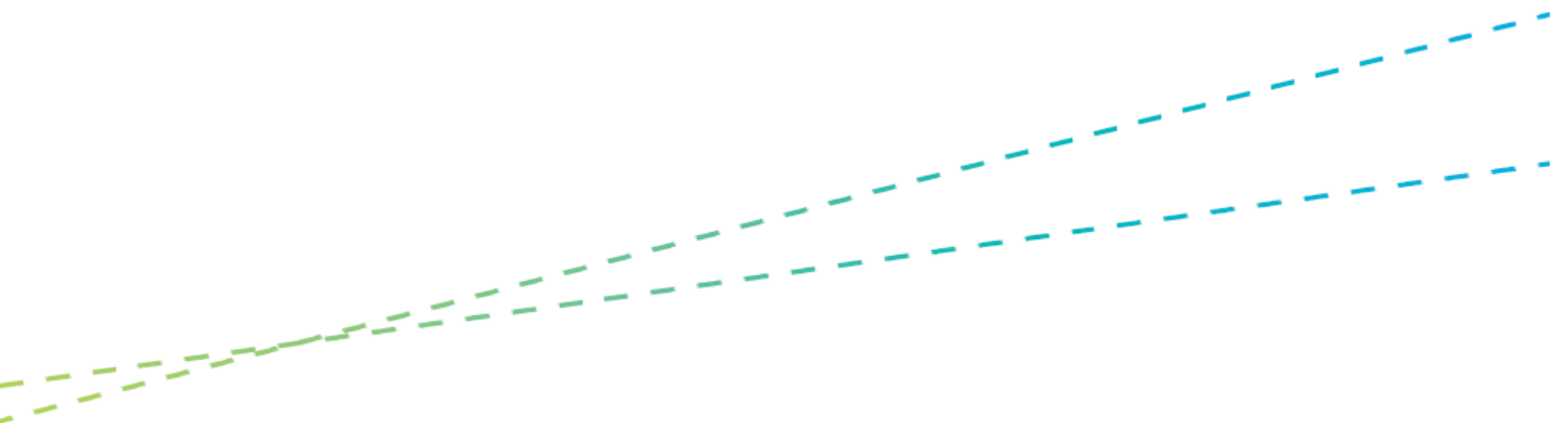
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 012

Year: 2017

Lead inspector: John Laste

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Matt Talbot Adolescent Services
Registered Capacity:	Six young people
Dates of Inspection:	9th May 2017
Registration Status:	Registered from 14th July 2017 to 14th July 2020
Inspection Team:	John Laste
Date Report Issued:	10th of October 2017

Contents

1. Foreword	4
1.1 Methodology	
1.2 Organisational Structure	
2. Findings with regard to Registration Matters	9
3. Analysis of Findings	10
3.1 Management and Staffing	
3.5 Planning for Children and Young People	
4. Action Plan	17

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

Matt Talbot Services is a charitable organisation providing four different services to young people and young adults and their families that are struggling with substance misuse. This centre was one of the services and the only one that has a residential component to it who have capacity to provide intervention for up to six young males between the ages of fourteen and eighteen years.

Due to the high level of support and care needed for stabilization and rehabilitation the residential setting plays an integral part in the outcomes of the young people's treatment. The centre provides a structured therapeutic program through its multidisciplinary team working with both the young people and their families. The centre provides an education program on site to compliment its wide range of diverse therapies and treatment techniques.

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 inspection was announced and took place over the 9th May 2017.

The 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) Eight of the care staff
 - b) The social worker(s) with responsibility for young person/people residing in the centre.
 - c) Other professionals e.g. General Practitioner's and therapists.
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.

