



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 076

Year: 2017

Lead inspector: Noreen Bourke

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	St. Bernard's Children's Services
Registered Capacity:	Five children
Dates of Inspection:	16th and the 17th of May 2017
Registration Status:	Registered from the 19th of May 2015 to the 19th of May 2018
Inspection Team:	Noreen Bourke
Date Report Issued:	August 2017

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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 Methodology

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 on-going operation of the centre in line with its registration. The purpose and function of the centre was to provide care to five children from the age of seven and up to the age of eleven on admission. The centre specialised in providing a therapeutic programme of care for children who have attachment issues and complex emotional needs.

The centre was previously inspected and registered in May 2015 and the findings of the inspection were positive overall and any issued identified were met in full. This inspection was announced and took place over two days on the 16th and the 17th of May 2017. The focus of the inspection was to test the application of Standards 1,2 and 5, of the National Standards for Children's Residential Centres (2001) – Statement of Purpose and Function, Management and Staffing and Planning for Children and Young People. 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) the care staff
 - b) former care staff
 - c) Young person residing in the centre

- ◆ 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 pre-inspection questionnaire and related documentation completed by the centre manager.

- ◆ An examination of the questionnaires completed by:
 - a) Twenty two of the care staff.
 - b) Three former care staff.
 - c) Four children residing in the centre.

- ◆ An examination of the centre's files and recording process.

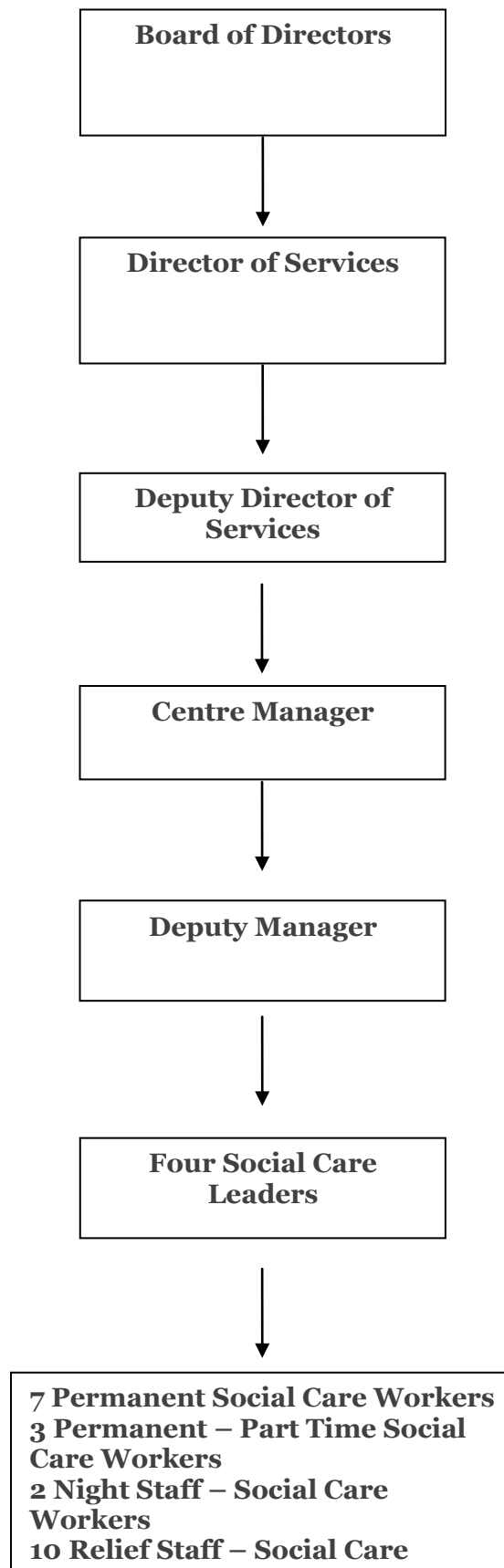
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The director of services
 - b) The centre manager
 - c) The centre deputy manager
 - d) Three staff
 - e) Four children
 - f) Parents for one of the children
 - g) The lead inspector with responsibility for the centre
 - h) Two social workers with responsibility for two of the children residing in the centre.