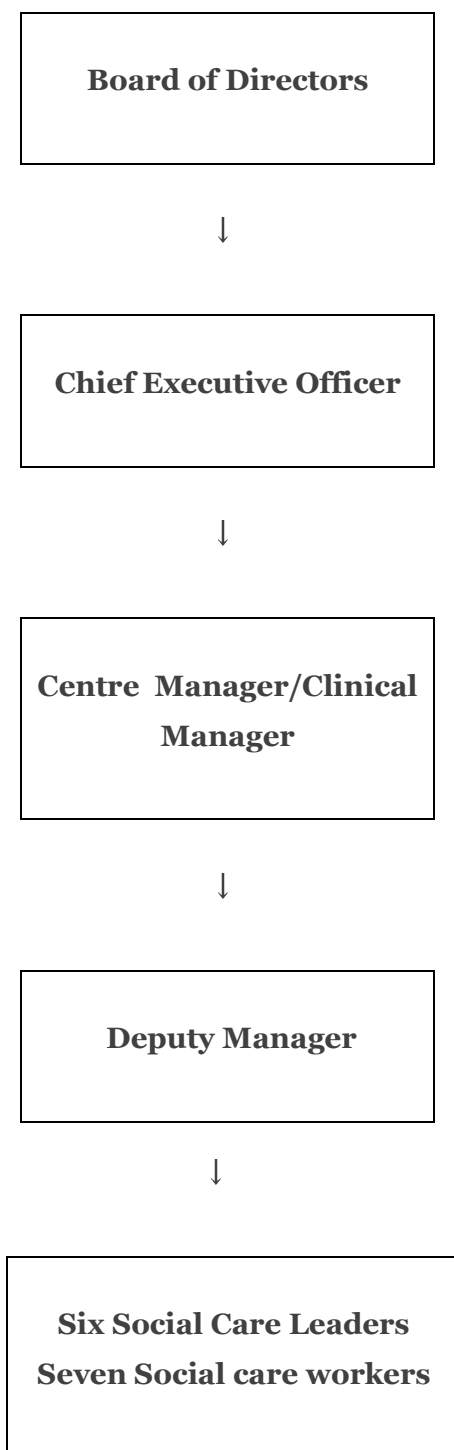
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Four staff members
 - c) One young person
 - d) The former monitoring officer

- ◆ 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.

The draft report was sent out to the centre manager on the 15th of August 2017 and included the action plan to be completed and returned to the inspectorate. A satisfactory action plan response was received by the inspector on the 22rd of September 2017.

The registration panel has agreed that the centre should continue to be registered without conditions. As such the registration of this centre is the 14th of July 2017 to the 14th of July 2020

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

Management

During the course of the inspection the centre underwent a change of manager. The centre manager on the day of the inspection visit was appropriately qualified and had over ten years experience working in the residential centre. The manager held responsibility for the management of the residential service and also had responsibility for the clinical oversight of the centre. The manager was assisted in administration and supervision duties by a deputy manager. The manager reported to the chief executive officer and board of directors through the provision of monthly reports. The chief executive officer had oversight the operation of the centre as the external line manager. Senior management meetings were held monthly.

The inspector was informed of the change of manager and was introduced to the new centre manger by the chief executive officer on the 19th June 2017. The new centre manager had up to date Garda vetting, references and was appropriately qualified with significant relevant experience. The inspector met with the new manager and CEO where they outlined future plans for the service going forward. These plans included a complete review of the model of care, redevelopment of the clinical programme and maximising the current skill set of the staff team. The manager was preparing to schedule training days for the staff team around the new model of care. The inspector requested that a copy of the new model of care be provided to the registration and inspection office.

Register

A register of all those who live in the centre was maintained by the centre manager. The inspectors found that the admission and discharge details of residents were properly recorded.

Notification of Significant Events

The inspector interviewed a supervising social worker and examined the centre records and found significant event reports were promptly notified to both the inspection office and social work department in a timely fashion. The inspector found that the deputy manager, centre manager and chief executive were reviewing significant incidents and such incidents were being managed effectively.