- ◆ Observations of care practice routines and the staff/children'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, director of services and the relevant social work departments on the 6th of July 2017. The centre manager returned the report with a satisfactory response and action plan on the 21st of July 2017.

The findings of this report and the assessment of the submitted action plan deem the centre to be operating in adherence to the regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration. As such the registration of this centre continues, without a condition attached, from **19th of May 2015 to the 19th of May 2018.**

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

A statement of purpose and function was evident in writing and appropriately described the centre as providing care to five children from the age of seven and up to the age of eleven on admission. The current duration of placements is for one year. The centre is currently pursuing a change in the purpose and function to have the length of the placement extended to a minimum of two years. The centre management must review the purpose and function to take account of the programme requirement with reference to the length of stay.

The centre specialised in providing a therapeutic programme of care for children who have attachment issues and complex emotional needs. Programmes of care specific to each child were devised by staff and were made accessible for review by the inspector. They aimed to assist the children in developing trusting relationships, recover from possible traumatic experiences and to prepare the children to return, where it was appropriate, to their carers or to prepare them for alternative care arrangements, such as foster care or medium term care.

The centre was registered as a member of the Community of Communities, a quality improvement and accreditation programme for Therapeutic Communities in association with the royal College of Psychiatrists in the United Kingdom and overseas. The care framework used by the service was drawn primarily from psychodynamic and attachment theory while utilising the core values of therapeutic communities as outlined by the community of communities. The centre placed a strong emphasis on working with the child, their families and carers. The programme of care required the placing social workers to work closely with the centre.

The inspector found that through interviews with care staff they were confident in describing the purpose and function of the centre. Likewise the management, social workers, parents and the children had a good understanding of the centre's purpose and function and of the model of care being provided.

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

Required Action

- The centre management must review the purpose and function to take account of the proposed change to the length of placement.

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

The service director oversees the development of the service and had responsibility for the management of the day to day operational activities. They are supported in their role by the deputy service director and are accountable to a board of directors. The role of the board of directors was to ensure that the service meets the needs of the children. The board was obliged to fulfil its duties to the Child and Family Agency (TUSLA) under a service level agreement.

The deputy director of services is line manager to the centre manager. The director, deputy director and centre manager meet weekly to review and monitor overall practices within the centre. These meetings also include a review of significant event reports, placement plans, and issues arising for the young people.

The overall governance within the centre is further enhanced and was evident in the strong working relationships between the Child and Family Agency (TUSLA) and the centre. The centre had clear documentation in place outlining how the clinical governance of the service was ensured. It was guided by the centre's adherence to maintaining the National Standards for Children's Residential Services (2001) and in the maintaining of a therapeutic environment that had a clear purpose and function and model of care. The governance within the centre was further evident through good inter-agency involvement and of good working relationships with clinical psychologists and the child and adolescent mental health services.

The centre was a member of the community of communities. This is an organisation affiliated to the Royal College of Psychiatrists for the purpose of reviewing the therapeutic community standards for those working with children and young people. The centre had undergone an external peer review for the year 2016 – 2017. The outcome of the review was that the centre had met the standards in the provision of care to children within the context of a therapeutic community.

Register

The centre register was maintained by the director of services in accordance with the requirements of the regulations. A record of all those who live in the centre was maintained by the centre manager. The inspector found that the admission and discharge details of residents were accurately recorded. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The inspector found that a written policy and appropriate guidelines were in place regarding the recording and notification of significant events. The centre maintained a register of all significant event reports. Records of significant event reports were stored on the children's individual files. Significant event reports were reviewed by the internal monitoring group for the centre which comprised of the service director, deputy director, the centre manager and deputy manager. Following a review of the significant events reports there was feedback and direction given to staff. Behaviour management and placement plans were also reviewed to take account of issues arising for the young people and changes were made to their placement plans if and when required.

Staffing

The centre had a stable, committed and experienced team. Twenty six social care staff excluding the centre and deputy manager were employed at the centre. The inspector examined the staff personnel records and found that the staff team were appropriately vetted before taking up duties. All staff had the required qualifications.