Staffing

The inspector reviewed the adequacy of staffing, and found that the deployment of staff was sufficient to address the needs of the young people. Staff duty rotas were examined and there was good evidence that adequate numbers of staff were on duty at the key times. The inspector found that staff were suitably qualified and experienced. The centre had access to relief staff. The inspector carried out an audit of staff personnel records and found the required references, and Garda vetting were on file for all staff (including the relief staff) prior to taking up their positions.

Administrative files

The records were well organised and accessible so that they facilitate effective management and accountability. There was good evidence that management were monitoring the quality of records. The inspector interviewed the chief executive officer who stated that the organisation was accredited to CHKS a United Kingdom based quality assurance organisation which carries out regular extensive audits of the centres administration systems. The centre had just undergone a full audit and was in the process of completing an extensive action plan response to the report provided by the auditors. The accreditation status of the organisation was to be decided by the CHKS Accreditation Awards Panel. The inspector received a copy of the audit action plan. There were a number of specific actions to be completed by the centre management before the decision would be made but in general the report was positive.

The inspector found the quality of the recording in the centre to be of a good standard. Relevant records relating to the young people were kept in perpetuity and the management were familiar with the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003.

3.2.2 Practices that met the required standard in some respect only

Supervision and support

The centre manager was supervised by the chief executive officer. The manager and deputy manager supervise the staff team members. Staff supervision took place approximately every four to six weeks. The supervision records were of good quality and contained good evidence of the supervision process and the connection to the work with the young people.

The inspector noted that the frequency of the supervision sessions were not always in line with the centre policy which was four to six weeks. The inspector was informed that this was due to work load of the manager and deputy manager. The manager must ensure that the supervision policy is adhered to in respect to the frequency of sessions.

Staff interviewed by the inspector said that the manager was supportive and provided clear leadership to the team. They also confirmed that support mechanisms were in place to assist the team. There was good evidence of teamwork, team meetings took place fortnightly and the minutes of meetings were recorded.

Staff handover meetings took place between work shifts. The inspector was informed that the handover meetings took place in the mornings when the overnight shift ends and the next shift staff members are coming on duty. Staff reported that there was a clear process of communication between shifts. The inspector reviewed staff handover sheets and received copies of same.

Training and development

The inspector found evidence of attendance at certified training in fire prevention, occupational first aid, health and safety, therapeutic crisis intervention, and child protection in the last year. There was a schedule of required training for staff throughout 2017 which had been approved by the senior management and was recorded in the management meeting minutes.

There was a general consensus amongst the staff members interviewed that they would benefit greatly from further training in the area of drug addiction, self harm and suicide awareness courses. Given the centre's purpose and function as a residential addiction treatment centre for young people the management must provide staff members with ongoing skills training in the areas of drug addiction, self harm and suicide prevention.

3.2.3 Practices that did not meet the required standard

None identified

3.2.4 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 IV, Article 21, Register.*

The centre 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)

-Part III, Article 16, Notification of Significant Events.

Required Action

- The manager must ensure that the organisation's supervision policy is adhered to in respect to the frequency of sessions.
- Given the centre's purpose and function as a residential addiction treatment centre for young people the management must provide staff members with ongoing skills training in the areas of drug addiction, self harm and suicide prevention

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 in full

Suitable placements and admissions

The inspector found that the admissions to the centre were planned and in line with the statement of purpose and function. Young people are admitted to the centre having been assessed as suitable for the centre's twelve week treatment programme. The young people must also be committed to the placement and treatment plan.

There were four young people in the centre at the time of the inspection. Two of the young people were under social worker supervision and the copies of the relevant statutory documents were on file.

Statutory care planning and review

Each young person in the centre had an individual treatment plan which outlined the specific work being carried out with the individual. Where a young person is in the care of the child and family agency the centre's treatment programme was just a part of the overall statutory care plan. The two young people in care both had an up to date care plan on file which were very clear and were being adhered to.

Contact with families

The centre placed a large emphasis on recognising the value of working closely with families. Special provisions were made to ensure that the young people remain in contact with their families. The young people could bring their families to the centre and they could meet them in private if they wish to do so. The staff team worked closely with family members as part of the treatment programme and were very much part of the ongoing treatment plans for the young people

Supervision and visiting of young people

The inspector found that the social workers were visiting the young people during the treatment programme and there was evidence on the young people's files that they had accessed the young people's files.

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Social Work Role

The inspector found good evidence that the social workers assigned to young people at the centre in the past year were carrying out their roles and responsibilities in line with the regulations and standards. The social workers accessed and signed young people's files and logs. The social workers were routinely notified of all significant events and were provided with detailed reports. The inspector interviewed the one of the social workers who confirmed this.

Emotional and specialist support

Staff members interviewed by the inspector were knowledgeable about the emotional and psychological needs of each young person. On admission to the centre all young people were assigned a key worker who worked with the young person in identifying their needs and where necessary, appropriate services were accessed. Staff confirmed to the inspector that young people were linked in to specialist services outside of the centre and this could be seen documented in the young people's files

Preparation for leaving care/ Aftercare

The primary task of the centre was to provide young people with a treatment programme which included pre-treatment, counseling, harm reduction groups, family support and keyworking. The inspector saw evidence of individual work being carried out with young people which had a strong emphasis on preparing them for leaving care. The centre provided tailored school programmes and supported young people in completing their state education exams. The treatment programme was very much a part of the overall aftercare plan and the centre was proactive in the provision of follow up support to young people and their families once they have left the centre. The young people in care had been assigned aftercare workers.

Discharges

The average placement for a young person was twelve weeks. Young people once discharged would return home or if in the care of Tusla Child and Family Agency to residential or foster care placement. In the previous twelve months there were eighteen young people discharged to the centre having completed the programme. One of these young people was readmitted requiring further intervention.

Children's case and care records

The care files of the young people were maintained in a standardised format and were accessible and easy to follow. The key documentation required was present on the files. The recordings were kept up to date and the standard of record keeping was good. There was evidence that the care file records were routinely audited by management. The finding was that the care file records were maintained in a manner that facilitates effective management and accountability. The centre manager confirmed that the care files of ex-residents are archived and stored securely.

3.5.4 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 IV, Article 23, Paragraphs 1and2, Care Plans
-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan
-Part V, Article 25and26, Care Plan Reviews
-Part IV, Article 24, Visitation by Authorised Persons
-Part IV, Article 22, Case Files.

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) 1996***
-Part III, Article 17, Records
-Part III, Article 9, Access Arrangements
-Part III, Article 10, Health Care (Specialist service provision).

Required Action

No action required

3.5.2 Practices that met the required standard in some respect only

None identified

3.5.3 Practices that did not meet the required standard

None identified

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The manager must ensure that the organisation's supervision policy is adhered to in respect to the frequency of sessions.</p> <p>Given the centre's purpose and function as a residential addiction treatment centre for young people the management must provide staff members with ongoing skills training in the areas of drug addiction, self harm and suicide awareness.</p>	<p>The centre and the governing service has implemented a new supervision policy and the policy will be adhered to for staff supervision and frequency of their sessions</p> <p>Identified addiction treatment structure training has been facilitated on 25/26/27 September and fourteen continuing professional development points has been presented to all staff, encompassing all areas of addiction including drugs. Self-harm and suicide awareness risk assessment training completed with staff in August. A further TCI training in reduced self/harm and suicide awareness planned for November.</p>	<p>New policy has been implemented; times of supervision are allotted to each staff member up to end of Dec 2017 and will be allotted in January to each person for 2018. This will ensure frequency of supervision sessions as per policy.</p> <p>A three day Addiction awareness programme was facilitated on 25/26/27 September 2017 Suicide/self-harm awareness and risk assessment training completed with staff in August 2017 November identified for TCI training with staff in decreased self-harm and suicide awareness for staff of this centre.</p>