It was evident to the inspector through interview with staff and in the observation of practice that the team were committed to achieving positive outcomes for the children. The staff team worked hard in establishing good relationships with the children. It was noticeable that staff were caring and supportive in their responses, giving appropriate reassurance and affirmation. The staff were eager for the children to know that staff were committed to them and were there to support them. Staff interviewed, were clear about the purpose and function of the centre and of the model of care and the therapeutic approach to working with the children. Staff with responsibility for key working were able to demonstrate their role as a keyworker and to evidence their work in achieving the objectives of the placement plans for the children.

A review of the minutes of the team meetings evidenced that the focus of the meetings were on the children. It also included a review of the therapeutic framework and the interventions and strategies that worked in supporting the children to achieve their placement objectives. This was done under the guidance of an external psychodynamic therapist who attended the centre one day a month to provide oversight, guidance, and support in relation to the specialised therapeutic programme. The focus was on the work with the children and the resulting development of the staff team. Staff interviewed stated that these meetings allowed keyworkers to plan and review the placement plan for their key child. It also ensured accountability of their work within the therapeutic process. The staff team also had sessions with a group analyst who works with the team on a monthly basis. The focus of this work was on how the team work with one another in achieving the primary task of the centre. Staff identified the need for more time for staff issues to be addressed within the team meeting process. This information was given to the centre manager.

Supervision and support

External supervision was provided to the director and deputy director. The centre manager and deputy manager received formal supervision from the deputy director. Supervision is provided to the social care leaders by the manager. The deputy manager supervises the full time social care staff. The social care leaders supervise

the relief and part time staff. The findings of the inspector were that all staff received regular and formal supervision. A supervision contract was held on the supervision files of the staff members. The supervision records showed that there were clear links between the supervision process and the review and development of placement plans for the children. Emphasis was also placed on the therapeutic process and how this was realised within individual key work systems.

Training and development

The inspector found that the service placed a strong emphasis on training and on-going development of the team. The service had an effective on-going training and development programme to ensure that all staff had the core necessary training in Children First 2011, Behaviour Management, Fire Safety and First Aid. The inspector found that the staff interviewed were familiar with the core principles of attachment theory. There was evidence of a clear link to practice in the context of the model of care and therapeutic process. Staff identified further areas of training that they felt would benefit the team; this information was given to the centre manager.

Administrative files

The children had a secure individual care file which maintained appropriate levels of privacy and confidentiality about the children's history and circumstances.

Information such as a copy of a birth certificate, care order and statutory care plan were on file for all of the children. The recording systems were well maintained and structured and held a record of the daily life of the young person; individual work undertaken by staff along with key work sessions. There was good evidence on file of individual work done by care staff with the children in supporting them in achieving the objectives of their care plan.

3.2.2 Practices that met the required standard in some respect only

None identified

3.2.3 Practices that did not meet the required standard

None identified

3.2.4 Regulation Based Requirements

The Child and Family Agency had 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 had 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.

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

Applications for placement requests were made directly to the director of services and are processed by the centres admission committee. The panel consisted of the service director, the centre manager. A representative from the Child and Family Agency (TUSLA), the principal of the local national school and an independent professional also sit on the panel. The centre manager stated that they received good social history and background information on the children prior to their admission. Information provided was reviewed by the attendance of the placing social worker at a meeting with the admissions panel prior to a decision being made. Consideration was given to placement mix and the suitability of the model of care to the assessed needs of the children. Pre-admission risk assessment and impact assessment were undertaken prior to admission. Admissions were accepted on the basis that the placing social work department sign a contract agreeing to monthly statutory child in care review meetings and that the placing social worker visits the children every two weeks. There was evidence to support that the admission procedure was effective in practice.

Statutory care planning and review

The inspector reviewed a sample of the care plans for the children in residence. The care plans on file were up to date and outlined the aims and objectives of the placements. They provided clear actions required to promote the welfare, educational and health needs of the children. The social workers met with the children and discussed their care plan with them. The inspector found that the care review meetings were organised in line with the statutory regulations. The children had monthly statutory reviews in compliance with the Child and Family Agency national policy for the placements of children aged 12 years and under in residential care. The care plans had been subject to regular review in accordance with the statutory regulations. Centre staff submitted a written monthly report to the review.

The children were aware of their care plans, the reason for being in care. There was evidence that key workers had explained the care plan to the young people. All of the children stated that they were aware that they had a care plan; however, three of the children had not seen a copy of their care plan. There may be a lack of understanding on their part of what a formal care plan means as all of the children understood why they were in care. They had a good understanding of the therapeutic programme of care and of their participation within the therapeutic process. The inspector advises that the children are given a copy of their care plan.

The children had a good understanding of the care review process. They were supported by care staff and their social workers in preparing for the statutory child in care review meetings. For the most part they attend and completed a form outlining their views for the meeting. They were part of the discussion at these meeting. The parents for one child confirmed to the inspector that they were invited to participate in the review process and were provided with a written copy of the care plan and the decisions of the statutory reviews.

Contact with families

The inspector found that the level of family contact was regularly reviewed by the centre manager and the supervising social workers. Supporting and facilitating contact with family members of the children was an integral part of the work undertaken by staff at the centre. Family access was supported where possible and when it was in the best interest of the children. The parents for one child confirmed to the inspector that family access was facilitated and that the requests of the parents regarding access was acknowledged and acted on. Access was supported by staff and clear plans were made with the parents and child regarding access arrangements.

Supervision and visiting of young people

The inspector found good evidence that the social workers currently assigned to the children resident at the centre were carrying out their roles and responsibilities in line with the regulations and standards. Records of visits by the social workers to the children were evidenced on the care files of the children.

Social Work Role

The social workers interviewed at the time of the inspection stated that they were satisfied that the children were in need of residential care and that their needs were being met in the placement. All of the young people had an allocated social worker. The centre manager confirmed that there was good communication between the placing social workers and the centre manager. The social workers confirmed that they received regular updates from the centre manager on all aspects of the children in placement. The children in placement spoke positively about their social workers and identified them as someone with whom they could talk to.

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.

Emotional and specialist support

The individual therapeutic needs of the children were assessed by the placing social workers in consultation with centre staff and by the consultant working with the staff team. Specific programmes of work were assigned to key works and care staff to undertake with the children. The views of the placing social workers were that the children had responded positively to the therapeutic programme of care and there was evidence of positive outcome in the overall wellbeing of the children.

The centre manager in conjunction with the placing social workers ensured that the children had access to appropriate therapies when it was deemed to be in the interest of the child. These included engagement with the Child Adolescent and Mental Health Services. The emotional needs and supports for the children are discussed at the Children in Care Review meetings. If a child is identified as requiring further therapeutic interventions, a referral is made for a psychological assessment conducted by a clinical psychologist. Any recommendations for further therapeutic interventions such as play therapy/ art therapy can be arranged for the child.

Discharges

There was one discharge from the centre since the last inspection. This discharge was planned in conjunction with the placing social workers. However, the centre manager reported that it was often difficult to find appropriate move on placements for the children once they had completed the therapeutic programme. The inspector advises that this is an area that needs to be further explored by the centre management with the Child and Family Agency, TUSLA in order for the children to be moved to appropriate placements following their therapeutic placement.

Children's case and care records

The care records for the children were examined and the inspector found that the recordings were of a good standard. The format was accessible for the purpose of inspection. All key documentation was maintained on the files. The records were up to date. There was evidence that the care files were routinely audited by management. The care file records were maintained in a manner that facilitated effective management and accountability.

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

3.5.4 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 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 has 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

- The placing social workers should ensure that the children have access to an age appropriate copy of their care plan.

3. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3.1	The centre management must review their purpose and function to take account of a proposed change to the length of stay for placements.	By September 2017	The Board of Directors will review the Purpose and Function document for the service and request the Registration and Inspection Service to extend minimum length of placement to two years.
3.2	The placing social workers should ensure that the children have access to an age appropriate copy of their care plan.	The centre agrees with the recommendation and hopes it is implemented by the relevant social work departments.	The centre will request this matter to be addressed by the chair of Child in Care Reviews.
3.3	The Child and Family Agency must develop a strategy to ensure that move on placements for the children are available.	The centre agrees with this recommendation and hopes it is implemented by the relevant social work departments.	The centre will continue to raise the matter of exit placements with social work departments on an on-going basis.